

Coventry Walk in Centre

Quality Report

2 Stoney Stanton Road

Coventry

CV1 4FS

Tel: 0300 200 0060

Website: [www.](http://www.cityofcoventrynhshealthcarecentre.nhs.uk)

cityofcoventrynhshealthcarecentre.nhs.uk

Date of inspection visit: 20 and 22 June 2017

Date of publication: 24/08/2017

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 Coventry GP Walk-in Centre on 20 and 22 June 2017. Overall the service is rated as good.

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

- The service had clearly defined and embedded systems to minimise risks to patient safety.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The service was aware of the requirements of the duty of candour and systems ensured compliance with this.
- Patients told us they were treated with dignity and respect and were involved in their care and decisions about their treatment.

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- There was a clear leadership structure which encouraged a culture of openness and accountability. Staff told us they felt supported by management.
- The service proactively sought feedback from staff and patients, which it acted on.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The service is rated as good for providing safe services.

Good



- There was an effective system for reporting and recording significant events.
- Lessons learned were shared at meetings and with individual staff so that improvements to safety in the service were made and monitored.
- When things went wrong patients received reasonable support, information and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. The service was aware of the requirements of the duty of candour and systems ensured they complied with this.
- The service had systems, processes and services to keep patients safe and safeguarded from abuse. Staff had received training relevant to their role.
- The service assessed risks to patients and had systems for managing specific risks such as health and safety, infection control and medical emergencies.
- Appropriate recruitment procedures were followed to ensure that only suitably qualified staff were employed to work at the service.
- There were suitable arrangements for managing medicines, including emergency medicines to ensure patients were kept safe.

Are services effective?

The service is rated as good for providing effective services.

Good



- Staff we spoke with during the inspection demonstrated that they had the skills, knowledge and experience to deliver effective care and treatment.
- Staff had the skills and knowledge 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. There were systems to ensure appropriate information was shared.
- The service used clinical audit and ongoing monitoring to improve the quality of care and treatment it provided.

Summary of findings

Are services caring?

The service is rated as good for providing caring services.

Good



- Information for patients about the services available was accessible.
- Staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. We saw that patients were treated with dignity and respect.
- Survey information we reviewed showed that patients said they were treated with care, dignity and respect and they were involved in decisions about their care and treatment.
- Patients were complimentary about the service and commented that they received good care from the GPs and the nurses and everyone was professional.
- We received completed comment cards (36) from patients, all of which were positive about the standard of care received by patients. Patients felt that staff were courteous, friendly and gave prompt attention. Patients commented that staff always listened to them and gave them useful information to help them manage their conditions.
- Information to help patients understand and access the local services was available.

Are services responsive to people's needs?

The service is rated as good for providing responsive services.

Good



- Patients could access the service between 8am and 10pm 365 days a year, including public holidays. The service was available to any patient entitled to receive NHS treatment in the UK.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain or provide feedback was available. Evidence from the examples we viewed showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The service had a triage process whereby patients were assessed so they were seen according to clinical need. This included when patients were observed by staff to be deteriorating or patients alerted staff to changes in their condition.

Are services well-led?

The service is rated as good for being well-led.

Good



- There was a clear leadership structure and staff understood their roles and responsibilities.

Summary of findings

- The service had a wide range of policies and procedures to govern activity. They had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- The service had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The managers encouraged a culture of openness and honesty. The service had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The provider was aware of the requirements of the duty of candour. We saw evidence the service complied with these requirements.
- Staff had received inductions, annual performance reviews and regularly attended staff meetings and training opportunities.
- The service proactively sought feedback from staff and patients and we saw examples where feedback had been acted on.

Summary of findings

What people who use the service say

We asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were positive about the standard of care received. Patients commented that staff were courteous, friendly and gave prompt attention. Patients felt that staff always listened to them and gave them useful

information to help them manage their conditions. Nine patients commented that the waiting time was a little long although one identified that it was understandable with a full waiting room.

The 53 reviews of the service that were currently on the NHS Choices website had resulted in an overall rating of 2.5 out of five. In response to the NHS Friends and Family test 93% of patients would recommend this service.

Coventry Walk in Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and a nurse specialist adviser.

Background to Coventry Walk in Centre

The Coventry Walk-in Centre is located within the City of Coventry Healthcare Centre in Coventry and is operated by Virgin Care Coventry. They are commissioned to provide minor illness and minor injury services by Coventry and Rugby Clinical Commissioning Group.

The service opened in 1999 and provides urgent care services between 8am and 10pm 365 days a year, including public holidays. The walk-in service is available to any patient who is entitled to receive NHS treatment in the UK, including those not currently registered with a GP. In the past 12 months the service had seen an average of 4,000 patients per month.

The premises is fully accessible to wheelchair users. It is served by the local bus network and there is accessible parking including dedicated disabled spaces.

The service is nurse-led supported by a full time GP and a part-time salaried GP. The clinical team are supported by a pool of agency staff who regularly work at the walk-in centre. All clinical staff working at the service are able to prescribe medicines (GPs or Advanced Nurse Practitioners (ANPs)). There is a minimum of two clinical prescribing staff on duty at any one time up to a maximum of seven at busy periods, such as bank holidays. This includes a mix of female and male practitioners. The part time salaried GP

and the agency GPs who work at the service are also employed at local GP services in the Coventry area. The clinical staff are supported by a registered manager, an assistant manager, a regional operations manager and a team of reception and administrative staff.

Why we carried out this inspection

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

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the service and asked other organisations such as the NHS Coventry and Rugby Clinical Commissioning Group to share what they knew. We carried out an announced inspection over two days on 20 and 22 June 2017. During our inspection we:

- Reviewed policies, procedures and other information the service provided before the inspection. We also supplied the service with comment cards for patients to share their views and experiences of the service.
- Spoke with a range of staff including GPs, nursing staff, centre management staff (including Virgin Care Coventry management) and reception/administrative staff.

Detailed findings

- Observed how patients were being cared for in the reception area.
- Reviewed the comment cards where patients and members of the public had shared their views and experiences of the service.
- Reviewed a sample of the personal care or treatment records of patients.

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. Quality Outcomes Framework (QOF) data was not applicable to the Coventry Walk-in Centre service location, which does not have patients registered for the service.

Are services safe?

Our findings

Safe track record and learning

Coventry Walk-in Centre used an effective system for reporting and recording significant events. We reviewed safety records, incident reports and minutes of meetings where these were discussed.

- There was a significant events protocol for all staff to follow in reporting incidents. All incidents were reported to the service manager in the first instance.
- Staff told us they were encouraged to report any incident and there was a no blame culture to support this. They knew how to access the appropriate form which was available on the service intranet. The recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- There had been 55 significant events recorded for 2017. The service had responded promptly to each event. All incidents were logged including child and adult safeguarding referrals. A thorough investigation had been carried out on all events with details of action taken recorded. Staff confirmed these were discussed at the next clinical governance meeting which were held monthly. We saw minutes of meetings to confirm this. Regular agency staff attended clinical meetings. Copies of minutes were made available to those agency staff unable to attend so they were kept up to date.
- We saw that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw where changes to practice had been made as a result of these investigations. For example, an investigation was carried out in response to a concern raised by a patient. As a result changes to procedures had been made and information was shared with all staff. Staff confirmed this.

Patient safety and medicine alerts were effectively managed.

- Alerts were received by email from external agencies such as Medicines and Healthcare products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE).
- We reviewed patient safety alerts and saw that a log of alerts received and the action taken had been maintained. Evidence showed that the service had responded to these appropriately.
- We saw evidence that lessons were shared and action was taken to improve safety in the service. For example, following an ambulance request there had been a delay in the patient transfer from the service. Changes were made to the requests for ambulances protocol to include obtaining details of the estimated time of arrival.

Overview of safety systems and processes

The service had clearly defined and embedded systems, processes and services to keep patients safe and safeguarded from abuse, which included:

- Arrangements to safeguard adults and children from the risk of abuse which reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The lead Advanced Nurse Practitioner (ANP) was the safeguarding lead for adults and children and staff confirmed they knew who the lead was. Staff demonstrated they understood their responsibilities and had received training relevant to their role. All clinical staff had completed level three training for safeguarding children.
- Chaperones were available for patients when requested. A notice was displayed in the waiting room and in all consultation rooms advising patients of this service. Staff we spoke with and training records confirmed that staff who acted as chaperones were trained for the role. Disclosure and barring checks (DBS) had been completed for staff members who undertook the role of chaperone within their duties. (DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable).

The service maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be visibly clean and tidy during the inspection.

Are services safe?

- The ANP was the clinical lead who liaised with the local infection prevention and control teams to keep up to date with best service. There was an infection control protocol and staff had received up to date training. Records showed that infection control training had been completed by all staff. Infection control audits were carried out annually and we saw that action was taken to address any improvements identified as a result. The last audit had been completed in November 2016.

There were suitable arrangements for managing medicines, including emergency medicines to ensure patients were kept safe.

- This included obtaining, prescribing, recording, handling, storing, security and disposal of medicines.
- Prescribing data was accessed by service staff to monitor appropriate prescribing.
- The service carried out annual medicine management audits to ensure prescribing was in line with best service guidelines for safe prescribing. The last audit was completed in June 2016. Additionally, we saw that individual clinician assessment and prescribing was kept under review with assessment and feedback provided. These reviews took place five times per quarter.
- The service did not prescribe medicines classed as high-risk, for example hypnotics and controlled medicines. If these medicines were needed, patients were referred back to their own GP within hours or to hospital when out of hours as they were not available at the walk-in centre.
- Blank prescription forms were securely stored and there were systems in place to monitor their use. All nurses working at the service had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. Nurses could access on site GP clinical support if required.

The service had appropriate recruitment policies and procedures.

- We looked at three staff files for staff roles including a receptionist, an administrator and a nurse. Recruitment checks had been carried out in line with legal requirements. This included proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Systems and processes were followed when locum GPs and nurses were required.

- There was a system to check and monitor clinical staff registrations and professional membership regularly.
- Arrangements were made for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff level assessments had been completed to ensure appropriate GP, nurse and staff cover was maintained. This was kept under review by the service manager.
- Staff told us they worked flexibly to cover for each other when they were on leave or when staff were unexpectedly absent.

Monitoring risks to patients

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

- Reception staff had been trained to prioritise patients on arrival. Extensive, ongoing training and flowcharts were provided to help them to do this.
- Patients arriving at the service were seen generally according to arrival time. The service was contracted to provide services according to the NHS Care Pathway to assess, diagnose and treat minor injuries and ailments. On arrival at the centre patients registered with reception staff who advised on likely waiting times for assessment and treatment. Information provided on registration was added to the computer system. Screening, prioritising and navigation of patients was completed by an appropriate clinician. This included flexibility for escalation for such times when patients' conditions were observed to be deteriorating, or patients alerted staff to changes in their condition. Certain patients (such as children aged five years or less) were seen as a priority. Reception staff were trained and had protocols to follow should they become aware of changes to patients conditions. They had access to clinicians at all times should they have concerns. Patients in the waiting area could be observed from the reception desk as well as observed by clinicians when they called patients to the treatment rooms. The service had monitoring systems which ensured that patient pathways were consistent and effectively used. We saw evidence of review and monitoring of staff skills that demonstrated this monitoring.
- There was an emergency incident procedure to guide staff in the event of an emergency, and staff confirmed they knew the procedure to follow should they need to do so.

Are services safe?

- The service had an up to date fire risk assessment (reviewed 22 February 2017) and carried out weekly fire tests. There were four designated fire marshals within the premises.
- All electrical and clinical equipment was regularly checked and calibrated to ensure it was safe to use and was in good working order. This was last checked on 17 August 2016 and 22 August 2016.
- The service had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. There was a minimum of two clinical prescribing staff on duty at any one time up to a maximum of seven at busy periods, such as bank holidays. Rotas were seen to confirm this. Although the service was commissioned as a nurse led service they had employed salaried GPs working a mixture of shifts across seven days as there was a shortage of ANP availability.
- There was an emergency incident procedure to guide staff in the event an emergency. Staff confirmed they knew the procedure to follow.
- There were instant messaging facilities on the services' computer in the event of a patient emergency. Police emergency alarms were in place which linked directly to the police in the event their support was needed.
- All staff had received annual basic life support training.
- A first aid kit and an accident book were available.
- Emergency medicines and equipment were available and easily accessible to all staff. All medicines we checked were in date and stored securely. Medicines were available to treat a range of emergencies including those for the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar.
- There was a system to ensure all medicines and equipment was safe to use at all times. For example, all equipment was checked on a weekly basis or following use.
- The service had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies of the plan were kept off-site and were also accessible to the management of Virgin Care Coventry. The service also held copies of the premises and services business plan provided by the building management company. Details of actions to follow and contact information was included. A disaster walk through exercise had been carried out in August 2016 to ensure effectiveness of the business plans.

Arrangements to deal with emergencies and major incidents

The service had arrangements to respond to emergencies and major incidents.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The service had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Updates and alerts were logged on the service's computer system and staff were informed of these.
- The service monitored that guidelines, updates and alerts were adhered by carrying out risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

There was evidence of performance management, quality monitoring and quality improvement taking place.

- The service completed a quarterly quality report which involved a review of performance against targets. This included the numbers of patients seen, patient waiting times, complaints or compliments received, significant events or incidents, responses to identified safeguarding concerns, patient survey results including the NHS Friends and Family responses and staff survey feedback. This report was submitted to Virgin Care Coventry and was discussed by centre staff with the aim of driving improvement. We saw that the service was currently meeting most of its performance targets and continued to review the action taken in response to areas where further improvement was needed. This included ongoing reviews of waiting times with a continued drive to reduce these for patients.
- The service reviewed the appropriateness of triage decisions taken by clinical staff and acted upon these findings. Decisions and information recorded by reception staff were kept under regular review, with action plans in place where learning had been identified. This monitoring also formed part of the staff supervision and appraisal processes. We saw evidence where improvements had been made with changes to practise as a result of these reviews.

The service carried out audits.

- This included reviews of clinical practice such as the clinical examination, diagnosis and rationale, prescribing, outcomes and consultation duration. Individual findings were overseen by the clinical lead and used as part of supervision and appraisal. Feedback was given and actions were taken where necessary. We saw examples of reviews of medicine prescribing and alternative prescribing for consideration that had been discussed with clinicians as appropriate.
- Antibiotics prescribing was monitored and considered with all clinicians. We saw evidence of compliance with local antibiotic prescribing policies.
- Overall findings and themes were discussed at the monthly clinical meetings.
- The service was able to demonstrate quality improvement as a result of these audits.

The service provided performance data to the local Clinical Commissioning Group (CCG). This data, for example indicated the number of patients who attended the centre by date and waiting times, patient age groups and volume of patients attending from local GP practices. Data from 2016/2017 showed that:

- From April 2016 the service had seen 47,778 patients. The service was contracted to see a minimum of 40,992 patients per year.
- The service target for seeing patients within two to four hours was 95%. Data showed they had achieved an average of 98% for the period January to March 2017.
- The average waiting time for patients was 150 minutes and 28% of patients were seen within one hour (60% within two hours).
- Average consultation time was 20 minutes.
- 100% of patients' cases were closed following consultation which met the CCG target.
- 100% of patients were advised to follow up with their own GP.
- 10% of patients were referred to accident and emergency (A&E), acute hospital or dental services.
- 3% of patients left the centre before being seen. The service told us that the majority of patients informed reception when they left without being seen by a clinician and the reasons for this were recorded on the patient assessment log. For example, their GP had called to offer an appointment. If a patient had left by the time they were called for treatment the service would attempt to contact the them to ensure they were safe.

Are services effective?

(for example, treatment is effective)

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- There was an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and infection control.
- The service required role related training to have been completed before clinical employees or agency staff started in post, such as paediatric training and experience as 25-30% of patients were children under the age of five years.
- The learning needs of staff were identified through appraisals and reviews of service development needs. This included ongoing support during meetings, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. For example, all clinical staff had skills in the treatment of patients with minor illness and working with children.
- Evidence showed that there was an internal system to monitor and oversee all training requirements for all staff which was kept up to date.
- The service had a systematic review and monitoring process for all Advanced Nurse Practitioners (ANPs) to ensure they were clinically competent, up to date with their training and skills, with evidence of learning maintained. For example, regular peer review, personal development plans through appraisal, practice competency review, with protected learning time for staff to demonstrate evidence of learning required by the service.
- All staff had received 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.

Coordinating patient care and information sharing

- Information needed to deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system.
- Relevant information was shared with the patient's GP and the service made calls to the GP when they found a patient required an urgent referral to other services, or referred them to A&E when appropriate to do so.
- We saw evidence that safeguarding information and information relating to those at risk was shared between the service, patients' own GPs and other agencies working as part of local safeguarding processes.
- Staff ensured information was forwarded by clinical letter or shared electronic systems, which included when patients needed to be referred to their own GP or A&E.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or 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 service identified patients who may be in need of extra support and signposted them to relevant services. This included patients at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol use. Patients were signposted to the relevant service or were given patient information literature.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Patients were treated with dignity and respect.

- We spent time in the waiting area observing how staff engaged with patients. We saw that staff were polite, friendly and helpful to patients both attending at the reception desk and on the telephone.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Consultation and treatment room doors were closed during consultations and we observed that conversations taking place in these rooms could not be overheard.
- Curtains were provided in all consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.

We received 36 completed comment cards from patients. All of the comments on the comment cards were positive about the standard of care received by patients. Patients commented that staff took care of them, that staff were excellent, supportive and always listened to them.

Coventry Walk-In Centre sought regular feedback from patients and feedback forms were given to all patients who attended the walk-in centre. All feedback was collated and evaluated on a monthly basis. This information was shared with Virgin Care Coventry and included details of any action they had taken in response to comments received from

patients. For example, patients had reflected that waiting times had been too long. The service had reviewed their target times as a result and increased their target for the number of patients to be seen within two hours to 75%.

The service had a detailed patient dignity and respect policy which included consideration of staff behaviour, privacy, confidentiality, respect for values and beliefs, equality and diversity, provision of chaperones, and intimate care. Staff we spoke with were aware of the content of this policy and how to access it.

Care planning and involvement in decisions about care and treatment

Patients told us they were fully involved in their treatment including making decisions about their care and treatment options.

- They commented that they were given time during their consultations with the clinical staff to help them make an informed decision about treatment options available to them.
- Interpreter and translation services were provided should patients need these.

Patient and carer support to cope emotionally with care and treatment

A variety of patient information leaflets and notices were available in the patient waiting area, which told patients how to access all relevant support groups and organisations.

We saw evidence that patients were signposted to local carers' organisations and bereavement counselling where appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service told us they recognised the need to engage with and be responsive to the diverse population and dynamics of patients attending the walk-in centre. They served a diverse and migrant population with a range of language barriers and complex health and social needs. Language support was available to help with communication. The service was located in an area of high deprivation and patients also attended to discuss their difficulties at home, housing and financial problems. Staff told us they signposted patients to other services according to their needs.

Patients were assessed, diagnosed and treated for minor injuries and ailments at Coventry Walk-in Centre.

- The first point of contact for patients arriving at the walk-in centre was to register their details at reception. At this time patients were informed of the likely waiting times for assessment and treatment.
- The service had an assessment process whereby patients were seen according to clinical need and not just arrival time. The details gathered by the receptionists fed into the daily workflow process so that clinical staff could carry out an assessment of patients' needs.
- The service aimed to maintain a waiting time of two hours or less, with a strategy in place to respond during busy periods when the waiting time exceeded two hours. Brief full staff meetings were held throughout the day to monitor the waiting times as well as any issues or concerns staff had.
- The service offered longer consultations for patients with complex needs or with a learning disability.
- The premises were accessible to patients. For example, a hearing loop was available for those patients with a hearing impairment, and facilities for breast feeding and baby changing were available. Access was suitable for patients who used wheelchairs.

Access to the service

The walk-in service was available to any patient who was entitled to receive NHS treatment in the UK, including those not currently NHS registered. The centre was open between 8am and 10pm 365 days a year, including public holidays.

The service regularly monitored the waiting times for patients. Data showed the service had met their target waiting time of four hours for 95% of the time, but in response to patient feedback they had reduced this target to two hours. This had been achieved for 50% of the time during the past year, with plans to increase this to 75%. Posters were displayed in the waiting area for patients to inform them of the ongoing efforts to improve waiting times, while also acknowledging that at peak times delays were likely to be unavoidable.

Clinical and non-clinical staff were aware of their emergency care responsibilities. Where the urgency of need was so great that it would be inappropriate for the patient to attend the walk-in centre they attended accident and emergency (A&E) or alternative care arrangements were made. We saw evidence where ambulance requests had been made for patients needing hospital treatment.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for services in England.
- The centre manager was the designated person for responding to all complaints.
- We saw that information was available to help patients understand the complaints system.
- The service maintained a log for complaints received and we viewed the five complaints recorded for 2016/2017. We saw that complaints had been responded to in an open and transparent way. They had been fully investigated in accordance with the service's complaints policy and procedure.
- Lessons were learned from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, additional training was provided to reception staff in communication with patients on arrival and on following the daily workflow process. Agency staff attended monthly meetings where learning was shared. Information was communicated with those unable to attend the meetings through minutes and discussion with the clinical lead.

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 service had a statement of purpose, which clearly set out their aims and objectives. This included :

- Delivering high quality, evidence based health care for patients whose needs could not be met through primary or community care.
- Delivery of a service which formed part of the whole approach to the delivery of urgent and emergency care.
- To work within locally agreed pathways to educate patients in managing their conditions, in understanding the health services available to them and supporting a reduction of attendances at emergency hospital services.
- To work in partnership to deliver organisational objectives, to bring professional knowledge, expertise and influencing skills to transform care, continually improve quality and achieve performance targets.

Staff told us they were aware of the service's aims and objectives. They confirmed they were kept informed and were involved in service developments through regular meetings and that their contributions were encouraged.

Governance arrangements

The service followed the Virgin Care Coventry governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- Service-specific policies were implemented and were made available to all staff. These were reviewed and updated regularly, with effective version control of documentation.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff worked as a team and were committed to support each other to provide the best care for their patients.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Staff meetings were held monthly which provided an opportunity for staff to learn about the performance of the service. We saw minutes of meetings that demonstrated lessons learned and shared following significant events, incidents and complaints.

- There were arrangements in place to identify, record and manage risks within the service and to ensure that mitigating actions were implemented.

Leadership and culture

During the inspection the managers of the service demonstrated that:

- They had the experience, capacity and capability to run the service and deliver high quality care.
- Clinical and non-clinical staff had a wide range of skills and experience. They told us they prioritised safe, high quality and compassionate care.
- There were 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 providing staff with additional training or support when incidents had occurred and a training need had been identified as a result.
- Staff told us the managers were approachable and always took the time to listen to all members of staff.
- There was a clear leadership structure and staff felt supported by management. Staff told us the service held regular staff meetings.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes of meetings confirmed this.

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

The service encouraged and valued feedback from patients and proactively gathered patients' feedback on the service they received.

- From patients through surveys, complaints or comments received.
- Comments and ratings made on the NHS Choices website. We saw evidence of the action the service had taken to address issues identified from the feedback such as the long waiting times to be seen for treatment. The service had met their target waiting time of four hours for 95% of the time, but in response to patient feedback they had reduced this target to two hours. This had been achieved for 50% of the time during the past year, with plans to increase this to 75%. Posters were

Are services well-led?

Good 

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

displayed in the waiting area for patients to inform them of the ongoing efforts to improve waiting times, while also acknowledging that at peak times delays were likely to be unavoidable.

The service also gathered feedback from staff 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. They felt confident they would be supported if they needed to do so.
- Staff told us they worked as a team and this approach enabled them to provide the best care they could for all patients.
- Staff told us they felt involved and engaged to improve how the service was run. The service also operated an annual staff award scheme.

We saw examples of changes made as a result of staff feedback. This included:

- Staff highlighted the high expectation from patients that they needed to be prescribed antibiotics. A leaflet was produced which was given to patients to advise why they had not needed antibiotics with an explanation for this approach. Patients had commented to staff they had found this information helpful and reassuring.

- Staff had commented on the lack of equipment to keep children occupied in the waiting area. As a result funding was obtained to replace damaged equipment.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. This included a continuous recruitment campaign to develop the team. The service had funded a nurse who joined the clinical team as a non-prescriber. They had successfully completed a university prescribing qualification with mentorship from clinicians within the service.

The service had taken part in various pilots to develop improved services for patients. For example, a pilot scheme which involved hosting a paramedic to treat patients at the walk-in centre was intended to reduce the number of patients attending hospital. Due to the complex nature of patients attending for treatment this pilot was considered inappropriate and not continued. The manager told us that effective and responsive working relationships had been established as a result of this pilot which had been useful for the future development of the service.