

Washwood Heath Centre

Quality Report

Clodeshall Road
Saltley
Birmingham
B8 3SN

Tel: 0121 3224310

Website: www.washwoodheathurgentcarecentre.nhs.uk

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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 service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Washwood Heath Centre on 14 November 2016. Overall the service is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- We observed the premises to be visibly clean and tidy and there was a named infection control lead for staff to report infection control concerns and seek best practice advice and guidance from.
- There was an open and transparent approach to safety and a system in place for recording, reporting and acting on significant events. However, the learning from these was not shared with all staff.
- Most risks to patients were assessed and well managed. A system was in place to share patient safety and medicine alerts with members of staff but these were not shared effectively with regular locum staff. The service did not have access to shared databases so that patient records could be checked or information shared in a timely way to promote effective care and treatment. If required, staff phoned through to the patients' own GP or other health services and information was sent or received by secure methods such as by fax.
- Patients' care needs were assessed and care delivered on a priority basis through a red alert triage system. There were good facilities and the service was well equipped to treat patients and meet their needs.
- The service monitored changes in relevant evidence based guidance and standards including National Institute for Health and Care Excellence (NICE) best service guidelines
- Staff had the relevant skills to assess patients' needs and had access to appropriate training. However, the system in place to assess staff competence and provide assurance that high standards were maintained was not fully effective.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The service worked proactively with other organisations and providers to develop services to reduce hospital admission where appropriate and improve the patient experience.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on. However, there was scope to strengthen the patient survey to include targeted questions about the patient experience.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Establish an effective system to share key learning and patient safety information with long term locum staff following significant events and patient safety and medicines alerts.

- Ensure that systems used for patient feedback gather information about the quality of patient's experience so that the delivery of the service can be monitored and relevant improvement completed.
- Ensure there is an appropriate induction process for any long term locum staff so that they receive relevant information and regular supervision in order to work effectively with patients.
- Establish an effective process for the supervision of the advanced nurse practitioners to ensure their competence is maintained in order to achieve the best outcomes for patients.

The areas where the provider should make improvements are:

- Review the risks in relation to the waiting area where staff have limited visibility of patients who could deteriorate whilst waiting to be seen.
- Review access to information in alternative languages to suit the needs of the local population. This should include information on accessing the complaints process.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The service is rated as requires improvement for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- There was an effective system in place for recording, reporting and learning from significant events. Learning outcomes were shared at meetings and within the clinical governance bulletins. However, some staff we spoke with were not aware of this feedback.
- Systems to receive and act on patient safety and medicines alerts were in place but this did not include sharing with the locum advanced nurse practitioners who were a significant part of the workforce.
- When things went wrong patients were informed in keeping with the Duty of Candour. They were given an explanation based on facts, an apology if appropriate and, wherever possible, a summary of learning from the event in the preferred method of communication with the patient. They were told about any actions to improve processes to prevent the same thing happening again.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. We saw examples where appropriate action had been taken to safeguard patients who attended the service. Not all of the locum advanced nurse practitioners were aware which member of staff led on safeguarding issues.
- Environmental risks were assessed and well managed.

Requires improvement



Are services effective?

The service is rated as requires improvement for providing effective services, as there are areas where improvements must be made.

- The service was focused on treating patients appropriately. They monitored patient numbers, the reason for attending the service and the time taken to treat the patient. The service treated 95% of attending patients within a two hour timeframe and 95% of the patients seen required no further follow up. Of the remaining 5%, only 0.2% of these required transfer to A&E by emergency ambulance.

Requires improvement



Summary of findings

- An annual audit programme was in place which included safeguarding, infection control and the management of medicines. These were used to drive improvements in the service.
- Where possible staff worked with other health care professionals to meet the range and complexity of patients' needs.
- Staff gained information from each patient to plan and deliver their care and treatment. They also contacted the patient's own GP or hospital for essential information if this was needed.
- Advanced nurse practitioners (ANPs) provided urgent care to walk-in patients although the use of national guidelines was not always consistent.
- Staff had the relevant skills to assess patients' needs and had access to appropriate training. Permanent staff received appraisals and personal development plans. However, the system in place to monitor on-going staff competence was not fully effective. The locum ANPs received a limited level of support to ensure they worked effectively.

Are services caring?

The service is rated as good for providing caring services.

- Feedback from the majority of patients through our comment cards and the provider's own surveys was positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- There was some health information and advice sheets available for patients in English. Staff told us they were able to access and print health information in alternative languages for individual patients.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients were kept informed with regard to their care and treatment throughout their visit to the service.

Good



Are services responsive to people's needs?

The service is rated as requires improvement for providing responsive services, as there are areas where improvements must be made.

Requires improvement



Summary of findings

- Service staff reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified. For example by strengthening the clinical team through the engagement of long term locums.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service had systems in place to ensure patients received care and treatment in a timely way and according to the urgency of need.
- Feedback from patients in the NHS Friends and Family Test showed that the overall satisfaction from patients using the Washwood Heath Centre ranged from 58% to 77% between July and September. Although the service had acknowledged this was partly linked to comments about waiting times where actions were in progress, no additional plans were in place to improve the satisfaction ratings.
- Although a patient survey was in place and regularly reviewed, this survey was developed to measure the reasons patients accessed the service. It did not include questions that measured patient experience.
- Information about how to complain was available although this was not in alternative languages. Evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The service is rated as requires improvement for being well-led as there are areas where improvements must be made.

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Some staff were clear about the vision and their responsibilities in relation to it but this was not evident for all staff.
- There was a clear management and leadership structure in place although at the time of the inspection, the post for the clinical lead based at the service was vacant. There were two permanent advanced nurse practitioners in post and records showed they had key areas of responsibility such as safeguarding and infection control. Not all of the locum ANPs (advanced nurse practitioner) were aware of the leadership structure although the administrative staff told us they felt supported by management. The service had a number of policies and procedures to govern activity and held regular governance meetings.

Requires improvement



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care although this was not fully effective as it did not ensure that the performance of all staff was monitored.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The service had systems in place for notifiable safety incidents and shared the information with staff. However, locum staff told us they did not receive them.
- There was a clear corporate induction programme in place and this was supplemented by a local induction and mentoring programme. However the induction process for locum staff was yet to be embedded.
- The service had systems in place to promote clear communication with staff although the locum nurses told us this was not fully effective.
- The service proactively sought feedback from staff and patients and was able to demonstrate the actions that had been taken. However, there was scope to strengthen the patient survey to include targeted questions about the patient experience.

Summary of findings

What people who use the service say

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards which reflected a positive experience from patients and families about the standard of care and treatment received. Patients said the nurses they had seen were very thorough and provided them with good advice. Some patients had experienced long waits at busy times and felt there was not enough staff.

We spoke with four patients during the inspection. All the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Patient feedback was obtained by the provider on an ongoing basis and included in their contract monitoring reports.

The service monitored feedback from patients through the NHS friends and family test. During April to October 2016 they had received 520 responses and found that 74% of patients who completed the survey were likely or extremely likely to recommend the service.

The provider also had an ongoing patient survey that focused on access to the service. Although this did not include specific questions in relation to the patients experience of using the service patients were able to make comments. These were all reviewed and considered on a monthly basis. The service responded with a noticeboard detailing examples of actions they had taken such as providing tissues in the waiting room and updating the information board with health information and staff details.

Areas for improvement

Action the service **MUST** take to improve

- Establish an effective system to share key learning and patient safety information with long term locum staff following significant events and patient safety and medicines alerts.
- Ensure that systems used for patient feedback gather information about the quality of patient's experience so that the delivery of the service can be monitored and relevant improvement completed.
- Ensure there is an appropriate induction process for any long term locum staff so that they receive relevant information and regular supervision in order to work effectively with patients.

- Establish an effective process for the supervision of the advanced nurse practitioners to ensure their competence is maintained in order to achieve the best outcomes for patients.

Action the service **SHOULD** take to improve

- Review the risks in relation to the waiting area where staff have limited visibility of patients who could deteriorate whilst waiting to be seen.
- Review access to information in alternative languages to suit the needs of the local population. This should include information on accessing the complaints process.

Washwood Heath Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was supported by a GP specialist adviser.

Background to Washwood Heath Centre

Washwood Heath Urgent Care Centre is run by Virgin Care Vertis LLP and provides NHS walk in facilities for members of the public who require treatment of minor illnesses and injuries. The centre is part of the Washwood Heath Health and Wellbeing Centre situated in a residential area, close to public transport links and has its own car park.

The service is provided on behalf of Birmingham Cross City CCG. Treatment is provided by advanced nurse practitioners who are also able to prescribe medicines. Patients do not need to be registered with the service or need an appointment to use the walk in facilities. It is open to adults and children from 9am to 9pm every day of the year except Christmas Day. Between July and September 2016, the service treated between 2000 and 2500 patients each month. The service is staffed with a minimum of two nurses who may be supported by a healthcare assistant and additional nurses at busy times. At the time of the inspection, the service employed two full time advanced nurse practitioners (ANP) and two part time health care assistants. The clinical team was supported through the employment of several long term locum ANPs. They were also supported by a service manager, an assistant service manager and a team of eight reception staff.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 14 November 2016. During our visit we:

- Spoke with a range of staff. This included two locum advanced nurse practitioners who had been working at the centre for several weeks, a healthcare assistant, administrative/reception staff and several members of the management team for Virgin Care.
- We spoke with four patients who used the service and reviewed 48 CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Observed how patients were provided with care and talked with carers and/or family members
- Inspected the premises, looked at cleanliness and the arrangements in place to manage the risks associated with healthcare related infections.

Detailed findings

- Reviewed the arrangements for the safe storage and management of medicines and emergency medical equipment.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?

- Is it responsive to people's needs?
- Is it well-led?

Please note that when referring to information throughout this report, for example any reference to the National Quality Requirements data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff told us they would inform the service manager of an incident and there was a recording form available on the computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support; an explanation based on facts, an apology where appropriate and was told about any actions to improve processes to prevent the same thing happening again.
- The service carried out a thorough analysis of the significant events and the learning outcomes were shared at meetings and within the clinical governance bulletins. However, some staff we spoke with were not aware of this feedback.

We reviewed safety records, incident reports and patient safety alerts. We saw evidence that lessons were learned and action was taken to improve safety in the service. For example, the recruitment process for locum staff had been improved and there had been investment in upgrading IT equipment. However, we found the process for sharing patient safety alerts and medicines alerts was not effective because the locum ANPs who worked there on a regular basis told us they did not receive them.

Overview of safety systems and processes

The systems, processes and services that were in place to keep patients safe were appropriate. The service took steps to work with other health and social care providers to help ensure that patients were safeguarded from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding however the locum nursing staff were not

all aware of whom this was. Minutes of a recent clinical governance meeting showed that the safeguarding lead had been given designated time each month to complete a safeguarding audit.

- Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. We found that when staff identified safeguarding concerns, these were reported as significant events, acted upon and followed up. The two permanent advanced nurse practitioners (ANPs) were trained to child safeguarding level 3. Both had also completed training in safeguarding vulnerable adults in 2015.
- Patients could request a chaperone and posters were displayed to advise them of this. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- The service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control lead. There was an infection control protocol in place and most staff had received up to date training with the exception of the health care assistant and one receptionist. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There was a system in place to ensure equipment was maintained to an appropriate standard for example the annual servicing of fridges including calibration where relevant.
- We reviewed the personnel files for two permanent staff and found that relevant information was available. There was evidence that a proof of identification, references, Disclosure and Barring Service check (DBS), qualifications and registration with the appropriate professional body where relevant, had been sought. We also reviewed the personnel files for three locum advanced nurse practitioners. These showed evidence of appropriate qualifications and experience (including an independent prescribing qualification) and demonstrated that recruitment checks (including DBS) had been completed.

Medicines Management

Are services safe?

- The arrangements for managing medicines at the service, including emergency medicines, kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The ANPs worked within a clear prescribing formulary. The service carried out regular medicines audits, with the support of the local CCG medicines management team. This included prescribing audits undertaken on a quarterly basis to highlight any unusual prescribing and review the appropriate use of antibiotics. This ensured that prescribing was in accordance with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Processes were in place for checking emergency medicines held at the service.
- Arrangements were in place to ensure medicines and medical gas cylinders used at the walk in centre were stored appropriately. For example, medical gas storage signs were clearly marked on the doors of the relevant treatment rooms.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in areas accessible to all staff that identified the local health and safety representatives. A general health and safety risk assessment had been completed in October 2016. The service had an up to date fire risk assessment and carried out regular fire drills. All electrical and clinical equipment was checked to ensure that it was safe to use and in good working order. However, not all the clinical equipment that required calibration had been regularly calibrated according to the manufacturer's guidance. Two machines for measuring blood sugar levels had not received monthly calibration for five months although this had been identified and rectified a few days prior to our visit. The service had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella. (Legionella is a

term for a bacterium which can contaminate water systems in buildings). This was the responsibility of the landlord and the manager had regular contact with the landlords representative so that estates issues could be reviewed.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The management team had completed a significant analysis of historical attendance data to enable them to match staff capacity to demand particularly during peak periods of patient attendance at the centre. This work had completed in October 2016 and the rota system was based on this analysis. It was reviewed on a weekly basis by the management team. The rota covered clinical staff as well as managers and reception staff. The service relied heavily on locum staff and aimed to employ the same staff over a long period where possible so that they were more familiar with the service. The inspection team saw evidence that the rota system was effective in ensuring that there were enough staff on duty to meet expected demand.

Arrangements to deal with emergencies and major incidents

The service had adequate arrangements in place to respond to emergencies and major incidents.

- There was an effective system to alert staff to any emergency.
- All staff received annual basic life support training, including use of an automated external defibrillator.
- The service had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

On arrival to Washwood Heath Centre patients checked in at reception giving details about the reason for their visit. The reception staff were trained to identify patients with certain conditions and symptoms as a priority when they were booked onto the system. For example patients with chest pain, breathing problems, stroke symptoms, excessive pain or distress and children who were unwell. If the receptionist was uncertain or concerned about a patient's wellbeing, they called an advanced nurse practitioner (ANP) to complete an immediate assessment. If the healthcare assistant was available they saw all prioritised patients (those with more immediate health concerns) to complete a basic assessment so that any early intervention could be provided. For example children with a high temperature were seen by a nurse practitioner who could prescribe them paracetamol; patients with breathing difficulties or chest pain had their blood pressure and oxygen levels measured.

Once a patient had checked in, the waiting area was not visible from the reception desk. This meant that patients could deteriorate while waiting to be seen. The provider told us that they utilised a 'red flag' process to identify patients that may be deemed to be of a higher risk of deterioration. This is recorded on the system to alert clinicians. The reception team advise the patient that should their condition worsen during their wait, they should make the reception team aware so they can update the records and make the clinical team aware if required. However, risks associated with this had not been considered particularly during the busiest times for the service and when a healthcare assistant was not available. When we raised this with staff they agreed to give this further consideration.

The service maintained records of national clinical guidelines and communicated change through staff meetings and clinical governance bulletins. We spoke with two locum nurses who told us they remained up to date with national guidelines as part of their on-going professional development. However one nurse was unable to give any recent examples. Staff were able to access local

guidelines to assist them with prescribing medicines as well as updates relating to relevant best practice. These were shared in a regular clinical governance bulletin and through clinical governance meetings.

An annual audit plan was in place and this covered clinical issues such as safeguarding, infection control, clinical records and medicines safety and was used to drive improvement.

Clinical assessments were completed in order to plan and deliver care that met the patients' need. Records we reviewed and nurses we spoke with confirmed this. However, when we spoke with staff we found they did not always follow national guidelines. For example not all ANP's followed national guidelines in assessing adult patients with a sore throat so that an appropriate treatment plan could be implemented.

During busy times healthcare assistants completed baseline observations when patients arrived at the service. This included temperature, pulse and blood pressure checks and a general discussion with patients about the reason for attending. This assessment enabled the staff member to escalate concerns to the clinical staff if a patient required more urgent attention.

Management, monitoring and improving outcomes for people

Virgin Care had a target of seeing every patient within four hours of their arrival at the centre. Data showed that they treated 95% of attending patients within a two hour timeframe. They also monitored outcomes of each patient visit and identified that 95% of patients who attended the centre required no further follow up. The remaining 5% were either advised to see their GP or referred to the accident and emergency department. Only 0.2% of these required transfer to A&E by emergency ambulance.

Service managers provide weekly monitoring reports which were shared with the management team. This included information about the number of patients seen, waiting times against a two hour target, the number of clinical hours used and the average number of consultations achieved per hour. This was considered against feedback from patients so that changes could be made if required, in order to improve patient the experience. For example by increasing staff numbers at peak times of service demand. We saw this was reflected in staff rotas.

Are services effective?

(for example, treatment is effective)

The provider reported the performance to the clinical commissioning group about every quarter. The last report for July to September 2016 showed the number of patients attending each month varied between approximately 2000 to 2500 patients per month. This also included general feedback about the nature of attendances, incidents and patient feedback. However, it did not specifically include information about the quality of the care provided. There had been some audits completed for example X-ray and medicines management. An annual audit programme was in place and this covered clinical issues such as safeguarding, infection control, clinical records and medicines safety and was used to drive improvement.

Effective staffing

The ability of the staff team to deliver care and treatment to patients required further improvement because training, induction and supervision programmes were not well embedded for all staff.

- The service had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw that a newly appointed member of staff had a clear induction plan tailored to the role and an allocated member of staff to support the induction process. However records we reviewed and staff we spoke with told us that the induction process for the locum staff was limited and had not been fully embedded at the time they started working for the service.
- The service demonstrated that staff received relevant training such as safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to, and made use of, e-learning training modules and in-house training and were given protected time to do this. The training/induction for locum nurses had not been embedded although training and skills were checked as part of their initial recruitment.
- A regional lead nurse and GP supported the service. There was also a service manager and service clinical lead to cover Washwood Heath Centre and another similar local service. The service clinical lead role for this service had been vacant for some time although interviews for the role had recently taken place.
- A service manager covered Washwood Heath Centre as well as another similar local service. They were also

assisted by a deputy who worked part time at the Washwood Heath Centre. The provider had struggled to recruit permanent advanced nurse practitioners (ANPs) to the service and at the time of the inspection, only had two full time ANPs employed on a permanent basis. Cover had been provided by employing a number of locum ANPs on a long term basis. On call rotas were in place to ensure that clinical managers based within the region, were contactable during operational hours. However, this meant that in the absence of a clinical lead role and with only two ANPs in permanent roles, the day to day clinical management of the service was often the responsibility of the locum ANPs.

- We were informed that the ANP's were provided with support and supervision. However, of the two locum nurses we spoke with, only one had received any supervision and the other had not. A peer review system was in place for each ANP whereby 5 sets of case notes were reviewed every three months. We saw some evidence this had taken place but it did not seem to be embedded and the staff we spoke with had not received any feedback as a result of the reviews.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. Staff told us they had access to appropriate training to meet their learning needs and to cover the scope of their work. For example some reception staff had completed customer services NVQ training. The service treated a high number of children and two ANP's had a specialist interest in the care of children.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was gained from the patient at each consultation. The service also contacted the patient's own GP or hospital for essential information if this was needed to provide treatment. All attending patients had a discharge letter sent to their GP unless they had specifically requested for this not to happen.

The service shared relevant information with other services in a timely way, for example when referring patients to other services.

- The provider worked collaboratively with the NHS 111 providers in their area where possible.

Are services effective?

(for example, treatment is effective)

- The provider worked collaboratively with other services including the NHS 111 service. Patients were referred back to the GP if it was more appropriate for them to be seen there. If patients required emergency care arrangements were made for their transfer to an emergency care department. The management team informed us that if patients needed urgent specialist care they could refer to specialties at the local hospital. Staff also described a positive relationship with the mental health service and were able to refer direct to the mental health crisis team if needed.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear clinical staff assessed the patient's capacity and, recorded the outcome of the assessment.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 48 Care Quality Commission comment cards from patients who had attended the service during the two weeks leading up to the inspection. Patients were positive about the service they had experienced. Patients said they felt the service offered was very good and staff were helpful, caring and treated them with dignity and respect.

The provider has an ongoing patient survey to monitor the reasons why patients use the walk in centre. It included a section for any additional comments and monthly reports of the results were produced. We reviewed the last three reports and saw that overall, the comments received showed that patients were satisfied with the service, the waiting time and the treatment they had received.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

- The service had some facilities to help patients be involved in decisions about their care. Access to a translation service was available and a number of staff spoke alternative languages. One receptionist told us they had learned basic language skills from colleagues and had a deeper understanding of cultural needs to respond to the needs of the local population. However, information about the services available and health advice sheets on display were only available in English which did not reflect the needs of the local population. Staff told us that they had access to NHS Choices online where information was available to access for patients in alternative languages.
- A hearing loop system was available to patients with a hearing impairment. Staff also had access to British Sign Language interpretation if required although this had not been required to date.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service reviewed the needs of its local population and engaged with its commissioners every three months to secure improvements to services where these were identified. For example, action was taken to secure long term locum staff to ensure improved continuity for patients.

The service had accessible facilities and responded to individual patient needs providing treatment for their minor illness or injury on a non-judgmental basis. This included any patient from the local area as well as those who may be temporarily visiting Birmingham. Baby change facilities were also available.

Data collected by the provider showed that waiting times were well within their own target of four hours. Most patients being seen in less than two hours.

Access to the service

The service was open between 9am and 9pm every day of the year with the exception of Christmas Day.

The service was provided for 'walk in' patients who were not required to book an appointment. Patients could seek treatment and advice for minor illnesses and injuries that did not relate to any on-going treatment with their registered GP and were not likely to require hospital admission. Details of the kinds of treatment provided were available on the website.

Listening and learning from concerns and complaints

During July and September 2016 patient satisfaction recorded through the NHS friends and family tests for the walk in centres were 67% as a combined result with the providers other location. Overall satisfaction from patients using the Washwood Heath Centre ranged between 58% and 77% between July and September 2016. A report to the CCG stated this was due to comments about waiting times. Some of the adverse comments were from patients who had waited between one and two hours. This was well within the providers own target time of four hours.

The provider had developed a survey to measure the reasons why patients accessed the service. However, it did not include specific questions about the quality of care patients had received. For example whether they were

treated with respect and received information that they were able to understand. We looked at the survey results for September 2016 which had been completed by 545 patients. 43 of these patients provided additional comments about the service and these were reviewed by the provider. Nine of the comments were positive and indicated a high level of patient satisfaction. A further nine comments indicated that patients had experienced long waiting times and felt there were insufficient numbers of staff.

The management team had completed work to review capacity and demand in October 2016 and made improvements to staffing levels at peak times of demand. The management team continued to review this on a weekly basis.

The service had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with the NHS England guidance and their contractual obligations.
- There was a customer services team for Virgin Care who managed all the complaints received whilst liaising with the service manager.
- Quarterly reports provided to the CCG included the total number of complaints received during a set time period and the nature of the concern. The provider told us the details of learning or actions taken as a result of these, were discussed at the CCG meetings.
- We saw that information was available to help patients understand the complaints system. This included an information guide on how to raise a concern and information on the provider's website.

We looked at two complaints received in the last 12 months and found that the complaints were acknowledged in writing and the complainant was provided with an expected date for the response following a completed investigation. We saw that these complaints had been handled in an open and transparent manner. Lessons were learnt from individual concerns and complaints and also from an analysis of trends. Action was taken to improve the quality of care. For example, providing customer care training for staff and ensuring the complaints process was accessible to patients.

Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

Virgin Care has three key values within the organisation which are to strive for better, provide a heartfelt service and foster team spirit. This underpinned a vision to provide high quality care and promote good outcomes for patients.

The management team had developed a robust strategy and supporting business plans to strengthen and develop the service in line with changes in the NHS and local integrated care strategies. Staff we spoke with were positive about the service and were committed to providing a high quality service. However, some staff were not all clear about the vision and their responsibilities in relation to it.

Governance arrangements

The service had an overarching governance framework to support the delivery of the strategy and promote quality care.

- Service specific policies were implemented and were available to all staff.
- The management team had a good understanding of their performance in relation to access and response times. This helped to ensure that patients' needs were addressed in a timely way. Systems were in place to seek regular patient feedback.
- Performance was shared with staff at monthly clinical governance meetings and to the local clinical commissioning group as part of contract monitoring arrangements on a quarterly basis.

However, some of the quality monitoring systems did not provide assurance that high standards of care were being delivered.

- There was limited evidence that systems had been established to support new staff through induction to ensure they were knowledgeable about the systems and procedures they were expected to follow.
- Clinical staff received limited supervision and although a peer review process was in place there was limited evidence to demonstrate this was used effectively to drive improvement.

- A programme of continuous audit was used to monitor quality and to make improvements. However, this did not include clinical audits in relation to national guidelines.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. However, there were no systems to share learning from significant events or medicines and safety alerts with locum staff.

Leadership and culture

On the day of the inspection members of the provider's management team demonstrated their commitment to providing a high quality service through a culture of learning and improvement. Other staff we spoke with told us they prioritised safe care to meet the needs of every patient they treated. Staff told us their line managers were approachable and always took the time to listen to all members of staff.

There was a clear leadership structure in place. The clinical service manager's post had been vacant for approximately three months and this had impacted on the support for clinical staff on a day to day basis. Although some support was being provided from service managers at other local units, the leadership team and provider had not ensured there was sufficient cover provided at the service. This meant that locum staff had been relied upon to provide this cover at times and staff had received minimal supervision. The registered manager has since informed us they have successfully recruited to this key role.

- There were arrangements in place to ensure the staff were kept informed and up-to-date with regular meetings and information bulletins however, this did not extend to the locum nursing staff.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected and valued by the management team and were able to share their ideas to help improve the service.

Seeking and acting on feedback from patients, the public and staff

Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

The service valued feedback from patients and were proactive in seeking this through an on-going survey. They also gathered feedback through complaints received.

The management team were required to report change that had been implemented as a result of patient feedback to the provider. The results and actions were also raised at the monthly clinical governance meetings where the results of the friends and family test were also reviewed. The provider had commenced a survey to establish the reasons that patients attended the service. At the time of the inspection the process was on going with no data yet available.

The service gathered feedback from staff through meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues or the management team.

Continuous improvement

There was a focus on continuous learning and improvement within the service although we found that opportunities for improvement could be strengthened by reviewing some governance systems and processes. Members of the management team told us there was a service improvement action plan in place and some of this work had been completed for example an upgrade of the IT equipment. Work on the plan remains on-going and included the recruitment of substantive staff. They also continued to monitor capacity and demand for the service and liaise with the CCG to ensure that they provided a service to meet local need including supporting the out of hours services.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There were no established systems and processes in place to;

- Share key learning and patient safety information with all staff following significant events and patient safety and medicines alerts.

The patient feedback process was not effective because;

- The provider's survey did not include questions about patient experience in order to evaluate and improve the service.

Regulation 17 (1)

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider must ensure that staff receive appropriate support, training, professional development and supervision to carry out the duties they are employed to perform.

The provider had not ensured there were procedures in place to;

- Ensure that long term locum staff completed an induction to the service so that they received appropriate information and regular supervision in order to work effectively with patients.

This section is primarily information for the provider

Requirement notices

- Establish an effective process for the supervision of the advanced nurse practitioners to ensure their competence is maintained and to achieve the best outcomes for patients.

Regulation 18 (1) (2)