Skelmersdale Walk in Centre

Inspection report

The Concourse Shopping Centre
116-118 South Way
Skelmersdale
Lancashire
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Date of inspection visit: 11 Mar 2020
Date of publication: 01/05/2020

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall. (Previously rated as requires improvement 20 November 2018).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Skelmersdale walk-in centre on 20 November 2018. Following our inspection, we rated the practice requires improvement overall and also for the Safe, Effective and Well-led key questions. At our inspection in November 2018, we identified concerns in relation to the identification and monitoring of risks. We also found that staff training was not to the appropriate level in relation to life support and the treatment of children.

Following the inspection in November 2018, we issued a requirement notice for breaches of Regulation 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance and Staffing).

The above inspection report can be found by selecting the 'all reports' link for Skelmersdale walk-in centre on our website at

We carried out this announced comprehensive inspection at Skelmersdale walk-in centre on 11 March 2020. This inspection was conducted as part of our inspection programme and to check that improvements had been made following the previous inspection. Our inspection included a visit to the service's site at the Concourse Shopping Centre, Southway, Skelmersdale.

The head of urgent care is the registered manager of the service. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

As part of our inspection, 34 people provided feedback about the service via CQC comments cards who told us about their experiences using the service. Thirty of them were very positive about the service, one was negative and three were mixed. Patients described the service as excellent and praised the staff for their caring and understanding attitude. They told us they found the service very convenient and the clinicians very caring and professional. A minority of patients said the waiting time to be seen was excessive.

Our key findings were :

- The service had introduced and maintained comprehensive systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes. There was a blame free culture.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- There was a strong focus on quality improvement. Audit was regular, structured and informed by service outcomes.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs. Patient feedback on the service was almost wholly positive, with a minority of patients finding waiting times excessive.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Staff at all levels were enthusiastic and demonstrated high levels of knowledge and professionalism. Staff training was viewed as a priority.
- There was a common focus on improving the quality and sustainability of care.

We saw the following outstanding practice:

- The service conducted a variety of real-time scenario tests for emergency medical situations which might arise. These were observed, debriefed and any learning identified, and adjustments made to improve future responses. The most recent one related to the identification and processes for dealing with a patient suspected of having contracted the Coronavirus.
- The provider had recognised that some local patients with limited means needed to travel to the local accident and emergency department, when facilities at the walk-in centre were not appropriate for their needs. As a result, a decision was made to provide a free taxi service for those patients assessed as needing that assistance.

Overall summary

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Skelmersdale Walk in Centre

The Skelmersdale walk-in centre provides care to the population of Skelmersdale and the surrounding area. It is commissioned by the West Lancashire clinical commissioning group (CCG) and provides services to the local population of approximately 40,000 people. The provider is registered to deliver the following regulated activities; diagnostics and screening, transport services, triage and medical advice provided remotely and treatment of disease, disorder or injury.

The walk-in centre provides treatment by nurses, paramedics and health care assistants (HCAs) for patients between 8am and 8pm, seven days a week and 365 days a year; no appointment is required. Services are provided by Virgin Care Services Limited on behalf of NHS West Lancashire CCG.

The walk-in centre is located adjacent to a large shopping centre in purpose-built accommodation. There are five treatment rooms, a resuscitation room and a pharmacist's room. There is a large reception area with enough seating and additional office space for administration staff and managers.

The service provides a walk-in and wait service for minor illnesses and minor injuries and is staffed primarily by health care assistants, nurses, advanced nurse practitioners and paramedics. The clinical team are supported by receptionists and a management and administrative team. Staff at the walk-in centre also deliver services at the West Lancashire Urgent Care Centre (UTC) some 5 miles away, also provided by Virgin Care limited. Services at the UTC are for more urgent needs and other specialist services can be provided there which are not available at the walk-in centre, for example, X-Ray and other hospital facilities.

There is parking outside the centre including dedicated disabled spaces; there is no railway station in Skelmersdale. All care is provided on the ground floor of the building.

The service operates from: Skelmersdale Walk-in Centre, 116-118 South Way, Skelmersdale, Lancashire, WN8 6LJ.

Good

Are services safe?

We rated the service as good for providing safe services.

At the previous inspection (November 2018) the provider was rated as requires improvement for delivering safe care and treatment, as some risks had not been identified and systems to monitor and reduce risks were not well established. At this inspection we were assured that new systems and process had been introduced and embedded to reduce and mitigate risk.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse.
- The provider had introduced a suite of bespoke and standard operating procedures (SOPs) and pathways to articulate how processes should be conducted, these procedures were in line with National Institute of Care and Excellence (NICE) guidelines. Policies, SOPs and pathways were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. Staff we spoke with were aware of and familiar with these processes. SOPs and pathways were numerous and included Coronavirus, acute asthma, use of oxygen, anaphylaxis and feverish illness in children.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Regular quality meetings were held to discuss any safeguarding incidents. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. There was a safeguarding lead for both children and adults as well as safeguarding champions. Staff we spoke with displayed good levels of knowledge on how to recognise and report a possible safeguarding concern. Staff who acted as chaperones were trained for the role and had received a DBS check. Notices regarding the availability of chaperones were clearly displayed in treatment rooms, reception and public areas.
- There was an effective system to manage infection prevention and control. The last infection control audit was conducted on 23 September 2019 and the provider scored 100%. This was an internally conducted audit which was peer reviewed by another department to check its validity. A Legionella risk assessment was completed 24 January 2020.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. Portable appliance testing (PAT) and calibration of equipment had taken place in a timely manner. There were systems for safely managing clinical waste.
- All staff were trained in fire safety. Fire risk assessments had been completed recently, any actions identified had been carried out or were ongoing. There was a fire marshal identified on the day of the inspection. They were clear on their responsibilities to patients and staff, there was a documented fire procedure and they had been issued with equipment to assist them in their role, for example a fluorescent tabard and a torch. Fire drills and real time evacuations had been completed regularly; we were told the service worked closely with the staff from the adjacent shopping centre in relation to fire safety and security.
- There was a system for the management of safety alerts. We saw these alerts were disseminated to individuals for action and management kept an oversight to ensure all were dealt with appropriately. One of the nurses we spoke with had some difficulty accessing the alerts repository, we were told that further training would be provided to address this.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand.

Good

Are services safe?

- There was a comprehensive induction process for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. We noted that staff had received recent training on the recognition and treatment of the condition. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. There was a red, amber, green (RAG) system to identify and manage patients requiring treatment first; sick children were given priority. Systems were in place to manage people who experienced longer waits. The provider had recently conducted a "mystery shopper" exercise in relation to Coronavirus to judge their effectiveness in recognising the symptoms and dealing effectively with a suspected case of the virus. The exercise identified that the room designated as the isolation room was not ideally located as it necessitated passing other rooms where patients were likely to be. It also identified that patients suspected of having contracted the virus needed to be isolated as soon as possible to avoid contact with other patients and the public. The exercise was repeated some days later with a different "actor" and the new processes introduced and the newly located isolation room was seen to be much more effective.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse. Staff had been trained and used protocols to monitor patients to ensure they were seen appropriately for example the national early warning score (NEWS2) and paediatric observation score (POPS). The provider aimed to have these assessments completed with 20 minutes of patients registering in the department.
- Staff dealing with patients presenting with more urgent conditions, had received high levels of training and were well equipped and experienced to deal with these situations and manage them until patients were transferred to other services where additional more suitable resources were available. For example, by ambulance to accident and emergency services.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- The provider had plans in place and had trained staff for major incidents. There was a comprehensive business continuity plan available for all staff at all times.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service conducted monthly audits of patient records to ensure consistency and quality. Each month 10 adult and 10 children's records were scrutinised and reported on by each clinician. When issues were identified where improvement was possible, learning was supportive and constructive in nature. We noted that the peer review process identified learning for both the reviewee and the reviewer, for example one nurse who reviewed another's medication records, learned more efficient and time saving methods of recording data.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Appropriate and safe use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks. The service kept prescription stationery securely and monitored its use. Arrangements were also in place to ensure medicines and medical gas cylinders were stored appropriately. We noted there were SOPs for medical gasses, 'Stat' (medicines that need to be administered immediately), controlled dugs and prescription management. All these were comprehensive and provided clear guidance to staff and management.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, an audit of the treatment of patients to prevent tetanus (a medicine named Revaxis) was undertaken in April and May 2019 on a sample of 50 patients. The audit identified in 46

cases the medicine had been used appropriately and within the national guidelines, but in 4 cases the wounds were not of a type that were tetanus prone. A re-audit undertaken in February 2020 showed all patients had been treated appropriately and within the latest guidance.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Processes were in place for checking medicines and staff kept accurate records of medicines.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. There was a comprehensive risk register which had a red, amber, green rating system, accompanied by a seriousness and likelihood of re-occurring scoring system. This enabled managers to oversee and review risk in a structured manner. All risks recorded were monitored, time bounded and allocated to an individual or team to resolve or mitigate.
- There was a system for receiving and acting on safety alerts. Alerts were reviewed and emailed to staff requiring sight of the information. Managers had oversight of safety alerts.
- All staff could report incidents and there was a system in place to action, monitor and review incidents in order to gather learning and prevent re-occurrences.

Lessons learned, and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. Significant events and incidents were discussed at management meetings and where necessary at clinical governance meetings locally and regionally.
- There were comprehensive systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. We looked at one example where an HCA had not fully labelled a blood sample taken from a patient. As a result, the laboratory refused to analyse the sample and the patient was forced to attend the walk-in centre and have another sample taken which was then labelled comprehensively. (Labels should have three identifiers on them, the surname, the date of birth and the NHS number; only two of these pieces of information had been completed.) The matter was discussed at the daily “huddle” meeting and the correct process was re-enforced. Additionally, the procedure was emailed to staff to remind them of the correct method of labelling samples.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Good

Are services effective?

We rated the service as good for providing effective services.

At the previous inspection in November 2018, the service had been rated requires improvement as staff did not have the appropriate level of life support and paediatric care training. At this inspection we were assured that staff had received training to the appropriate level. All clinical staff had received intermediate life support training. There were always staff available who had current paediatric competencies.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from NICE and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed by auditing patient records on a monthly basis.
- Assessments were carried out using a defined operating model. Staff were aware of the operating model which included a flowchart for reception staff to follow and a formal assessment system by HCAs.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Care and treatment were delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. For example, children and patients with a learning disability were given priority.
- We saw no evidence of discrimination when making care and treatment decisions.
- The provider had care pathways in place for most conditions clinicians were likely to meet. These were comprehensive and gave clear protocols and procedures to follow. Staff were clear on these pathways and how to implement them. This provided consistency of approach and optimised best practice. Examples of documented pathways included: gastroenteritis in children, head injuries, bronchitis, anaphylaxis and use of oxygen.
- The provider had introduced scenario testing to check that pathways worked appropriately. One recent scenario test was conducted for a collapsed infant which led to the learning of increasing the number of spare infant airways of different sizes to ensure backups were available.
- Technology and equipment were used to improve treatment and to support patients' independence. For example, the provider had invested in a urinalysis machine to increase early detection of urinary tract infections so that interventions could begin as soon as possible, improving outcomes for patients.
- Staff assessed, managed and recorded patients' pain where appropriate.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, an internal service review was conducted to evaluate compliance with the Health and Social Care Act regulations.

- The service used key performance indicators (KPIs) that had been agreed with its clinical commissioning group (CCG) to monitor their performance and improve outcomes for people. The service shared with us the performance data for the previous 12 months that showed: 96.3% of people who arrived at the service completed their treatment within 4 hours. This was better than the target of 95%.
- The CCG had also set other outcomes as part of their contract with the provider, including training staff to agreed standards, for example a qualification that permits non-medical prescribing for certain medicines.
- The service made improvements using completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. The service had conducted an audit to reduce the number of prescriptions generated for fluoroquinolones (antibiotics that are commonly used to treat a variety of illnesses such as respiratory and

urinary tract infections) by prescribing in line with national guidelines. This two-cycle audit undertaken from May 2019 reduced prescribing of this antibiotic by 55%.
- The service was actively involved in quality improvement activity. For example, staff and patient surveys were undertaken annually to capture views, suggestions and problems.
- Where appropriate, clinicians took part in local and national improvement initiatives. For example, the lead clinical GP for the service had recently attended a national conference for urgent care. One presentation at the conference highlighted the benefits of reducing admissions to accident and emergency departments by increasing understanding between services regarding their parameters. Following the conference mentoring sessions had been set up between Skelmersdale walk-in centre and the North West Ambulance Service (NWAS) to provide this clarity on each other's parameters and roles.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff and locum staff. This covered such topics as health and safety, information governance and local procedures.
- All clinical staff had received bespoke paediatric minor illness training. A further module of paediatric training was being undertaken by nurses at John Moores University in Liverpool.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required. The service had developed a paediatric competency framework to assess all clinical staff.
- There was always a suitably qualified nurse on duty to deal with both adults and children. There was always GP back-up for any nurse queries and advice should they require this.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. We noted that completion of staff training for key subjects was currently 97.5%. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals (bi-annually), coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- We looked at examples of staff appraisals and saw they were comprehensive and well documented. Staff had been given time to prepare for their appraisals, all objectives were linked to the provider's vision and behaviours. Staff we spoke with told us the appraisal system was meaningful and helpful; we were told managers made the process easy and consultative.
- Clinicians were provided with protected time to complete their continuous professional development. GPs were provided with four hours protected time per week and nurses one and a half hours.
- There was a clear approach for supporting and managing staff when their performance was poor or variable; we were provided with one example where a formal process had been undertaken to resolve one individual's poor performance.

Coordinating care and treatment

Staff worked together and worked well with other organisations to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- Staff communicated promptly with patients' registered GPs so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. There were established pathways for staff to follow when patients were referred to other services for support as required.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. Patient information was transferred electronically between services. If patients were local to

the service, then their patient notes were available to the walk-in centre in a summary care record. This provided a summary of any pertinent information clinicians needed to know, for example existing medical conditions and current medicines prescribed. If the service was presented with a patient from out of the local area, they needed to rely on the patient to provide this information.

- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service. An electronic record of all consultations was sent to patients' own GPs.
- There were clear and effective arrangements for transfers to other services and dispatching ambulances for people that required them. The provider had introduced a contract with a local taxi firm to provide free transport to patients who did not require an emergency transfer but did need to attend the West Lancashire Urgent Treatment Centre. Staff were empowered to make direct referrals and/or appointments for patients with other services.

Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- The service identified patients who may be in need of extra support. For example, those with a learning disability or those who were on a safeguarding register.
- Where appropriate, staff gave people advice, so they could self-care. Systems were available to facilitate this, and staff had been trained to provide this advice.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given. For example, those patients prescribed certain medicines that could be affected adversely by additional treatment given by the walk-in centre.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. All clinical staff had been trained in the Mental Capacity Act 2005 and understood the underlying guidance relating to patient consent.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

Good

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. All staff had received training in equality and diversity.
- The service gave patients timely support and information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as those who had mental health needs.
- Thirty of the 34 patient Care Quality Commission comment cards we received were entirely positive about the service experienced, three were mixed and one patient expressed concerns about the waiting time. The provider also sought feedback via the friends and family test (FFT) which showed 88% of patients would recommend the service.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Some signs were dementia friendly to assist patients with access to facilities. Although information was not currently available for patients in easy read format, we were told plans were in place to have this introduced in the near future to assist patients who may have a learning disability.
- The provider had reviewed the most common languages other than English spoken in their area. They had then had notices translated into those languages so that patients who felt their condition was deteriorating whilst awaiting treatment were aware to bring this to the attention of staff.
- For patients with learning disabilities or complex social needs, family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- We noted that staff had received additional training on signposting patients to support services. The provider kept records of the numbers and different services that patients had been diverted to, for example alcoholics anonymous and smoking cessation.
- Patient CQC comments cards indicated high levels of satisfaction in being provided with information to help decision making about patients' care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff had received training in data protection, confidentiality and information governance. The provider was registered with the information commissioner's office (ICO).
- Staff understood the requirements of legislation and guidance when considering consent and decision making. Staff we spoke with were aware of the importance of confidentiality.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- There was an appropriate distance between patients waiting to be seen and patients speaking to reception staff; in this way conversations at the desk were not overheard.

Good

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of its population and tailored services in response to those needs. They had analysed the demographics of the patient group and provided services to best meet their needs. For example, 20 percent of patients were children and the service had increased staff paediatric training, so they were skilled to assess and treat this group of patients.
- The provider engaged with commissioners to secure improvements to services where these were identified. They met regularly with commissioners and provided a quarterly outcome report detailing performance against agreed measures and reporting on training needs and recruitment/workforce issues.
- The provider improved services where possible in response to unmet needs. They conducted patient surveys and engaged with patients via the citizens' panel. Patients and people living in West Lancashire could become members of the citizens' panel. Members of the panel received regular bulletins with updates on the services provided in the district and were invited to input into the service developments.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. For example, those patients who may be at risk of harm from family members.
- Care pathways were appropriate for patients with specific needs, for example babies, children and patients with a learning disability.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service. For example, there was disabled parking, level access and all services were on the ground floor.
- Following a discussion with the parent of children with autism who had to wait for a considerable time in the waiting area. It transpired that this waiting time had made the children anxious. The provider met with the parent and school service manager and listened to concerns and ways to reduce any anxiety caused. Following those meetings, a new SOP was drawn up to better manage patients with autism or other learning disability.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients were able to access care and treatment without an appointment. The service operated 365 days a year from 8am to 8pm.
- Patients were generally seen on a first come first served basis, although the service had a system in place to facilitate prioritisation according to clinical need where more serious cases or young children could be prioritised as they arrived. The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response. The receptionists informed patients about anticipated waiting times.
- CQC comments cards indicated that patients were generally satisfied with waiting times. Four patients indicated that waiting times were longer than they had anticipated. The provider monitored waiting times and times to be treated from arrival to discharge and were measured on this, with the target being 95% of patients seen, treated and discharged within four hours.
- Waiting times and delays were managed appropriately. Where people were waiting a long time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited. There were numerous food outlets in the shopping concourse adjacent to the walk-in centre.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Referrals and transfers to other services were undertaken in a timely way. For example, if a patient was assessed in need of emergency care an ambulance would be summoned as accident and emergency services were not available on site. The walk-in centre had extensive emergency medical equipment and medicines, for example a defibrillator, and staff were trained to intermediate level life support.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do.
- The complaint policy and procedures were in line with recognised guidance. Three complaints were received in the last year. We reviewed two of these and found that they were satisfactorily handled in a timely manner.
- Issues were investigated across relevant providers, and staff were able to feed back to other parts of the patient pathway where relevant.
- The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. One complaint related to a member of staff whose behaviour and conduct was unsatisfactory, a full investigation was completed, the staff member was subject to an action plan and additional training. The complainant was offered a full and unreserved apology.

Good

Are services well-led?

We rated the service as good for leadership.

At the previous inspection (November 2018) the provider was rated as requires improvement for delivering well-led services, as processes to identify and monitor risks and performance were not established, a structured audit regime was not in place and good governance was not well established. At this inspection we were assured that new systems and process had been introduced and embedded to reduce and mitigate risk, audit was well structured, and meaningful governance arrangements were comprehensive and well embedded.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use. Staff told us that they felt reassured that they could contact managers at any time should they need advice or support.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. There was a clear and comprehensive three-year strategic plan which was discussed regularly at governance and strategy meetings.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and had spent dedicated time doing so at engagement sessions, with ideas being recorded on "post it" notes. The service's vision and behaviours were articulated in the titles "Strive for better – Think, heartfelt service – Care, and team spirit – Do".
- Staff were aware of and understood the vision, behaviours, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region.
- The provider planned the service to meet the needs of the local population. The provider was aware that 20% of patients visiting the walk-in centre were children, 10% of the population was unemployed and life expectancy was around 10 years less than the national average.
- The provider monitored progress against delivery of the strategy. This was achieved by regular performance monitoring and meetings with the strategic leads and CCG to report on performance. Performance over various themes, for example waiting times, staff training, and appraisals was available on a dashboard, called "Tableau" at any time.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- There was a culture of promoting easy communication and reward for good work. There was a "have your say" colleagues survey, managing director drop in sessions and "back to the floor" visits by the management team.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included bi-annual appraisal and career development conversations. All staff had received regular bi-annual appraisals in the last year. We viewed a sample of these appraisals and saw they were comprehensively documented, and all objectives had been agreed using the SMART (specific, measurable, achievable, realistic and timebound) methodology. Staff were supported to meet the requirements of professional revalidation where necessary.

Good

Are services well-led?

- Clinical staff, including nurses, HCAs and paramedics, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work. Peer reviews were conducted on a structured monthly basis in an open and self-reflective manner.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, apologies were offered where the service did not reach the standards it set itself. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were positive relationships between staff and teams.
- Staff we spoke with were consistent in telling us about a strong team ethic. We were told that staff being able to work across both the walk-in centre and the urgent treatment centre (several miles away) meant they had a better understanding of the different needs of the populations in both areas. We were shown how staff at the walk-in centre could see workloads at the urgent care centre and often offered to relieve some of the pressure by diverting patients to Skelmersdale.
- The service recognised and rewarded staff in an annual event with a commitment to; "recognising and respecting the difference between people whilst valuing the contribution everyone can make to an organisation". Peers were able to nominate colleagues, with executives making the decision regarding winners.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. The service had identified a lead GP and lead nurse for clinical governance.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.

The provider had processes to manage current and future performance of the service. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and treatment decisions.

Leaders had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.

Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

The provider had plans in place and had trained staff for major incidents. There was a comprehensive business continuity plan, available to all staff. The plan had been updated in March 2020 to include issues relating to the outbreak of the Coronavirus, Covid-19.

The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

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Are services well-led?

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service was able to monitor quality and performance by using data displayed on a system called Tableau. This was a dashboard which could display a variety of performance data.
- The service submitted data or notifications to external organisations as required. We spoke with the head of urgent care who was clear on the types of notification that were required to be sent to the CQC.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- Staff were trained in information governance and the service was registered with the information commissioner's office (ICO).

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- Patient surveys were conducted annually with the next one planned for September 2020. Results from the previous year's patient survey indicated a desire from patients to make the reception area more "child friendly". As a result, toys were installed on a wall and placed on tables to entertain younger children whilst they waited to be seen.
- The service had recently been involved in a three-day event to look at a 'blue sky' urgent care centre; this involved the CCG and acute trust teams to look at patient flow, triage systems and paediatric care.
- The provider engaged with the "citizens' panel" which were a group of Virgin care health professionals, patients and members of the public and provided a forum for suggestion and information sharing. Regular news letters were sent to members of the panel.
- There was a regular "team brief" circulated to all staff which provided current news and advice for staff.
- We looked at the annual "have your say" action plan, which was developed based on feedback from staff. One of the actions was to develop a working party to take ownership and drive improvement.
- There was an annual staff survey and staff were able to contribute to meetings and suggest agenda items. We saw evidence of the most recent staff survey and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service. For example, when the service ran scenario training around a patient with Covid-19 presenting at reception. As a result of the scenario testing, new procedures were introduced to reduce the risk of contamination of other patients and staff.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in. For example, the service had been working with the local CCG who had funded a trial of 'consultant connect' which gave access to telephone conversations with consultants for advice.
- The provider encouraged medical students in their first year at the local university to take advantage of a two-week placement at the service where they could

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see at first hand the various departments and systems. This was done with no financial benefit to the service but was an effort to encourage more GPs when qualified to work locally.

- There were systems to support improvement and innovation work.