

BARDOC - Prestwich Walk In Centre

Inspection 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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Bury and Rochdale Doctors on Call Out of hours service (BARDOC) Prestwich Walk In Centre on 15 October 2019 as part of our inspection programme.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.

- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

- Sufficient seating should be provided in the waiting area for patients and their family or carers.
- The resuscitation trolley should be kept locked and stored securely.
- The clinical audits should be developed to demonstrate quality improvement.
- The processes for checking the temperature of the medicine fridge should be improved to ensure more accurate readings.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and included a second inspector and a nurse specialist adviser.

Background to BARDOC - Prestwich Walk In Centre

Bury and Rochdale Doctors on Call (BARDOC) is a not for profit social enterprise and was originally set up as a GP co-operative in 1996. The BARDOC Head Office is located at Moorgate Primary Care Centre, 22 Derby Way, Bury, Lancashire BL9 0NJ. Prestwich Walk in Centre is located at Fairfax Road, Prestwich, Manchester M25 1BT.

BARDOC Prestwich Walk in Centre is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury

The Walk in Centre service offers access to a nurse-led first-contact service available to adults and children without making an appointment or requiring patients to register.

The service provides care for any patient who presents at the Walk in Centre which this includes:

- assessment by an experienced NHS nurse,
- treatment for minor illnesses and injuries,
- re-dressings when scheduled services are not available,
- advice on how to stay healthy,
- information on out-of-hours GP and dental services,
- information on local pharmacy services, and
- information on other local health services.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with the Bury NHS Safeguarding Team other agencies to support patients and protect them from neglect and abuse. They also had access to referral processes for neighbouring areas should patients access the service from outside of Bury. Senior staff worked with the local authority safeguarding team and other healthcare professionals to ensure good communication. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- A mandated question about safeguarding had been embedded into the clinical system for every consultation. The service had a Safeguarding Champion and a Deputy in place.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.

- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand.
- There was an effective induction system for temporary staff tailored to their role. Agency staffs' competencies were monitored and there was a system whereby staff could raise concerns about their clinical skills.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. There was a lead member staff for managing patients with sepsis.
- Systems were in place to manage patients who experienced long waits.
- Staff told patients when to seek further help and they advised patients what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Appropriate and safe use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs minimised risks.

Are services safe?

- The resuscitation trolley was not locked or stored securely.
- The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Processes were in place for checking medicines although the system needed to be developed to ensure more accurate record keeping.
- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms.

Track record on safety

The service had a good safety record.

- There were risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.

- Joint reviews of incidents were carried out with partner organisations, including the local hospital A & E department and GP out-of-hours.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and acted to improve safety in the service.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.
- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Arrangements were in place to deal with repeat patients. Staff told us could place alerts on patients' notes or where concerns were raised such as frequent visitors to the service. In these circumstances they would raise concerns with the organisation's governance team who would look to see how these patients could be supported, for example, making a referral to a multi-disciplinary team meeting for discussion to identify and resolve potential underlying issues.
- There was a system in place to identify patients with particular needs, for example palliative care patients, and systems were in place to provide the appropriate support. We saw no evidence of discrimination when making care and treatment decisions.
- Technology and equipment were used to improve treatment and to support patients' independence. For example, information technology systems were used effectively to monitor and improve the quality of care and there was a range of emergency equipment which staff used to support patients in case of an emergency.
- Staff assessed and managed patients' pain where appropriate.
- The practice used a mental health risk assessment to assess a patients' mental health and depending. The outcome of this assessment would enable staff to act to ensure these patients were referred to a place of safety for additional support, for example, A&E or Bury Healthy Minds.

Monitoring care and treatment

- The service had a comprehensive programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided.
- The service used key performance indicators (KPIs) that had been agreed with its clinical commissioning group to monitor their performance and improve outcomes for people. Where the service was not meeting the target, the provider had put actions in place to improve performance in this area.
- The service completed basic reviews of clinical quality to monitor improvements to care and treatment, although the audits did not demonstrate any actual quality improvement.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All nursing staff had completed training on 'Spotting the Sick Child'. Other training events were also provided to support staff with the care of children.
- The provider supported babies under 12 months. The guidance and procedure relating to their care and treatment and the training staff had completed to care for babies under 12 months was not clear. Shortly after the inspection BARDOC provided us with information to clarify this situation. This information confirmed that the BARDOC policies and procedures were up to date and were regularly reviewed, that there was a programme of ongoing training to ensure all staff were up to date with the necessary training for babies under 12 months. It also confirmed that staff were up to date with training in relation to spotting the sick child, paediatric life support and mandatory basic life support for paediatric and adults. Further training in this area of care had also been arranged.
- All staff were appropriately qualified and there was a comprehensive on-line training programme available to staff. The provider had an induction programme for all newly appointed staff. This covered such topics as safeguarding children and adults, managing complaints, health and safety, and infection control.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.

Are services effective?

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals and clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The service reviewed the appropriateness of triage decisions taken by reception or clinical staff and acted upon these findings.
- The appropriate staffing levels were provided with additional staff made available at busy times.

Coordinating care and treatment

Staff worked together, and worked well with other organisations to deliver effective care and treatment.

- We saw evidence that showed that all appropriate staff were involved in assessing, planning and delivering care and treatment.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services, for example, staff communicated promptly with a patient's registered GP so that they were aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary.

- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service ensured that care was delivered in a coordinated way and considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given. For example, staff would contact a patient's GP to inform them about a patient's visit to the Walk-in Centre.
- Where appropriate, staff gave patients advice so they could self-care. Systems were available to facilitate this.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural and social needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Administration staff gave patients who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs. For example, staff were trained on how to support patients with mental health needs.
- All the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said that the staff at all levels were very attentive to their medical needs. They described the staff as professional, kind and caring. They said they received very good care and were referred to other health care services appropriately. This view of the service was in line with the results of the NHS Friends and Family Test which indicated that most patients were 'extremely likely' and 'likely' to recommend the service to their friend and family.
- A patient we spoke with during the inspection praised the staff for their kindness when they attended the Walk in Centre. They said the staff were very professional and attentive to her medical needs and made a prompt referral to secondary care for further checks.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Information leaflets were available upon request in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs, family carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff always respected patient confidentiality.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.
- A room was available to patients if they needed privacy for example mothers who were breast feeding or patients who were distressed.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of its population and tailored services in response to those needs. For example, on New Year's Eve in 2018, the Walk-in Centre stayed open longer to ease the pressure on the local A&E department.
- The provider engaged with commissioners to secure improvements to services where these were identified. For example, a high number of patients used the Walk in Centre to have their wound dressings managed and removed as there was no other facility in the area. BARDOC management were aware of this issue and were monitoring the impact this had on the service with a view to directing patients to other facilities.
- The service made reasonable adjustments and improved services when patients found it hard to access the service or had unmet needs. For example, there were accessible facilities, which included a portable hearing loop (although it was not clear whether the hearing loop was working), and interpretation services available. The premises and facilities were fully accessible to wheelchair users.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. For example, staff had access to 'special notes'. (These are additional notes about a patient's health, social situation, past medical history and medicines). To ensure patients' confidentiality, senior staff were alerted when any staff accessed these notes.
- Care pathways were appropriate for patients with specific needs, for example those at the end of their life, children and young people.
- There was a link nurse to provide up to date clinical information for patients with long term conditions.
- The facilities and premises were not entirely appropriate for the services delivered. For example, there were insufficient chairs for patients and their family / carers at busy times and the waiting area was very cold on the day of the inspection.
- The premises needed redecoration and refurbishment. BARDOC do not own the premises and we were

informed that in the light of this, changes could not be made to the premises without the permission of the building's owners. However, senior staff were in regular communication with the owners to bring issues to their attention that required improvement.

- The service was responsive to the needs of people in vulnerable circumstances. For example, homeless patients were provided with a 'homeless friendly pack'. This pack contained a sleeping bag, water, a blanket and information about accommodation and how to access health services.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients were able to access care and treatment at a time to suit them. The service operated from Monday to Sunday from 12 o'clock to 8 pm.
- Patients did not need to book an appointment.
- Patients were generally seen on a first come first served basis, although the service had a system to facilitate prioritisation according to clinical need where more serious cases or young children could be prioritised as they arrived. The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response. The receptionists informed patients about anticipated waiting times.
- Waiting times, delays and cancellations were minimal and managed appropriately. For example, patients were given information about other services available.
- Where people were waiting a long time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited.
- The service engaged with people who were in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services. For example, a separate room was available in the waiting area which patients could use if they were distressed.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Are services responsive to people's needs?

- Referrals and transfers to other services were undertaken in a timely way. For example, staff had requested an ambulance to take a patient to A & E when this was needed.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available in both the waiting area and on the BARDOC website. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Three complaints were received in the last year. We reviewed the complaints and found that they were satisfactorily handled in a timely way.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant.
- The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

We rated the service as good for leadership.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management were accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- The BARDOC ethos was; 'To deliver high quality services to the (patient) population in a safe, responsive and effective manner. Have patients at the heart of everything we do and champion a culture of continuous service improvement.' We saw evidence to support this ethos was being addressed at all levels.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on patients' needs.
- Leaders and managers acted on staff behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, complaints were acknowledged and responded to promptly.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- 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. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- All staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Are services well-led?

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Staff at different levels were included in governance meetings so they could contribute to developments within the service.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.

The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.

- The service completed basic reviews of clinical quality to monitor improvements to care and treatment, although the audits did not demonstrate any actual quality improvement.

The providers had plans in place and had trained staff for major incidents.

The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

- Quality and sustainability were discussed in relevant meetings where all staff had enough access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- Patients were asked for feedback via the Friends and Family test.
- A range of patients' and staff views and concerns were encouraged, heard and acted on to shape services and culture. For example, all staff had an annual appraisal during which time they had opportunity to put forward their views of the service and propose ideas on the service delivery.
- Staff were able to describe to us the systems in place to give feedback. Staff spoken with said they worked well as a team and senior staff encouraged positive working relationships.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service. For example, staff spoken with said there was a culture of learning within the organisation and they were encouraged to attend training for their development.

Are services well-led?

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
 - Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
 - There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in. For example, BARDOC were leading on an urgent care review involving Prestwich Walk in Centre, Moorgate
- Walk in Centre, out of hours service, A&E and an Urgent Treatment Centre. In collaboration with other partners they have started to link the IT infrastructure around access and have established links with NHS 111 and NHS 999.
- BARDOC were successful in procuring additional funding from NHS England for a 3-year pharmacists training programme. These pharmacists have conducted some of their training and competency reviews within Prestwich Walk in Centre.