

Birmingham NHS Walk-in centre

Quality Report

66 High Street
Birmingham
B4 7TA

Tel: 0121 255 4500

Website: www.birminghamnhswic.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

Good



Are services safe?

Good



Are services effective?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	4
Background to Birmingham NHS Walk-in centre	4
Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	6

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Birmingham NHS Walk in Centre on 14 March 2017. The overall rating for the service was requires improvement. The full comprehensive report on the March 2017 inspection can be found by selecting the 'all reports' link for Birmingham NHS Walk in Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 13 December 2017. It was undertaken to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 14 March 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The service had made significant progress in relation to the concerns raised at our previous inspection in March 2017.

- There was an effective system for reporting and recording incidents to support learning and improvement.
- There were effective systems for assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that were health care associated. Comprehensive audits had been undertaken to assess the risks and actions taken in response.
- There were appropriate systems in place for monitoring prescription stationery.
- Emergency equipment was regularly checked to ensure it was in working order and fit for use when needed.
- A range of clinical audits had been carried out to support service improvements.
- Verbal as well as written complaints were recorded and reviewed to identify trends or themes and support service improvement.
- A closer relationship between the provider organisation and the walk-in centre had been developed and staff felt supported.

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 good for providing safe services.

- The service had made significant progress since our previous inspection in March 2017 in relation to the provision of safe services.
- The service had improved the reporting of incidents to maximise opportunities for learning and to support service improvement.
- Effective systems for monitoring infection prevention and control had been implemented. Infection control audits seen had been acted on.
- Appropriate systems were in place for the monitoring of prescription stationery.
- Effective systems were in place for checking emergency equipment to ensure they were in working order and fit for use when needed.

Good



Are services effective?

The service is rated good for providing effective services.

- The service had made significant progress since our previous inspection in March 2017 in relation to the provision of effective services.
- Improvement activity such as clinical audit had been carried out to identify areas for improvement. There was evidence of action taken in response to audit findings.

Good



Birmingham NHS Walk-in centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector and a GP specialist advisor.

Background to Birmingham NHS Walk-in centre

Birmingham NHS Walk-in Centre is run by The Practice Group under the provider name Chilvers and McCrae. The service is nurse led and provides treatment of minor illnesses and injuries. The service was originally commissioned in 2008. Current commissioning arrangements are held with Birmingham Cross City Clinical Commissioning Group.

The service is located within a busy city centre on the lower ground floor of Boots The Chemist Ltd. There is lift access to this floor. The premises are let to NHS properties for the provision of the walk in centre. There is no specific parking for the Walk-in Centre however, there is a public car park located close by and the service is accessible by public transport. Disabled parking is allowed on the high street.

Patients do not need to be registered or need to make an appointment to use the service. Opening times are restricted to those of the store opening times which includes bank holidays with the exception of Christmas day and Easter Sunday. The service is open 8am to 7pm

Monday to Friday, Saturday 9am to 6pm and Sunday 11pm to 4pm. The walk-in centre closes to the public an hour in advance of those times to allow patients already waiting to be seen before the store closes.

Approximately 3200 patients per month are seen at the walk-in centre. The majority of patients seen are of working age who live, study and/or work in the city centre.

The service is registered with CQC as Chilvers & McCrea Limited which sits with The Practice Group. The service is led by the clinical lead nurse and an operations manager (the operations manager also manages a local GP practice within The Practice Group). Other staff include eight nurse practitioners who undertake regular shifts, two health care assistants and a team of four administrative/reception staff. There is a regional management team consisting of clinical and non-clinical members who support the service. The walk in centre is typically staffed with three nurse practitioners and a health care assistant per day.

Why we carried out this inspection

We undertook a comprehensive inspection of Birmingham NHS Walk-in Centre on 14 March 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Birmingham NHS Walk-in Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Birmingham NHS Walk-in Centre on 13 December 2017.

Detailed findings

This inspection was carried out to review in detail the actions taken by the service to improve the quality of care and to confirm that the service was now meeting legal requirements.

How we carried out this inspection

We carried out a focused inspection of Birmingham NHS Walk-in Centre on 13 December 2017.

During our visit we:

- Spoke with a range of staff (including the service manager, the regional nurse manager, the clinical lead nurse and a receptionist).
- Reviewed the systems for managing incidents in order to maximise opportunities for learning.

- Reviewed systems for assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.
- Reviewed systems for managing prescription stationery.
- Reviewed systems for checking and monitoring emergency equipment.
- Reviewed systems for supporting quality improvement.
- Reviewed systems for recording and learning from verbal complaints.
- Reviewed the working arrangements between the walk-in centre and wider provider organisation.

Please note that when referring to information throughout this report, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 14 March 2017, we rated the service as requires improvement for providing safe services as the arrangements in respect of infection prevention and control were not adequate. We also identified areas the service should improve, which included maximising the opportunities for learning from incidents and improving the monitoring of prescription stationery and emergency equipment.

These arrangements had significantly improved when we undertook a follow up inspection on 13 December 2017. The service is now rated as good for providing safe services.

Safe track record and learning

At our previous inspection in March 2017 we found limited opportunities to learn from incidents. Although there were systems in place there were few reported incidents and in most cases they related to concerns about other providers or aggressive patients. At this inspection we saw that an electronic incident reporting system had been introduced which allowed senior staff to monitor incident themes and trends and share learning at an organisation level. We saw that there had been an increase in the reporting of incidents since our previous inspection covering a wider range of issues. These were investigated by the service manager. Learning was discussed at staff meetings and shared on the provider intranet.

Overview of safety systems and process

We found effective systems in place for assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. Since our previous inspection we saw that two infection control audits had been carried out in the premises (an in-house infection control audit in August 2017 and one carried out by the CCG infection control team in September 2017). Following both audits the service had produced an audit plan which had been acted on. We saw evidence of improvements made including repairs to the flooring, examination couches, and sink areas. We also saw that infection control was now a standing item on the staff meeting agenda.

Medicines Management

The service had effective systems for monitoring prescription stationery. Systems were in place for monitoring total prescription stock held as well as those allocated to clinicians and the start and end of shifts.

Arrangements to deal with emergencies and major incidents

The service had effective systems for checking emergency equipment. Daily checks had been introduced to ensure the defibrillator was in good working order and fit for use when needed.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 14 March 2017, we rated the practice as requires improvement for providing effective services as the arrangements in respect of quality improvement such as clinical audits needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 13 December 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

At this inspection we found evidence of quality improvement activity. The service shared with us four audits that had been completed in the last six months to support service improvement.

These included:

- Quarterly audits of patient consultations with nursing staff. The consultation audits were carried out by the Regional Nurse Manager. Any issues identified were fed back to the nursing staff on an individual basis.
- A urinary tract infection (UTI) audit in which treatment was reviewed on 40 patients presenting with a UTI. This was a full cycle audit where the improvements made were implemented and monitored. Following the first audit the findings were discussed with clinical staff and improvements were seen in prescribing at the second follow up audit.
- An audit to reduce the risk of C. Difficile, a bacterial infection that can commonly affect people who have recently been treated with antibiotics. The audit reviewed 29 patients that had been prescribed high risk antibiotics. The audit found that the antibiotics had been prescribed appropriately in 26 out of the 29 patients reviewed. A re-audit was planned in six months.
- A patient satisfaction audit of 200 patients who had attended the walk-in centre. Overall results were positive about the consultation they received with the clinical staff.