

Walk in Centre – RD&E Wonford

Quality Report

Walk In Centre RD&E Wonford
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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	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

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 the Walk In Centre RD&E Wonford on 2 March 2017. Overall the centre is rated as good.

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

There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

Risks to patients were assessed and well managed.

Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

There was high patient satisfaction, with all 12 patients we talked to confirming they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

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.

People's individual needs and preferences were central to the planning and delivery of tailored services. We saw several examples of this. For example in order to meet patient needs, nurses had received extra training in the treatment of traumatic wounds, infections and mild cellulitis; dental pain; animal and human bites protocol and patients presenting with minor ailments protocol. Health Care Assistants (HCAs) had received further training in dementia awareness, learning disabilities, tissue viability, anaphylaxis, duty of candour and end of life care.

The centre had good facilities and was well equipped to treat patients and meet their needs.

The leadership, governance and culture at the walk in centre were used to drive and improve the delivery of high-quality person-centred care.

Learning was celebrated and the centre was proactive in using opportunities to improve services by seeking and acting upon feedback from staff, patients and other stakeholders.

The provider was aware of and complied with the requirements of the duty of candour.

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 Walk In Centre is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the Walk In Centre.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The Walk In Centre is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The Walk In Centre is rated as good for providing caring services.

- Feedback from the large majority of patients through our comment cards and collected by the provider was very positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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.

Good



Summary of findings

- The practice identified military veterans in line with the Armed Forces Covenant 2014. This enabled priority access to secondary care to be provided to those patients with conditions arising from their service to their country.

Are services responsive to people's needs?

The Walk In Centre is rated as good for providing responsive services.

Good



- The provider reviewed the needs of its local population and engaged with the NHS England area team and local clinical commissioning groups to secure improvements to services where these were identified. Urgent appointments were available the same day.
- The service had systems in place to ensure patients received care and treatment in a timely way and according to the urgency of need.
- Information about how to complain was available and easy to understand and evidence showed the WIC responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The Walk In Centre is rated as good for being well-led.

Good



- There was a strong focus on continuous learning and improvement at all levels.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- There was a strong focus on continuous learning and improvement at all levels. The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The service had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- 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 ensured this information was shared with staff to ensure appropriate action was taken
- The service proactively sought feedback from staff and patients, which it acted on.

Summary of findings

What people who use the service say

This service was not included in the National NHS GP Patient Survey. We looked at other feedback received. This showed the following;

Friends and Family patient survey scores in the last 12 months. There had been 289 outpatient responses to these surveys. Of these, 97% of patients would recommend this service to friends and family.

There had also been a Northern Devon Healthcare NHS Trust staff survey in 2015 to 2016, which had 788

responses out of approximately 4,000 staff. Of these, 80% staff would recommend this service for care and welfare. 72% of staff would recommend this service as a place to work.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received eight comment cards which were all positive about the standard of care received. Respondents commented that they had received excellent attention and were listened to by the team.

Walk in Centre – RD&E Wonford

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included an additional CQC inspector, an assistant inspector and a GP specialist advisor.

Background to Walk in Centre – RD&E Wonford

The Walk In Centre RD&E Wonford is situated at the Royal Devon and Exeter Hospital in the city of Exeter, Devon in the south west of England. It is one of two walk in centres in the city of Exeter that are managed by the same provider, Northern Devon Healthcare NHS Trust. The other centre is Sidwell Street, Exeter. The data in this report which pertains to the Friends and Family feedback is shared data and takes into consideration the feedback from patients using both walk in centres.

The majority of patients do not access The Walk In Centre (WIC) RD&E Wonford directly but are triaged by the emergency department into the service. Patients using the service also have access to the RD&E hospital which is co-located with the service.

The Devon Doctors GP out of hour's service operates alongside the WIC after 6 pm and at weekends. The nurse led Deep Vein Thrombosis (DVT) service is also co-located with the WIC Monday to Friday 8.30am - 4 .30pm.

The 2011 census data showed that majority of the local population identified themselves as being White British. During the last 12 months the service had provided care and treatment to 35,000 patients.

Staff at the Walk In Centre (WIC) RD&E Wonford worked across both this location and the other Walk In Centre on Sidwell Street. The service is staffed by two trained nurses per shift. The entire WIC team, which covers both WICs, comprises of 18 nurses, 16 female and two male. Some work part time making the whole time equivalent (WTE) 12.65. The clinical team were supported by a service manager, business location manager and additional administration staff.

The Walk In Centre RD&E Wonford service is open between the NHS contracted opening hours are 7am until 10.30pm every day of the week from Monday to Sunday. Appointments are offered anytime within these hours. Outside of these times patients are directed to contact the out of hour's service and the NHS 111 number.

The service has a Personal Medical Services (PMS) contract with NHS England.

This report relates to the regulatory activities being carried out at:

Walk In Centre - RD&E Wonford, Barrack Road, Exeter, Devon EX2 5DW. We visited this location during our inspection.

Detailed findings

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 Walk In Centre RD&E Wonford and asked other organisations such as Healthwatch, to share what they knew. We carried out an announced visit on 2 March 2017.

We visited the Walk In Centre RD&E Wonford where we:

- Spoke with a range of staff including headquarters based staff who managed the organisation tasks such as the service manager, business location manager, two nurses and a receptionist for the unit, and reviewed organisational records and systems. We also spoke with 12 patients and reviewed eight comment cards where patients and members of the public shared their views and experiences of the service.

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, 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 an effective system in place for reporting and recording significant events.

- Staff told us there was a clear process of reporting and recording incidents and there was a recording form available on the walk in centre computer system. Staff said there was a no blame culture and added that staff were supported through the process.
- We looked at 22 documented examples and found that when things went wrong with care and treatment, patients were given an apology, truthful information and feedback about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events had been discussed and saw evidence that the organisation carried out a thorough analysis of the significant events. For example, a trend in incidents was noted for violence and aggression towards staff. We found that staff had all received conflict resolution training and had access to security and panic alarms.
- We saw evidence that lessons were shared and action was taken to improve safety. For example, a significant event had resulted from a patient falling over a wheelchair which was in the waiting room at the WIC. The patient sustained a minor injury as a result. Staff immediately treated the patient and during examination discovered a secondary injury on the patient's shin sustained during the fall. Staff ensured the patient remained at the WIC for 30 minutes afterwards to ensure all was well following the incident. The incident resulted in an investigation being performed. Positive learning points included highlighting the appropriate action carried out by staff such as the detection of the secondary injury and the 30 minute wait after a head injury. Records and documents demonstrated that learning was shared with all staff.

Overview of safety systems and processes

There were clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

The staff at the Walk In Centre (WIC) were fully engaged with safeguarding and protecting children. There was a named nurse for safeguarding children for Northern Devon Healthcare Trust; this statutory role covered the entire Trust which included the WIC's in Exeter. The lead nurse and senior nurse were both qualified safeguarding children supervisors and had undertaken additional training to perform this role. They also attended quarterly meetings where safeguarding issues/learning and information sharing was provided. Any developments were relayed and processes and practices were discussed and developed.

All WIC staff were trained to level three in safeguarding children. Staff also attended MACSE (the Missing and Child Sexual Exploitation forum). These conferences were held each month to discuss children at risk, perpetrators and risk areas as well as the processes for disruption and support. Information was obtained from the WIC on a monthly basis regarding any young people that had attended the service and who were to be discussed at the MACSE forum.

As well as the process for referring children at risk of significant harm to the local agency safeguarding hub, there was an internal system which identified children and families that may need safeguarding or early help. This system required the practitioner to complete an electronic form which was sent to the safeguarding children team. Information was collated on a data base and then shared with the child's GP/Health Visitor/School Nurse and any other health professional working with the child. All children subject to a child protection plan or who have been accommodated by the Local Authority were highlighted on the electronic system when they attended. This information was supplied to the centre by the Devon County Council on a weekly basis. Administrative staff who worked at the service had attended safeguarding training as part of their induction programme.

A notice in the waiting room and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have

Are services safe?

contact with children or adults who may be vulnerable). Staff explained that only clinical staff were asked to act as chaperones and all were able to access the policy and were aware of their role.

The walk in centre maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was a lead nurse responsible for infection control who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training.

Infection Prevention Control (IPC) audits had been completed every six months. The most recent IPC audit showed that actions identified had been implemented such as including children's toys in cleaning schedules. Cleaning schedules were in each room for room cleaning and cleaning of equipment. Included desktops, furniture, bins, all were signed and dated each day. There were also cleaning schedules for ECG machines, the emergency trolley and the resuscitation trolley.

The nurses carried out the cleaning of equipment. The room cleaning was carried out by RD&E domestic services which was co-located with the Walk In Centre. Staff were able to escalate any issues through a logging system and face to face via regular meetings between the Walk In Centre business location manager and the RD&E domestic services department.

The Walk In Centre complied with Control of Substances Hazardous to Health (COSHH). COSHH legislation required employers to control substances that are hazardous to health. The COSHH cupboard cleaning materials were maintained appropriately and securely. Staff sent monthly monitoring forms to the location business manager. There was an A-Z of cleaning on the intranet system (called "Bob") which explained how to clean every listed item of equipment. Staff had received statutory training on infection control, theory and practical sessions. These were reviewed annually.

RD&E hospital contracted cleaners were used to clean the premises when not being used. Clear lines of responsibility, schedules and communication were in place. These were monitored by a minimum of six monthly audits. Any issues were raised and actioned with the RD&E hospital.

The arrangements for managing medicines, including emergency medicines and vaccines, in the walk in centre kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

We checked that medicines storage was in line with the latest guidance. Medicines were stored securely in a double locked metal cabinet. Medicines we checked were all in date, there was a system in place to check expiry dates. Pain relief medicines (drugs of diversion) such as codeine were kept locked in a separate metal safe. Their use monitored by a dedicated system, including counter signatures by second members of staff. Emergency medicines were all in order. Fridge temperatures were monitored by thermometers and regular temperatures had been recorded correctly.

The centre carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription stationary was securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the centre to allow nurses to administer medicines in line with legislation.

Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The walk in centre carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. There were procedures for assessing, monitoring and managing risks to patient and staff safety.

There was a health and safety policy available. The centre had an up to date fire risk assessment which had been

Are services safe?

reviewed in the last 12 months. Records showed that weekly fire alarm tests and regular fire drills were performed. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

The centre had a variety of other risk assessments to monitor safety of the premises such as general environmental risk assessments, use of oxygen and control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The business location manager for the service told us that they had quarterly meetings with the RD&E estates team in order to monitor such risks and take appropriate action.

Patients had access to appropriate health assessments and checks. Appropriate follow-up actions for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. For example we saw evidence of a patient who had attended the WIC following test and examinations were identified as having cancer. The patient was immediately referred on for specialist treatment.

We spoke with the business location manager. The site reported any issues which were logged electronically with RD&E Estates Department. Following this, the issue would be corrected within 24 hrs. For example, there had been some holes in the ceiling of a meeting room where a camera had previously been removed. Estates department had repaired the ceiling within 24 hrs.

There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff rotas were completed on a four to six weekly basis and we saw that the service had sufficient staff on duty to provide safe care and treatment. During our inspection there were three clinical staff on duty, two nurses and one health care assistant. We observed that this was sufficient to deal with the flow of patients into the service.

There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

Arrangements to deal with emergencies and major incidents

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

- There was an alarm system in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were some emergency medicines available in the walk in centre but full stocks of emergency medicines did not need to be stored as the service was located in the same premises as Exeter Hospital's Accident and Emergency department.
- The walk in centre had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the walk in centre and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The walk in centre 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. On the day of inspection, the walk in centre experienced temporary loss of the computer systems. We observed the business continuity plan put into action and the service successfully continued to provide a full service to patients. Staff deployed a paper based system until power was restored.

There were monthly monitoring audits (Health, safety, security and fire audit and risk assessment) completed by Northern Devon Healthcare NHS Trust, including fire alarms and emergency lighting. Evacuation drills were carried out as training scenarios.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The walk in centre monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example an audit was undertaken of a set of 10 notes per month looking at documentation, consent, under 16 consent, presenting complaint, history of presenting complaint and adherence to policy and discharge information. Audits were routinely undertaken to ensure compliance with current legislation and NICE guidance. The management team told us they planned to increase the scope of clinical audits to highlight how continuous improvement could be made.

Management, monitoring and improving outcomes for people

The walk in centre monitored its patient outcomes on a monthly basis in the form of a detailed report of patient numbers. We saw records showed that walk in patients had been treated and referred on to sexual health, accident and emergencies, their own GP and to a wide range of other outcomes. The service had provided treatment to 3,200 patients within December 2016. This included 138 at the DVT (Deep Vein Thrombosis) 1,800 at Sidwell Street Walk In Centre and 1,262 at the Walk In Centre – RD&E Wonford.

Effective staffing

The WIC had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, confidentiality and equality and diversity. Staff received mandatory training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

The service demonstrated how they ensured role-specific training and updating for relevant staff. For example, in order to meet patient needs, nurses received extra training

in the treatment of traumatic wounds, infections and mild cellulitis; dental pain; animal and human bites protocol and blood transfusions protocol. HCAs have received further training in dementia awareness, learning disabilities, tissue viability, anaphylaxis, duty of candour and end of life care.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating nurses. We saw evidence that all staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

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.

The service used the AdAstra computer system in common with the out of hours service Devon Doctors to facilitate information sharing. The service had an information governance policy shared with Devon Doctors. Within AdAstra the service offered electronic prescribing for patients. There was no dispensary at the WIC. The service was co-located with the RD&E hospital which had a dispensary, and was within walking distance of many pharmacists in Exeter city centre.

The WIC ensured that care and treatment was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. For example, the WIC had a member of staff available on call with training in communicating with patients with learning disabilities. There was also a range of easy to read literature explaining services offered by the WIC.

The service shared information on a regular basis with the out of hour's service, with the sexual health service. The service carried out joint training with the sexual health services. Safeguarding training also took place jointly. The service liaised with local GP practices and dental services on a regular basis in order to support patients appropriately.

Are services effective?

(for example, treatment is effective)

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of documented examples we reviewed we found that the walk in centre shared relevant information with other services in a timely way, for example when referring patients to other services. The service shared safeguarding case file information with other relevant agencies. We saw evidence that appropriate follow up actions had been undertaken when safeguarding issues had been highlighted by the service.

The service had considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate. The service could provide information in larger fonts as required and a hearing aid induction loop was available. A receptionist was trained in British Sign Language (BSL) and helped patients with hearing difficulties to communicate their needs effectively.

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 (MCA) 2005. All staff had received appropriate MCA training.
- 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 the nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The walk in centre identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Information leaflets and contact telephone numbers were displayed throughout the walk in centre and patients were then signposted to the relevant service.

The service supported patients to live healthier lives including when patients moved between services, when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. The patient's GP and out of hour's service could access these records using a shared computer system. Meetings took place with other health care professionals on a monthly basis when care plans, and safeguarding plans were routinely reviewed and updated for patients with complex needs.

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.

- To maintain patients' privacy and dignity during examinations, investigations and treatments there was access to individual treatment rooms.
- Staff knew they could offer patients a private room to discuss sensitive issues or if patients appeared distressed.
- The service provided a variety of length of appointments according to patient's need. At Wonford Walk In centre patient's had appointments from five minutes to sixty minutes in length. Several patients commented on the thoroughness of examination and length of time of appointments (45 minutes).

All eight of the patient Care Quality Commission comment cards we received were positive about the service experienced and highlighted that staff responded compassionately when they needed help and provided explanations about treatment. We spoke with 12 patients who said they felt the service offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Recent Friends and Family patient survey scores in the last 12 months showed out of 289 outpatient responses to these surveys, 97% of patients would recommend this service to friends and family.

Care planning and involvement in decisions about care and treatment

Patient feedback from the eight comment cards told us they felt involved in the care and treatment they received. They told us they were seen promptly and updated regularly, being informed at every stage what tests were

needed and why they were necessary. They wrote that 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.

The service provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- Details of a member of staff skilled in different communication methods such as sign language were displayed, in order for their support to be sought if required.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the Walk In Centre pages within NHS Trust website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The service identified patients who were military veterans in line with the Armed Forces Covenant 2014 in order to ensure these patients received priority access to secondary care, for health conditions arising from their service for their country. In October 2016 Northern Devon Healthcare NHS Trust which managed the Walk In Centre had won a silver employer recognition award for supporting the armed forces community. This award recognised the fact the service had signed the Armed Forces Covenant, demonstrated support for service personnel issues, employed at least one member of the armed forces community, showed flexibility towards reservists and supported the employment of military veterans.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service involved patients in planning and making decisions about their care, including their end of life care. The walk in centre was able to view patient's TEP (treatment escalation plans) on their shared computer system. Treatment escalation plans set out agreed and appropriate treatment options including the patient's decision on resuscitation.

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 eight comment cards we received was also positive and aligned with these views. We also saw that electronic care plans were personalised. Patients not registered with a GP were encouraged to register with their nearest GP practice, the details of which were provided by the Walk In Centre.

Staff had received training on equality and diversity. There was a policy on equality and diversity. Any new business cases or policies developed were subject to an equality and diversity impact assessment.

- The WIC could flag up on their shared computer system whether a patient was vulnerable, for example patients with learning disabilities, travellers or elderly patients.
- The WIC offered longer appointments for patients with a learning disability or other clinical need.
- The WIC had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

- The service participated in the missing and child sexual exploitation (MACSE) meetings. These were multi-disciplinary meetings led by the Devon safeguarding board. The Walk in Centre was able to feed information into this system to highlight any concerns.

Access to the service

Wonford Walk In Centre was open from 7am until 10.30pm every day of the week from Monday to Sunday. The service had a security system to summon assistance from the RD&E hospital within which the WIC was located, this was supported by Police response if required.

As the WIC was located within the RD&E hospital, a wide range of medical services was available to patients throughout the WIC's opening hours.

Learning from complaints and concerns

The WIC had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for Walk In Centres and Urgent Care Centres in England.
- There was a designated responsible person who handled all complaints in the WIC. This was the service manager, who managed both Sidwell Street and Wonford Walk In Centres. Both locations were within walking distance of each other and managed by the same provider.
- We saw that information was available to help patients understand the complaints system. There were leaflets on display which explained how to make a complaint should a patient wish to do so.

We looked at the four complaints received in the last 12 months and found add findings for example, whether these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint etc. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, an allegation of rudeness was investigated by the service manager. Appropriate advice was given to the staff member. An apology was made to the complainant who was satisfied with the resolution.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The WIC had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The values were integrity, compassion, excellence, support and diversity. This was displayed on the NHS Trust website and on communications.

Governance arrangements

The WIC had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Nurses had lead roles in key areas, like infection control and mental health. The WIC had an information governance policy and a member of staff was the Trust Information Governance lead. Walk in centre specific policies were implemented and were available to all staff. These were updated and reviewed regularly. For example personal safety.
- A comprehensive understanding of the performance of the WIC was maintained. Staff meetings were held monthly which provided an opportunity for staff to learn about the performance of the WIC.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the management demonstrated they had the experience, capacity and capability to run the WIC and ensure high quality care. The service manager was supported by two nurse managers, an administration manager and a business manager. The service manager reported to the divisional manager for specialist services

employed by Northern Devon NHS Healthcare Trust. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The management team encouraged a culture of openness and honesty. From the sample of four documented examples we reviewed we found that the WIC had systems to ensure that when things went wrong with care and treatment:

- The WIC gave affected people reasonable support, truthful information and a verbal and written apology.
- The WIC kept written records of verbal interactions as well as written correspondence. There was a clear leadership structure and staff felt supported by management.
- The WIC held and minuted a range of multi-disciplinary meetings including meetings with youth offending nurses, Police officers and social workers to monitor vulnerable patients.
- Staff told us the WIC held regular monthly team meetings.
- Staff told us there was an open culture within the WIC and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted that a team away day was planned to be held in May 2017. Planned topics included mental health and addictions, together with team building sessions. Staff also held quarterly social events.
- Staff said they felt respected, valued and supported by the management team. All staff were involved in discussions about how to run and develop the WIC, and the management encouraged all members of staff to identify opportunities to improve the service delivered by the WIC.

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

The WIC encouraged and valued feedback from patients.

Are services well-led?

Good 

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

Recent Friends and Family patient survey showed positive scores in the last 12 months. There had been 289 outpatient responses to these surveys. Of these, 97% of patients would recommend this service to friends and family.

The WIC encouraged and valued feedback from staff. It proactively sought feedback from staff. For example:

- An annual NHS Trust staff survey, through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management add your own examples of where the WIC had listened to staff feedback. Staff told us they felt involved and engaged to improve how the WIC was run. The Trust had completed a staff survey in 2015 to 2016. The service he process of collating the results from the 2016 to 2017 staff survey which had 1,250 respondents.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the WIC. The WIC team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, annual appraisals included a development plan such as minor injury and illness courses.

The service had previously employed a business apprentice and had encouraged their innovations in carrying out regular hand hygiene audits and acting upon the findings of these audits. The apprentice had since been employed on a permanent basis by the service. The service was planning to engage another business apprentice and had 20 applicants for this role.

The service monitored usage of both Sidwell Street and Wonford Walk In Centres and had designed a plan to accommodate changes such as staff numbers and hours in order to make these sustainable. The service was meeting with its stakeholders and commissioners to implement these innovations.