

Shropshire Walk-In Centre

Quality Report

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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 well-led?

Good 

Summary of findings

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Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Shropshire Walk In Centre on 29 September 2016 as part of our regulatory functions. The service was rated as requires improvement for providing effective and well led services. The inspection report on the 29 September 2016 can be found by selecting the 'all reports' link for Shropshire Walk In Centre on our website at www.cqc.org.uk.

An announced focused inspection was carried out 15 May 2017. We found improvements had been made and the overall rating for the service was good with requires improvement in providing a well led service. The follow up inspection report on the 15 May 2017 can be found by selecting the 'all reports' link for Shropshire Walk In Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 25 January 2018 to confirm that the service had carried out their plan to meet the legal requirements in relation to the breaches in regulations identified in our previous inspection on 15 May 2017. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

This service is rated as Good overall.

At this inspection we found:

- The Walk In Centre had implemented a system to assess, monitor and improve the quality and safety of the services by ensuring receipt of all appropriate patient safety and medicine alerts to enable appropriate action to be taken.
- There was an effective system in place for the management and security of prescription stationery.
- A system was in place to document learning from events including positive events and these were shared internally and wider for organisational learning.
- There was a strong focus on continuous learning and improvement at all levels.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Shropshire Walk-In Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a CQC GP specialist adviser.

Background to Shropshire Walk-In Centre

Shropshire Walk-In Centre provider organisation is Malling Health who joined with IMH Group during 2015 and is registered with the Care Quality Commission (CQC). The Walk-In-Centre was located in Whitehall, Monkmoor, Shrewsbury and runs alongside Whitehall Medical Practice under an Alternative Medical Provider Services (APMS) contract. The practice provided both a traditional GP service for registered patients at Whitehall Medical Practice with a walk in element for any patient. In December 2014, a contract variation took place that led to the GP practice remaining in Monkmoor, Shrewsbury and the walk in element of the service moving to the Royal Shrewsbury Hospital A&E department. This inspection is of the service provided at the Shropshire Walk in Centre only.

Shropshire Walk In Centre is open from 8am to 8pm every day of the year. During the services opening times reception staff, employed by Malling Health/IMH Group, work within the local hospital's A&E reception area booking patients into the service following triage completed by the A&E nursing staff, which changed in July 2016 to a 'Patient streaming protocol'. The commissioners of the service set out the range of expected patient conditions to be seen which includes a list of minor illnesses. The service does

not routinely order blood tests or x-rays for walk in patients. If a test is required, patients are referred back to their own GP. If an urgent referral to a speciality is needed, patients are referred to either to their own GP or back to A&E.

The Shropshire Walk In Centre staffing consists of a lead GP (female) giving 0.45 whole time equivalent (WTE) hours, and a regular sessional GP providing 0.2 WTE a regular sessional GP who provides ad hoc hours when required as well as a team of six regular locum GPs. There are three Advanced Nurse Practitioners (ANP) providing 2.2 WTE hours and two female Healthcare Assistants (0.2 WTE). The service is supported by a Practice Manager (1 WTE across two locations) and a senior receptionist with three reception/administration staff.

Additional information about the service is available on their website www.mallinghealth.co.uk

Why we carried out this inspection

We undertook a comprehensive inspection of Shropshire Walk-In Centre on 29 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The service was rated as requires improvement for providing effective and well led services.

We undertook a focussed follow up inspection at Shropshire Walk-In Centre on 15 May 2017 and the service was rated as good for providing an effective service and requires improvement for providing a well led service.

This focussed follow up inspection on 25 January 2018 was carried out to ensure improvements had been made following our inspection in May 2017.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 15 May 2017, we rated the service as requires improvement for providing a well led service. This was because:

- The service did not operate an effective system for managing safety alerts. During our previous inspection, we found gaps in the system for receiving and reviewing specific safety alerts.
- The service had not fully implemented a system which followed NHS Protect Security of prescription forms guidance.

We undertook a focussed inspection on 25 January 2018. During the inspection, we found that significant progress had been made as well as additional improvements. The service is now rated as good for providing a well led service.

Culture

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. The organisation had appointed to the position Head of Nursing. The Head of Nursing had strengthened the organisations recruitment system for practice nurses, advanced nurse practitioners (ANP) and healthcare assistants. This had included clear job descriptions and skillset criteria for each nursing role, which included both essential and desirable elements to staff qualifications and training. They applied the same criteria to any agency or locum staff. They had developed qualified staff competency frameworks in line with the Royal College of General Practitioners (RCGP) competency frameworks and these fed into their revised appraisal system. There were organisational expectations that ANP staff without a

Master of Science (MSc) level qualification would be supported by the organisation to complete a MSc. (This degree qualification is granted to students who have demonstrated a high-level of knowledge in their field of study).

- There was a strong emphasis on the safety and well-being of all staff. Staff reported an open door approach with the registered manager of the service.

Governance arrangements

- Staff were clear on their roles and accountabilities. The appointed lead in safeguarding was an ANP who was supported by the GP on duty. The safeguard lead had discussed with the co-located A&E/hospital safeguarding lead their organisational and local safeguarding policy to ensure it met the requirements. Staff were informed of any changes electronically and verbally and were required to sign and date these to acknowledge and demonstrate receipt. When staff accessed the organisations electronic system, they were required to read the information, such as patient safety alert updates, before they could move on to the next electronic screen.

Managing risks, issues and performance

- The service had implemented effective systems and processes to ensure receipt of all appropriate patient safety and medicine alerts to enable appropriate action to be taken where required.
- The service had implemented an effective system for the management of prescription stationery, we noted that this followed NHS Protect Security of prescription forms guidance.
- The service recorded their learning from events, we saw that this included positive incidents and that these were reported locally and within the wider organisation for organisational learning.