

# Slough 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 safe?	Good	
Are services effective?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

Our previous comprehensive inspection at Slough Walk-in Centre on 9 August 2016 found breaches of regulations and issued a requirement notice for regulation 12 safe care and treatment. We rated the service as requires improvement in providing safe, effective and well-led services and good for providing caring and responsive services. Overall we rated the service requires improvement. Consequently we rated all population groups as requires improvement. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Slough Walk-in Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 26 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in August 2016. This report covers our findings in relation to those requirements since our last inspection.

We found the practice had made improvements since our last inspection. Overall the service is rated as good. We have amended the rating for this practice to reflect these changes.

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

- During this inspection we found the system of clinical governance covered a comprehensive range of care outcomes and led to improvements.
- Learning outcomes were regularly discussed with staff in meetings and significant event outcomes were routinely communicated.
- Data from the Quality and Outcomes Framework (QOF) showed significant improvements to clinical care, specifically in diabetes and mental health.
- There had been an increase in audit activity' which had led to specific improvements in patient care.
- An improved assessment process for walk-in patients had been implemented to reduce the risk of delays in treating urgent conditions or referring patients onto hospital where necessary.
- The number of health checks carried out for patients diagnosed with a learning disability had increased.
- Carers support was available and work had been done to try and identify more carers.

**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 practice had taken appropriate action and is now rated as good for the provision of safe services.

- We looked medicine fridges and the system used to store medicines. We saw this ensured that if the required temperature range was breached staff would be alerted so they could act.

Good



### Are services effective?

The practice had taken appropriate action and is now rated as good for the provision of effective services.

- Data from the 2016/17 Quality and Outcomes Framework (QOF) (yet to be validated) showed significant improvements to clinical care, specifically in diabetes and mental health.
- There had been an increase in audit activity. Audits were undertaken where improvements were identified and then repeated to drive and measure improvements.
- An improved assessment process for walk-in patients had been implemented to reduce the risk of delays in treating urgent conditions or referring patients onto hospital where necessary.
- Health checks for patients with learning disabilities had increased significantly.

Good



### Are services well-led?

The practice had taken appropriate action and is now rated as good for the provision of well led services.

- During this inspection we found the system of clinical governance covered a comprehensive range of care outcomes and led to improvements.
- Learning outcomes were regularly discussed with staff in meetings and significant event outcomes were routinely communicated.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider had resolved the concerns for provision of safe, effective and well led services identified at our inspection on 9 August 2016 which applied to everyone using this practice, including this population group. This population group rating has been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for provision of safe, effective and well led services identified at our inspection on 9 August 2016 which applied to everyone using this practice, including this population group. This population group rating has been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for provision of safe, effective and well led services identified at our inspection on 9 August 2016 which applied to everyone using this practice, including this population group. This population group rating has been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for provision of safe, effective and well led services identified at our inspection on 9 August 2016 which applied to everyone using this practice, including this population group. This population group rating has been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for provision of safe, effective and well led services identified at our inspection on 9 August 2016 which applied to everyone using this practice, including this population group. This population group rating has been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for provision of safe, effective and well led services identified at our inspection on 9 August 2016 which applied to everyone using this practice, including this population group. This population group rating has been updated to reflect this.

Good



# Slough Walk in Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector and included a nurse specialist adviser.

## Background to Slough Walk in Centre

We undertook an inspection of this centre on 26 April 2017. The centre provides services from Upton Hospital, Albert Street, Slough SL1 2BJ. The service provider is Berkshire Healthcare Foundation Trust.

Slough Walk-in Centre is a purpose built location with good accessibility to all its consultation rooms which are located on the ground floor. The centre serves patients from the surrounding town.

The walk-in service enabled patients to attend and wait to see a nurse following information provided to reception staff. If patients need to see a GP there are slots available for them to access this. The walk-in service treats minor illness and minor injury. It can also refer patients onto other services where they cannot meet patients' needs, such as A&E.

Patients can also register with the centre as they would with a GP practice and there were approximately 7300 patients registered. The centre's demographics are very different to the national average in terms of age and ethnicity. The proportion of black and ethnic minority patients is 59% and from other European countries 29%. Local communities have high numbers of people who are new migrants and therefore have limited experience of accessing NHS healthcare.

At the time of the inspection the provider was having difficulty in recruiting new staff due to some uncertainty over commissioning arrangements for the future of the service. There was historically a high turnover of staff at the centre. The manager explained this was due to the difficulties in working at the centre compared to traditional general practice. A lack of consistent staff posed a problem for the provider to meet the ongoing needs of clinical care and governance arrangements. However, action had been taken to ensure consistency in care was provided where possible to patients via amended governance structures.

According to national data there is significant deprivation among sections of the local population. In addition to these challenges the registered population has high prevalence of obesity and a higher mortality rate. The proportion of patients between 25 and 40 is much higher than the national average and the number of over 50s is considerably lower than the national average.

There are three GPs employed at the centre equating to 2.4 whole time equivalent (WTE), two female and one male. There are two long term locums covering a 0.6 WTE post. There is one WTE advanced nurse practitioner, three nurse practitioners, providing one WTE and an emergency care practitioner who provides one WTE. In addition there is one WTE HCA and currently a practice nurse post is out to advertisement, covered by full time locum nurses.

The centre is open between 8am and 8pm seven days a week. This is for walk in patients and for registered patients appointments were available during these times.

Out of hours GP services were available when the centre was closed by phoning 111 and this was advertised on the centre website.

# Detailed findings

## Why we carried out this inspection

We carried out a comprehensive inspection, on 9 August 2016, of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions and we published a report setting out our judgements. These judgements identified a breach of regulations. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We carried out a follow up focussed inspection on 26 April 2017 to follow up and assess whether the necessary changes had been made, following our inspection in August 2016. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection. We followed up to make sure the necessary changes had been made. We found the practice was now meeting all the conditions of regulations that had previously been breached.

This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to look at the overall quality of the service, review the breaches identified and update the ratings provided under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed requested information from the centre and reviewed national data. We also looked at a range of information we hold about the service. We carried out an announced visit on 26 April 2017. During our visit we:

- Spoke with a range of staff, including three GPs, two nurses, the service management team and support staff.
- Reviewed documentation related to monitoring and management of the service.
- Looked at patients care and treatment planning and reviews.

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 well-led?

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

At our last inspection in August 2016 we found that the service was not always monitoring fridges used to store vaccines.

### Overview of safety systems and processes

We looked at medicine fridges and the system used to check medicines were stored safely. We saw this ensured that if the required temperature range was breached staff would be alerted so they could act. There was a supporting policy for what action should be taken in the event of a breach of temperature range.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our last inspection in August 2016 we found that the service was not always delivering care in line with relevant and current evidence based guidance and standards. This was due to poor recording of patients with long term conditions and poor monitoring through audits or reviews of clinical care. We found that the performance of managing long term conditions compared to national data showed that some areas of exception reporting were very high and that performance in delivering care indicators for patients with diabetes and mental health conditions was below average. Care planning was not always adequate to ensure patients' conditions were managed properly. The walk-in service did not provide timely initial assessments of patients' needs when they presented at the walk-in centre to assess whether their care requirements were urgent. Health checks for patients with learning disabilities were not always provided.

### Effective needs assessment

At this inspection we found that improvements had been made to the assessment of patients who attended at the walk-in centre. There was a tool for reception staff to use when patients presented to them at the reception desk. This enabled receptionists to determine if the symptoms discussed were potentially urgent, and they could refer the patient to see the next available clinician or call 999 if it was a medical emergency requiring hospital care. A process of rapid assessment had also been implemented where patients saw a nurse within a key performance indicator (KPI) of one hour to deduce what their needs were and whether the centre could provide the treatment needed. We saw from the most recent data regarding KPIs that 90% of patients were being seen within one hour for a rapid assessment. The manager informed us that the wait was usually much less than one hour. These changes mitigated the risk that anyone may not be seen who had an urgent medical concern. It also enabled the service to redirect patients to their GP practices for concerns that could not be dealt with at the centre. The manager informed us that the service phoned the patients' GP practice in order to help them make an appointment when, their own GPs were the professionals required to meet those patients' needs. For example, if a patient presented with a routine concern to do with a long term condition that was best managed by their own practice.

### Management, monitoring and improving outcomes for people

The service used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The current QOF data from 2016/17 was unvalidated, but we were able to analyse this to identify improvements to the performance on long term conditions care and treatment. The overall QOF score for 2016/17 was 96% with 7% projected exception reporting. This is below the national average of 10% in 2015/16. Specifically :

- For diabetes, the centre had achieved 84% overall compared to the national average of 89% in 2015/16. This has to be considered in the context of the population which the centre serves. The registered patient list was highly transient with high numbers of new registrations, particularly new patients from overseas. There was also a high number of registered patients leaving the centre. This made it difficult to coordinate care for diabetics over a long period of time. Exception reporting for diabetes was 3% (compared to the CCG average of 9% and national average of 11%) which may also have impacted on the lower than average QOF score.
- Mental health indicators showed that all QOF points for this domain had been achieved in 2016/17. Of those on the mental health register 93% had an agreed care plan and 91% had a recorded blood pressure. Exception reporting was particularly high in the 2015 QOF results for depression and at this inspection we found from the QOF data that only five out of forty patients had been exempted from some aspects of care.

The improvements to QOF data had partially been achieved by improved recording of patients' care. This enabled GPs and nurses to identify those patients who required additional support in managing their conditions. For example, we saw two patients who had been recorded with HbA1cs (measure of diabetic control) which indicated very poor diabetic control in 2016. These patients were contacted by the centre and GPs and nurses worked with them to improve this management via lifestyle changes.



# Are services effective?

(for example, treatment is effective)

These patients were recently recorded as having HbA1c recordings within the target ranges according to national guidance. This improved the likelihood of positive long term outcomes for the patients.

Mental health care had been improved by reviewing coding on the record system and undertaking a comprehensive audit of all patients with mental health care needs. This identified a broad range of actions to ensure that these patients were being cared for in line with guidance. For example, patients prescribed lithium (lithium therapy is used to reduce severe changes in mood for patients with specific long term mental health problems) were reviewed and where additional checks were required to ensure the safe prescribing of the medicine, actions were noted as being taken. This included reviews of patients various medicines and reviews of crisis plans. The practice also identified and ensured that patients with mental health crisis plans were highlighted to staff when accessing patient records. A community mental health pharmacist prescriber was employed to support these patients and 30 minute appointments were offered to review medicines and other health needs to improve the care for those with mental health illness or conditions. The centre took all anti-psychotic medicines (recognised as carrying a high

risk) off repeat prescribing systems to ensure that when required by patients, these would be reviewed and prescribed by a GP. This improved the physical health checks required by patients taking these medicines.

There had been a significant increase in monitoring of patient care via audits across a broad spectrum of clinical areas since our last inspection. We looked at an audit planner and found 20 audits had been implemented and were part of planned cycles. We saw examples which had been repeated and they showed improvements in care. For example, a clinical audit on the recording of specific information during walk-in patient consultations showed an improvement from late 2016 to February 2017 from 78% to 85% compliance with required record standards.

### **Supporting patients to live healthier lives**

The centre undertook the enhanced service of providing health checks for patients with learning disabilities. We saw that the number of patients receiving reviews had increased significantly. Out of 21 patients, 17 had a completed check. The manager informed us that patients with learning disabilities were contacted offering a review at their home as standard practice. They informed us that this improved uptake and also they believed provided a better environment for many of these patients to feel comfortable during their reviews.

# 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 in August 2016 we found there was not an adequate system of clinical governance. Monitoring of patient care did not always support improved outcomes for patients.

### Governance arrangements

During this inspection we found the system of clinical governance covered a comprehensive range of improved care outcomes:

- A number of audits had been identified due to areas the centre wanted to improve care outcomes. The audits were reviewed and discussed at clinical governance meetings.
- We saw audits were on a cycle programme to ensure they were repeated to identify improvements where they had previously been identified. For example, an audit on GP notes undertaken in 2016 showed 40% were not of the set standards required. An action plan had been developed and in the following audit in September 2016 the number not meeting standards had reduced to 20%. The audit remained on the audit planner to ensure it was revisited for improvements at the next cycle.

- We saw that significant event outcomes identified learning for staff groups. We saw minutes from clinical and team meetings where this learning was discussed.
- In April 2017 the provider in discussion with commissioners regarding future contractual arrangements. This made it difficult to recruit new staff and there was historically a high turnover of staff at the centre. The manager explained this was due to the difficulties in working at the centre compared to traditional general practice. A lack of consistent staff posed a problem for the provider to meet the ongoing needs of clinical care and governance arrangements. However, action had been taken to ensure consistency in care was provided where possible to patients via amended governance structures.

### Continuous improvement

The provider had reviewed the considerations in care planning for carers since the last inspection. As a result they had implemented a carers' champion, sent information on support services and sent invite letters for flu vaccinations. There was also a check for patients when they registered to identify whether they had caring responsibilities.