

Walk in Centre

Inspection report

Accident and Emergency Department
Dewsbury And District Hospital, Halifax Road
Dewsbury
WF13 4HS
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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 location

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services caring?

Inspected but not rated



Are services well-led?

Inspected but not rated



Overall summary

We carried out an announced focused inspection at the Walk in Centre, which is situated in the emergency department (ED) at Dewsbury and District Hospital, on 12 April 2022. This inspection was carried out as part of our national programme of urgent and emergency care inspections.

At this inspection, only those key lines of enquiry designed to support the focused inspection of the walk in centre within the key questions of safe, effective, caring and well-led were examined. Therefore, there are no ratings associated with this inspection.

A summary of CQC findings on urgent and emergency care services in West Yorkshire

Urgent and emergency care services across England have been and continue to be under sustained pressure. In response, CQC is undertaking a series of coordinated inspections, monitoring calls and analysis of data to identify how services in a local area work together to ensure patients receive safe, effective and timely care. We have summarised our findings for West Yorkshire below:

West Yorkshire

Provision of urgent and emergency care in West Yorkshire was supported by multiple provider services, stakeholders, commissioners and local authorities.

We spoke with staff in services across primary care, integrated urgent care, community, acute, mental health, ambulance services and adult social care. Staff continued to work under sustained pressure across health and social care and system leaders were working together to support their workforce and to identify opportunities to improve. System partners worked together to find new ways of working, linking with community services to meet the needs of their communities; however, people continued to experience delays in accessing care and treatment.

During our inspections, some staff and patients reported difficulties with providing and accessing telephone appointments in GP practices. Some of these issues were caused by telephony systems which were being resolved locally. We found inconsistencies with triage processes in primary care which could result in people being inappropriately signposted to urgent and emergency care services. However, a number of staff working in social care services reported good engagement with local GPs.

We visited some community services in West Yorkshire and found these were generally well run. Service leaders were working collaboratively to identify opportunities to improve patient pathways across urgent and emergency care. These improvements focused on meeting the needs of local communities and alleviating pressure on other services. There were strong partnerships with social care and community teams, so patients had the right support in place on discharge.

However, we inspected one intermediate care service and found it could only take referrals from an acute trust, which meant there were no step-up facilities for patients in the community. The service struggled for ward space to deliver therapeutic activities and there were no communal spaces for patients to meet together or engage in group therapy. Plans were in place to provide additional facilities and to reconfigure the existing layout to provide communal spaces.

The NHS111 service was experiencing significant staffing challenges and were in the process of recruiting a high number of new staff. Staff working in this service had experienced an increase in demand, particularly from people trying to access dental treatment although a system was in place to manage the need for dental advice and assessment. Due to demand and capacity issues, performance was poor in some key areas, such as providing a call back to patients from a clinician.

Overall summary

The ambulance service had an improvement programme in place focused on performance and staffing. Whilst we saw improvement in the ambulance response times and handover delays, performance remained below target. We identified impact on other services due to the availability of 999 responses; for example, a maternity service had to close temporarily to keep women safe, due to system escalation and because ambulance responses could not be guaranteed in an emergency. Staff working in social care services also experienced lengthy delays in ambulance response times which further impacted on their ability to provide care to their residents.

We inspected some mental health services in Wakefield which were delivering person-centred care and responded to urgent needs in a timely way. Staff worked in multi-disciplinary teams and collaborated with system partners.

People's experiences of emergency departments were varied depending on which service they accessed. Some emergency departments had long delays whilst others performed relatively well. In services struggling to meet demand, patient flow was a key factor. Poor patient flow was primarily caused by delays in discharge with a high number of people fit for discharge unable to access community or social care services.

Staff working in some social care services reported significant challenges in relation to unsafe discharge processes, this included a lack of information to support their transfer of care and we were told of examples when this resulted in people having to return to hospital. Local stakeholders had a good understanding of this problem and were looking to improve pathways and discharge planning.

Staffing and capacity issues in both care homes and domiciliary social care services have at times impacted on timely and safe discharge from hospital.

We found services were under continued pressure and people experienced difficulties accessing urgent and emergency care services in West Yorkshire. System and service leaders across West Yorkshire were working together to seek opportunities for improvement by providing services and pathways to meet people's needs in the community; however, progress was needed to demonstrate significant improvement in people's experience of accessing urgent and emergency care.

At the inspection of the Walk in Centre we found:

- Safeguarding and safety systems, processes and practices had been developed, implemented and communicated to staff to manage risk and ensure patient safety.
- Recruitment records were maintained in line with guidance and staff had access to induction, training and development.
- Infection prevention and control was appropriately managed to help safeguard people from a healthcare associated infection.
- The provider had access to appropriate clinical equipment in place to enable assessment of patients including emergency resuscitation equipment and medicines.
- Despite facing challenges with staffing the service had continued to maintain safe staffing levels with an appropriate skill mix of staff. The service had maintained face-to-face appointments during the COVID-19 pandemic.
- Systems were in place to respond to incidents and to ensure learning was identified and cascaded so improvements could be made when necessary.
- Clinical records viewed provided evidence that care and treatment was provided safely and effectively and in accordance with evidence-based guidelines.
- Staff had the skills, knowledge and experience to deliver effective care.

Overall summary

- Performance was routinely monitored, and data indicated that the service was performing well against key performance indicators. The service had paused some of their quality improvement activity, including clinical audit, during the COVID-19 pandemic but told us these were about to re-commence and demonstrated their 2022/23 schedule.
- We observed staff to treat patients in a respectful and considerate way and patient feedback reviewed was very positive.
- The provider had an effective governance system in place that enabled ongoing monitoring and scrutiny of the operation and performance of the services provided.
- Leaders demonstrated they had the capacity and skills to deliver high-quality, sustainable care.
- The provider engaged with patients and staff to improve the service.

The areas where the provider **should** make improvement are:

- Deliver the planned audit schedule for 2022/23.
- Improve and develop staff awareness of the nominated Freedom to Speak Up Guardian and the duty of candour to ensure all staff are aware of these.

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 Advisor.

Background to Walk in Centre

The Walk in Centre is situated within the emergency department (ED) of Dewsbury and District Hospital, Halifax Road, Dewsbury, West Yorkshire, WF13 4HS, which is part of Mid Yorkshire Hospitals Trust (MYHT). The service is commissioned by NHS Kirklees Clinical Commissioning Group. The service is nurse-led and provides urgent primary care for minor ailments and injuries with no requirement for patients to pre-book an appointment or to be registered at the centre or with a GP practice.

The service is operated by Locala Health & Wellbeing, a not-for-profit community healthcare provider, which delivers a range of NHS services within the community. Locala currently provides services in Bradford and Calderdale as well as Kirklees. Locala operates from Beckside Court (First Floor), Bradford Road, Batley WF17 5PW.

The nurse-led service provides assessment, advice and treatment for a range of minor illness and a selection of minor injuries. The provider has introduced a health care support worker role to the service to support the service model. The service does not see children under two years of age or women with pregnancy related issues.

The service is located within an area of the hospital ED and consists of four bays, a storage area and a small open desk adjacent to this area. Staff consult with patients within the bays and have access to patient notes using mobile computer workstations.

The service operates every day of the year. It is open between 9am and 8pm Monday to Friday and between 10am and 6pm on a Saturday, Sunday and bank holidays.

There is a dedicated waiting room for patients accessing the service. There is level access and accessible facilities with car parking available within the hospital grounds.

The service employs a male 'modern matron' who is the clinical lead, five female nurse practitioners, one male health care support worker, three reception staff and a reception officer. The service regularly uses agency staff.

The Walk in Centre is registered with the Care Quality Commission to deliver services in relation to:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury.

Kirklees has an ethnically diverse population with 21% of residents noting their ethnicity to be non-white in the 2011 Census. The largest group is people of South Asian origin which is 15%.

Are services safe?

Safety systems and processes

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

- The service had systems and processes in place to manage health, safety and welfare within the service. Staff received safety information as part of their induction and at refresher training. For example, the service's mandatory competence schedule included health and safety, manual handling and Display Screen Equipment (DSE) training.
- There were systems in place to safeguard children and vulnerable adults from abuse. There was a safeguarding lead and staff we spoke with knew how to identify and report concerns.
- We saw there were policies covering adult and child safeguarding which were accessible to all staff, including agency, and were regularly reviewed. They clearly outlined who to go to for further guidance. Staff we spoke with demonstrated that they could access policies and procedures in relation to safeguarding.
- We saw evidence that staff had received safeguarding children and adult training at a level and frequency that was in line with guidance. The service had mechanisms in place to flag when update training was required.
- Safeguarding at a local level was overseen by the organisation's overarching safeguarding governance structure which included a safeguarding committee.
- When required the service worked with other agencies to support patients and protect them from neglect and abuse. The service 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, which included agency staff. As part of the inspection we reviewed the employment files of two clinical staff members and one non-clinical staff member and saw appropriate checks had been carried out at the time of recruitment. For example, interview notes, proof of identification, qualifications, references, contract, registration with appropriate professional body and Disclosure and Barring Service (DBS) checks.
- The provider maintained a record of staff immunisation status in line with current Public Health England (PHE) guidance. This was captured at the point of recruitment through their staff occupational health protocol.
- The hospital trust cleaning team was responsible for cleaning the premises and we saw that appropriate standards of cleanliness and hygiene were maintained.
- The service had an effective system to manage infection prevention and control (IPC) which included a nominated IPC lead, training for staff relevant to their role and regular audit. We saw the provider had undertaken an audit in March 2022. We reviewed the audit action plan and saw that the issues identified in the audit had been acted upon. For example, the use of laminated wall signs in each cubicle to record that the area had been cleaned after each clinical contact.
- Staff told us they had access to appropriate personal protective equipment (PPE). On the day of the inspection we saw staff had access to adequate PPE.
- The premises were managed and maintained by the hospital trust's facilities management team. The service had systems in place to ensure oversight of maintenance records and risk assessments undertaken within their area.
- We saw evidence that fire awareness training had been undertaken by staff.
- Staff told us they received safety information from the service as part of their induction and on-going training which included health and safety and moving and handling.
- The provider ensured that medical equipment was safe and maintained according to manufacturers' instructions. We saw evidence that Portable Appliance Testing (PAT) and calibration of medical equipment had been undertaken in the last 12 months.

Risks to patients

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

Are services safe?

- We saw there were arrangements in place for planning and monitoring the number and mix of staff needed to safely and effectively run the nurse-led service. Rotas were planned ahead and included the optimum and minimum requirements for the service. We saw that the provider had a team of substantive nursing and administrative staff. The provider used agency staff, when required. They told us, when possible, they used the same agency staff for continuity.
- There was an effective system in place for dealing with surges in demand. The service reported weekly into the escalation framework for the hospital trust and social care system which provided a shared understanding of surge and escalation issues across the system. The provider told us that the current arrangement with the hospital trust and the service was to provide mutual aide to support pressures and demand.
- When there were changes to services or staff the provider assessed and monitored the impact on safety.
- The service had systems and processes in place to categorise and manage risk. This included a clear protocol for appropriate triage to the service at the point of entry and the use of the National Early Warning Scores (NEWS) system, which is used to identify and respond to patients at risk of deteriorating. If necessary, patients could be redirected to the emergency department.
- 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.
- Non-clinical staff had undertaken sepsis awareness training and were aware of 'red flag' presenting complaints, for example patients with shortness of breath and what action to take if they encountered a deteriorating or acutely unwell patient. We saw that protocols were in place to support this training. The service had assured itself that non-clinical staff at the point of entry employed by the hospital trust had undertaken appropriate sepsis awareness training.
- The service had adequate arrangements in place to respond to medical emergencies, including equipment for the assessment of sepsis. The service was located within the hospital trust's ED and operated within its emergency response protocol. We saw the service had access to emergency medicines, a defibrillator and oxygen with adult and children's masks.
- We saw resuscitation training was on an annual frequency for all staff.

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. As part of our inspection, the CQC GP specialist advisor reviewed a selection of patient records and found that clinical interactions contained appropriate information and demonstrated that care and treatment was being delivered in a safe way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. A summary of the care provided was shared with patients' GPs.

Appropriate and safe use of medicines

- The service had reliable systems for appropriate and safe handling of medicines. We observed the arrangements at the service for managing medicines, including medical gases, emergency medicines and vaccines, minimised risks.
- The service ensured medicines were stored safely and securely with access restricted to authorised staff. There were processes in place for checking medicines and staff kept accurate records of medicines.
- The service did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- The service held a stock of 'to take out' (TTO) medicines (pre-packed and pre-labelled medicines) for patients. We saw that these were securely managed and dispensed in line with guidance.
- Patient Group Directions (PGDs) had been adopted by the service to allow nurses who were not prescribers to supply and administer medicines in line with legislation. We saw that these had been signed.

Are services safe?

- The service kept prescription stationery securely and monitored its use. We saw the service also used electronic prescribing.
- Staff we spoke with demonstrated they prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The service had paused some of their prescribing audits during the COVID-19 pandemic, but we saw from the 2022/23 audit schedule that a formal antimicrobial prescribing audit was planned.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The provider demonstrated their system for recording and acting on significant events. There was an incident policy and all categories of incident were recorded on the incident reporting and risk management software.
- We saw in the past 12 months that the provider had recorded seven incidents.
- Staff understood their duty to raise concerns and report incidents and near misses and knew how to do this.
- There were adequate 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.
- The provider had processes in place to share information with other organisations such as the National Reporting and Learning System (NRLS) and the Care Quality Commission (CQC).
- The service had systems and processes in place to receive, disseminate and act upon alerts received through the Medicines and Healthcare products Regulatory Agency (MHRA). We saw that a log was maintained of all safety alerts received and action taken.

Are services effective?

Monitoring care and treatment

The service produced monthly monitoring reports of the activity undertaken. This information was shared with the Clinical Commissioning Group (CCG) and Key Performance Indicators (KPIs) had been agreed with the CCG. The agreed targets were:

- 95% of patients should be seen and treated within four hours: We saw evidence that for the period April 2021 to March 2022 the service had consistently exceeded this target and achieved between 99% -100%.
- Less than 5% of patients should leave the centre without being seen: We saw that between April 2021 and March 2022 the service had consistently met this target, and on average only between 1-1.5% of patients attending the service left without being seen.
- Re-attendance should be below 5%: We saw that between April 2021 and March 2022 the re-attendance rate was between 1.4%-2.5%.
- During the COVID-19 pandemic, due to the increased pressure on the service, staff sickness and re-deployment of some staff to clinical duties, the service reduced routine clinical audit activity. The service continued to support service priority activity such as incident management, clinical supervision and complaints investigation. The provider told us they were now in the recovery phase and planned audits would resume. We reviewed their 2022/23 audit schedule which included a re-audit of treatment for upper urinary tract infections (URTIs) in line with NICE guidance, prescribing audits and a range of audits aligned to ailments and injuries seen by the service.
- The provider captured patient feedback through the NHS Friends and Family Test (FFT) and participated in patient and public engagement. For example, as part of a contract review of the service the provider undertook a survey to hear the views of patients and local people on what they valued about the service. The review was undertaken between November 2021 and January 2022 and showed that 87.2% of patients who had attended the walk in centre rated the service as good, very good or excellent. Patient feedback for using the service included not being able to get an appointment at their GP practice, the opening hours were convenient and they had used it before and it had worked well.

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 which included health and safety, role specific training and policies and procedures.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider maintained an up-to-date record of mandatory training and frequency schedule in place for clinical and non-clinical staff. Training included safeguarding children and adults, domestic violence, mental capacity act (MCA), infection prevention and control, basic life support, information governance, fire safety awareness, health and safety, manual handling, sepsis awareness, equality and diversity and human rights. There were systems in place to monitor when mandatory training updates were due.
- The provider provided staff with ongoing support which included clinical supervision and appraisals.
- The provider could demonstrate how they ensured the competence of staff employed in advanced roles by an ongoing audit process of clinical decision making through clinical notes reviews.

Coordinating care and treatment

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

Are services effective?

- We reviewed the patient flow pathway into the centre and saw patients could access the service either as a walk in-patient, directed from their GP or via the NHS 111 service (NHS 111 is a telephone-based service where callers are assessed, given advice and directed to a local service that most appropriately meets their needs). No patients were registered at the service as it was designed to meet the needs of patients who required same day emergency care. Face-to-face appointments could be accessed Monday to Friday 9am to 8pm and during the weekend and bank holidays from 10am to 6pm.
- Access to the service was through the emergency department (ED) at Dewsbury and District Hospital. We saw there was a Standard Operating Procedure (SOP) in place for non-clinical streaming in the ED. Patients were streamed by a hospital trust non-clinical receptionist, supported by a hospital trust clinician located in the reception area, to determine their appropriate care pathway. All patients attending ED were entered onto the hospital trust clinical system and patient details were checked against the NHS spine (the IT infrastructure for health and social care in England). We saw there were a number of categorised presenting complaints which would trigger a potential 'red flag' which could, in line with protocol, be escalated to the clinician to make a care pathway decision.
- We saw that those patients who met the criteria for the walk in centre were entered onto the service's clinical system and directed to the appropriate waiting area. Patients not meeting the criteria, which included patients under the age of two, were directed to the ED waiting area. There was a separate children's waiting area.
- During the pandemic the service maintained their face-to-face consultation model to support the needs of the communities requiring same day emergency care.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services as appropriate.
- The service used the same clinical system as GPs in the local area and had access to the patient record. This enabled them to be aware of any flags, special notes and care plans applicable to the presenting patient.
- An electronic record of all consultations was sent to patients' own GPs. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, we saw referral pathways to mental health services.
- 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.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.

- As a walk in centre, the service did not have the continuity of care to support patients to live healthier lives in the way that a GP practice would. Patients typically attended the service with episodes of minor illness requiring attention. However, staff told us the service was committed to the promotion of good health and were proactive in empowering patients and supporting them to manage their own health and maximise their independence.
- We saw that the service facilitated self-care through information leaflets, signposting to websites and the use of social prescribers. The service told us that the provision of a social prescriber currently working with the service offered advice and access to other health services. In addition, they worked proactively with frequent callers/attendees to address any social needs or underlying issues and identify patients with social isolation to provide support and signposting where appropriate.
- We saw from the service's website and information at the location what conditions could be supported by the service. For example, minor ear, nose and throat (ENT) problems, sprains and strains, wound infections, minor burns and

Are services effective?

scalds, skin conditions, minor respiratory conditions such as cough, mild abdominal pain, insect bites and stings and emergency contraception. The service could not see patients for pregnancy related issues, injuries that may require an x-ray, long-standing medical conditions that were managed by a patient's own GP, sick notes/fit notes and dental problems. The service did not see patients under two years old.

- We saw that those conditions that could not be supported were given alternative pathways, which included ED. We saw from performance data for the period April 2021 to March 2022 that less than 3% of attendances had resulted in a transfer to the emergency department. In addition, the re-attendance rate was below the 5% target at between 1.4%-2.5%.
- At the time of our inspection there was a pilot pathway in place which saw the introduction of a GP working within the walk in centre. This service was available Monday to Friday 8.30am to 6.30pm. The service was introduced in December 2021 to support and enhance the local system capacity for managing same day urgent care. A full evaluation of this service was planned.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- During our inspection we observed that members of staff were courteous and helpful to patients and treated them 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.
- We saw equality and diversity and human rights training formed part of the provider's mandatory training schedule.
- Interpretation services were available for patients who did not have English as a first language. Staff we spoke with knew this service was available and how to access it.
- Staff communicated with people in a way that they could understand. We saw communication aids, for example, an induction hearing loop.
- The provider told us that during the COVID-19 pandemic clear face masks had been made available to staff to facilitate lip reading for hearing impaired patients.
- Due to the COVID-19 pandemic we did not have the opportunity to speak with patients on the day of the inspection. However, we did review the outcomes of the NHS Friends and Family Test (FFT) for 2021 and the current year between January and March. The outcomes for 2021, based on 155 responses, showed that 94% of patients felt the service was very good or good. For the period January to March 2022, based on three responses, showed that 100% of patients felt the service was very good.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- We saw that patients queued at a glass-fronted reception desk in the emergency department to access the service. Staff were aware that the layout of this area could impact on confidentiality as it was likely that conversations could be overheard by other patients waiting. However, staff told us that if a patient was distressed or wanted to discuss a sensitive issue then they would be taken to a private area. Staff told us they did their best to maintain confidentiality within the reception layout.
- We observed that computer screens could not be seen when standing at the reception desk and no patient identifiable information was visible.
- The bays where patient consultations were held were divided by curtains only. Staff were aware that this could impact on the dignity, privacy and confidentiality of the patient consultation and did what they could to avoid patients being viewed by others or conversations overheard.
- Patients waited to be seen in a waiting area adjacent to the treatment bays. Patients would be called individually by clinicians who would walk with them to the treatment area.

Are services well-led?

Leadership capacity and capability

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

- Leaders on the day of the inspection demonstrated they had the capacity and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of services. They were open and transparent about the challenges during the COVID-19 pandemic, particularly around staff recruitment and sickness.
- The organisation had an established and comprehensive operational structure. It was clear where the service sat within the structure. We saw there was day-to-day management of the service and clinical oversight with an overarching operational manager. Staff were clear about their roles and responsibilities within the structure. Staff told us that leaders were visible and approachable.
- Senior management was accessible throughout the operational period, with an on-call support system that staff were able to use.

Culture

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

- There was strong collaboration, team-working and support across all staff and a common focus on improving the quality and sustainability of care and people's experiences. The provider told us that as a social enterprise they believed in supporting people to have better lives by investing all of our resources into local communities.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff informed us that 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, which included mandatory competence training and appraisal. We saw that 100% of staff had undertaken an appraisal in the last year.
- Staff told us they felt respected and supported in their role.
- The service actively promoted equality and diversity. Staff had received equality and diversity training and human rights.
- Staff at all levels were encouraged to speak up and raise concerns. Staff told us they would seek support and advice within their management structure. However, not all staff knew who the nominated Freedom to Speak Up Guardian was or were not familiar with the phrase duty of candour.
- The service provided staff with access to resources to support and maintain wellbeing.

Governance arrangements

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

- The provider had an established organisational, management and governance structure.
- There was a regular meeting schedule at local and organisational level to discuss key operational areas and governance.
- Staff had lead roles, for example safeguarding, infection prevention and control and there was oversight and support for these roles at organisational level.
- Staff were clear on their roles and accountabilities, this included actions in respect of safeguarding and infection prevention and control.

Are services well-led?

- 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.
- Performance of employed clinical staff could be demonstrated through audit of their consultations
- Senior managers had a good understanding of service performance against local key performance indicators. Performance was shared with the local CCG as part of contract monitoring arrangements.
- The provider continued to contribute to the local health agenda and work in partnership with local NHS trusts, council, voluntary sector and other commissioned providers to deliver patient care. The provider worked in alliance with other health care providers to deliver services in the community
- There was a strong culture of innovation evidenced by their participation in several pilot schemes. For example, there was a pilot pathway in place which saw the introduction of a GP working within the walk in centre to support and enhance the local system capacity for managing same day urgent care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- The provider used the same clinical system as the local GP community so had access to patients' clinical records.
- 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 submitted data or notifications to external organisations as required.
- There were arrangements in place in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.