

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 well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
Areas for improvement	5

Detailed findings from this inspection

Our inspection team	6
Background to Walk in Centre	6
Why we carried out this inspection	6
How we carried out this inspection	6
Detailed findings	8

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Walk in Centre, Dewsbury and District Hospital on 23 February 2017. The overall rating for the service was requires improvement and a breach of the legal requirements was found. The full comprehensive report for the February 2017 inspection can be found by selecting the 'all reports' link for Walk in Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 17 October 2017 to confirm that the service had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 23 February 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the service is now rated as good.

Our key findings were as follows:

- The provider had implemented a system to assure themselves that all the appropriate checks were carried out by the employing agency on locum staff.

- The provider demonstrated quality improvement activity.
- The provider had taken steps to reduce risks to patients within the Walk in Centre by working to clarify arrangements and responsibilities for the monitoring and management of equipment and the environment.
- The service had decided not to see or treat children under two years of age until a protocol for the management of this age group was agreed with Mid Yorks Hospitals Trust (MYHT). We were shown evidence that work to achieve this protocol was underway. All staff we spoke with were aware of this and children were directed to the emergency department.

In addition the provider should:

- Continue to work with Mid Yorks Hospitals Trust to ensure the reduction of risks to patients through the continued review and formulation of written protocols and agreements for the area.
- Review their arrangements for carrying out fire drills in conjunction with Mid Yorkshire Hospital Trust in line with Government guidelines.
- Deliver on their plan to carry out a patient satisfaction survey in November 2017.

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?

This inspection was conducted to review issues that were found at the comprehensive inspection carried out on 23 February 2017. The issues at the previous inspection included:

- The provider could not assure themselves that locums from the agency were DBS checked or had suitable professional indemnity arrangements in place.
- We found a lack of written protocols and agreements between the Walk in Centre and Mid Yorks Hospitals Trust (MYHT) which clarified the arrangements and the responsibility for the assessment, monitoring and management of the area and the reduction of risks to patient safety.
- The service could not evidence a policy or a risk assessment which detailed the types and amounts of high risk medications that were agreed as appropriate for clinicians to prescribe.

At this inspection in October 2017 we found:

- The provider had implemented a system to assure themselves that all the appropriate checks were carried out by the employing agency on locum staff.
- The provider had taken steps to reduce risks to patients within the Walk in Centre by working with MYHT to clarify arrangements and responsibilities for the monitoring and management of equipment and the environment.
- Staff were clear that all prescribing was undertaken following a thorough assessment of the individual, their notes, previous history, clinical need and ongoing presentation. A quarterly audit of prescribing data was taking place; this was reviewed by the senior management team, including the medicines management lead. We were told appropriate action would be taken if individual clinicians' prescribing patterns were found to be abnormally high.

Good



Are services well-led?

This inspection was conducted to review issues that were found at the comprehensive inspection carried out on 23 February 2017. The issues at the previous inspection included:

- The provider was not able to demonstrate clinical audits and assure themselves that they had considered the quality of care provided, reviewed the care provided in relation to best practice guidance and made changes where necessary in order to improve.

Good



Summary of findings

At this inspection in October 2017 we found:

- We saw that audits were taking place and that there were plans for these to be repeated. We saw that action was taken following audits. For example, following a wound care audit the service was reviewing a best practice template with specialist nursing staff for use at the Walk in Centre

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to work with Mid Yorks Hospitals Trust to ensure the reduction of risks to patients through the continued review and formulation of written protocols and agreements for the area.
- Review their arrangements for carrying out fire drills in conjunction with Mid Yorkshire Hospital Trust in line with Government guidelines.
- Deliver on their plan to carry out a patient satisfaction survey in November 2017.

Walk in Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and included a second CQC Inspector.

Background to Walk in Centre

The Walk in Centre is situated within the emergency department of Dewsbury and District hospital, Halifax Road, Dewsbury, West Yorkshire, WF13 4HS. The service is an NHS walk-in centre, commissioned by North Kirklees Clinical Commissioning group (CCG) and provides urgent primary care for minor ailments and injuries with no requirement for patients to pre-book an appointment or to be registered at the centre or with a GP practice. The centre is described as a 'see and treat service', and this service is open to everyone; other than children under two years of age or to women with pregnancy related issues.

The Walk in Centre is located within an area of the emergency department and consists of four bays, a storage area and a small open desk adjacent to this area. There is a small dedicated area for children within the department. Staff consult with patients within the bays and access patient notes using mobile computer workstations. During busy periods the bays allocated to the Walk in Centre could be used by the emergency department and the walk in staff could see patients within the children's area. There is a dedicated waiting room for patients accessing the walk in centre service. There is level access and accessible facilities with car parking available within the hospital grounds.

The centre is open every day of the year. It is open between 9.00am and 8pm Monday to Friday and between 10am and 6pm on a Saturday, Sunday and bank holidays.

Kirklees has an ethnically diverse population with 21% of residents noting their ethnicity to be non-white in the 2011 Census. The largest group is people of South Asian origin which is 15%.

The Walk in Centre employs a male 'modern matron' who is the clinical lead, two reception staff, a reception officer, five female specialist nurse practitioners and two paramedics/emergency care practitioners who work full and part time hours. The service also regularly use locum staff.

Following our inspection we were sent evidence that the provider was displaying the previously awarded ratings.

Why we carried out this inspection

We undertook a comprehensive inspection of the Walk In Centre on 23 February 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The service was rated overall as requires improvement and a breach of the regulations was found in relation to the provision of safe and well led services to patients. The full comprehensive report following the inspection in February 2017 can be found by selecting the 'all reports' link for the Walk In Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of the Walk in Centre on 17 October 2017. This inspection was carried out to review in detail the actions taken by the service to improve the quality of care and to confirm that the service was now meeting legal requirements.

Detailed findings

How we carried out this inspection

We carried out a focused follow up inspection of the Walk in Centre on 17 October 2017. During our visit we.

- Reviewed the findings from our last inspection and evidence that the service presented to assure us that they were meeting requirements.

- Spoke with two members of the management team
- Spoke with a locum practitioner.
- Spoke with a clinical member of staff currently working within reception.
- Spoke with a member of the reception team.
- Observed how patients were received and cared for in the reception area.

Are services safe?

Our findings

At our previous inspection 23 February 2017, we rated the service as requires improvement for providing safe services. We found a lack of written protocols and agreements between the Walk in Centre and Mid Yorkshire Hospitals Trust (MYHT) which would clarify the arrangements and responsibility for the assessment, monitoring and management of the area and the reduction of risks to patients' safety. We also found that the provider could not assure themselves that locums from the agency were Disclosure and Barring Service (DBS) checked or had suitable professional indemnity arrangements in place. (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 contact with children or adults who may be vulnerable.)

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 17 October 2017. The practice is now rated as good for providing safe services.

At this inspection in October 2017 we found:

Overview of safety systems and process

- The provider was working towards a licence agreement with MYHT to clarify arrangements and responsibilities for the assessment, monitoring and management of the area and the reduction of risks to patient safety. A facilities manager had been appointed to liaise with MYHT regarding the environment.
- Staff were clear that all prescribing was undertaken following a thorough assessment of the individual, their notes, previous history, clinical need and ongoing presentation. A quarterly audit of prescribing data was undertaken; this was reviewed by the senior management team, including the medicines management lead. We were told action would be taken if prescribing by individuals was abnormally high.

- The service was involved in a network of organisations which would send alerts or concerns to providers regarding individuals who were consistently approaching services and asking for large amounts of medication without this being clinically necessary. Concerns raised by clinicians were added to the patient record as an alert for future reference.
- Guidelines were in place for staff to report any issues or faults with the environment and equipment.
- Staff told us they had not been involved in a fire drill. We saw that the provider had contacted MYHT to try and address this. An up to date fire risk assessment and action plan was in place.
- The provider had implemented a system to assure themselves that all the appropriate checks were carried out by the employing agency on locum staff. A form was forwarded to the employing agency and assurance of the fitness of the agency worker was requested. This included verification of professional qualifications, references and an up to date DBS check. An audit of this was undertaken by the provider and found that it was not completed in all cases. We were told that action from this included the decision not to use staff until their forms were completed.

Monitoring risks to patients

- An up to date Infection Prevention and Control Audit had been undertaken and an action plan was in place. We saw that staff were reminded at meetings of the need to label equipment which had been cleaned, as ready for use.

Arrangements to deal with emergencies and major incidents

- The provider had agreed responsibility with MYHT for the management of emergency equipment, including the defibrillator. A written agreement was in place for this and we saw that regular checks were being undertaken.

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 23 February 2017, we rated the service as requires improvement for providing well led services.

We found evidence of basic audits but we did not see evidence that this information was used to monitor quality or to make improvements to patient care. The lack of audits had been identified as a risk by the organisation.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 17 October 2017. The practice is now rated as good for being well-led.

At this inspection in October 2017 we found:

Governance arrangements

- We saw that a number of audits had taken place and that there were plans for these to be repeated and

reviewed. We saw that action was taken following audits, for example following a wound care audit the service was reviewing a best practice template with specialist nursing staff for use at the Walk in Centre.

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

- The service told us that they planned to carry out a patient survey in November 2017. We were previously told this would be completed in April 2017.

Continuous Improvement

During our visit in October 2017 we found that changes had been made to the cubicles where patients were seen within the Walk in Centre. This has resulted in a larger, more organised space which promoted increased privacy and dignity for patients.

We saw that patients were orientated to the waiting area by following blue footprints which were painted on the floor. We saw that patients who did not have English as a first language were able to find the waiting area without any difficulty.