

Urgent Care Centre Erith & District Hospital

Quality Report

Park Crescent
Erith
Kent
DA8 3EE

Tel: 020 7735 7918

Website: <http://hurleygroup.co.uk/urgent-care>

Date of inspection visit: 20 September 2016

Date of publication: 12/01/2017

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 Urgent Care Centre Erith & District Hospital on 20 September 2016. Overall the service is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The service had an effective streaming system in place, although outcomes of the number of patients consulted within 15 minutes of arrival were lower than targets set by the commissioners of the service
 - Feedback from patients about access to the service and treatment received was consistent and highly positive.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The service understood the needs of the changing local population, increased demand on local health services and had planned services to meet those needs.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- The service should take steps to ensure that all patients receive an initial assessment within the target time.
- The service should consider establishing protocols to determine which safety alerts should be distributed.

Summary of findings

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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the service.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The service is rated as good for providing effective services.

- Data that the service provided to the CCG showed that they were meeting targets in most areas. For example, the median time for arrival to treatment for the first four months of the year had not been above ten minutes against a target of 30 minutes.
- All patients were triaged by a primary care assistant practitioner who determined the care pathway for each patient. The target was that 95% of patients would be seen within 15 minutes of arrival for children and within 20 minutes for adults. However, actual outcome rates for the last three months were between 68% and 81%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice audited one in every one hundred consultations to review the care pathway and the assessment and treatment of patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Good



Are services caring?

The service is rated as good for providing caring services.

- Data from NHS Choices showed that the service was viewed positively by the patients that used it.

Good



Summary of findings

- Patients that we spoke to and those that completed comment cards said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- Feedback from patients was positive with the majority of patients reporting that all staff gave them the time they needed, that GPs and nurses were good at explaining treatment and all staff including reception staff were very helpful.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The service is rated as good for providing responsive services.

- Service staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The service had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The service had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The service proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

What people who use the service say

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. 27 of the 28 comment cards we received from patients were wholly positive about the service experienced. They reported that they could be seen quickly and that staff were helpful and courteous. One patient reported that they had to wait for too long.

We also spoke with four patients during the inspection. All four patients reported that they felt that all the staff treated them with respect, listened to and involved in

their treatment. Patients commented that the service was easy to find and that the service had been accessible. All the patients we spoke with were accessing the service during a period of low demand.

The service had used various systems to seek patients feedback about the services provided over the last year and was currently using the Friends and Family Test.

We also reviewed the information and feedback from patients on the NHS Choices website. The majority of the 48 feedback notes were wholly positive, and the service scored four and a half out of five stars. Patients reported that they were seen quickly and that staff were helpful and caring.

Urgent Care Centre Erith & District Hospital

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 GP specialist adviser, and a nurse specialist adviser.

Background to Urgent Care Centre Erith & District Hospital

Urgent Care Centre Erith and District Hospital was commissioned from 2014 to provide a nurse led, walk in minor injuries and illnesses service to Bexley and the surrounding area. Although the service is commissioned by Bexley CCG, the service is available to both local residents and to patients who might work in the local area. The service manager mentioned that the service regularly sees patients from South Essex or areas of Kent outside of Bexley. The service operates from Park Crescent, Erith, Kent, DA8 3EE.

The service is provided by Hurley Clinical Partnership. They are the registered provider for 24 GP, Urgent Care and Out of Hours services, predominantly in the South London area. The provider provides centralised governance for its services which are co-ordinated locally by service managers and senior clinicians.

The service is led by a service manager. The service has seven doctors and six nurses, plus a primary care assistant practitioner. There are five receptionists at the service.

The service is open from 8am to 10pm daily. Patients may call the service in advance of attendance but dedicated appointment times are not offered. Patients can attend the service without referral, but may also be referred to the service by 111 services.

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.

The service had not previously been inspected by the CQC.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. This included information from Bexley Clinical Commissioning Group (CCG), and NHS England.

We carried out an announced visit on 20 September 2016.

During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, nurses, a primary care assistant practitioner and members of the administration and reception team. During the inspection we also spoke with four patients who used the service,
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 Care Quality Commission at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the service manager of any incidents and there was a recording form available on the service's computer system. The incident 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).
- The service manager told us that all serious incidents from practices and services run by the Hurley Group were reviewed centrally and that any learning from these events was shared with staff by way of a regular bulletin. We saw the bulletin and the information shared.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw that the service carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the service. The service had managed several emergencies such as a cardiac arrest where the defibrillator had been required. Following these incidents, even where management had been appropriate, the service had raised significant events to determine whether any aspect of the care might have been better delivered.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. We saw that the service had contacted local safeguarding teams when required. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Clinicians were trained to child safeguarding level 3.

- Safety alerts such as medicines alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA), were received from the provider and disseminated by the service manager. Staff we spoke with explained that they rarely needed to take action as a result of an alert, as few were relevant to the service they provided in urgent and out of hours care.
- Notices were displayed to advise patients that a chaperone service was available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Staff assured us that cleaning specifications were in place to support the cleaning of the premises and specific medical equipment. As records were kept by the cleaners employed by the hospital, we did not see evidence of these during the inspection. However, we did see that completed records were in place to demonstrate that the clinical rooms were cleaned on a daily basis. We saw calibration records to ensure that clinical equipment was checked and working properly.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. Infection Control training was mandatory on induction and we saw records to support that staff had completed this training, certificates for which were kept centrally by Hurley Group. There was a policy in place for needle stick injuries and conversations with staff demonstrated that they knew how to act in the event of a needle stick injury.
- There were systems in place for managing medicines for use in an emergency. Records were maintained of

Are services safe?

medicines used and signed by staff to maintain a robust audit trail. The medicines were stored securely in a locked cupboard and medicines which required refrigeration were stored in refrigerators in which temperatures were monitored to help ensure their effectiveness; access to the medicines was limited to specific staff. There was evidence of stock rotation and medicines we checked at random were all within date.

- We saw checklists that showed that Hurley Group retained proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service were retained. Copies of all personnel records were retained at the corporate headquarters, but relevant documentation was reviewed by CQC.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The service had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The service had a variety of other risk assessments in place 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).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure

enough staff were on duty. The Service Manager told us that annual leave and staff availability were forward planned between six weeks and three months ahead of time as the number of patients who used the service had been higher than anticipated when the contract was awarded. She told us that the anticipated number of patients per day had been 80, but in the quieter summer months it averaged approximately 110 patients per day and in the winter 180 patients per day. Despite this, the staff that we spoke to said that workloads were manageable.

Arrangements to deal with emergencies and major incidents

The service had adequate arrangements in place to respond to emergencies and major incidents.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room. Staff told us that there had been several examples of patients attending following severe allergic reactions, and treatment for anaphylaxis had been required.
- The service had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the service and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- The service manager attended regular provider group meetings with the owner of the premises where any issues of safety could be discussed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We found the service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The service had systems in place 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 patient's needs.
- The service monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- We spoke with nurses about their assessments of patients and found they had an understanding of NICE guidance. There was a clinical assessment protocol and staff were aware of the process and procedures to follow.
- There was a clinical assessment protocol and staff were aware the process and procedures to follow. Reception staff had a process for prioritising patients with high risk symptoms, such as chest pain, shortness of breath or severe blood loss. All patients were triaged by a primary care assistant practitioner who determined the care pathway for each patient. The target was that 95% of patients would be seen within 15 minutes of arrival for children and within 20 minutes for adults.. However, actual outcome rates for the last three months were between 68% and 81%. Managers reported that this was due to a higher number of patients than had been anticipated when the service was initiated. The service had identified this as a risk, but no formal action had been taken to address it at the time of the inspection.

Management, monitoring and improving outcomes for people

Although the service had not met targets for the time in which patients should be streamed, in other areas they were meeting or exceeding targets. For example:

- The service had a maximum arrival to discharge target of 360 minutes. We saw the service's performance against targets for the first four months of the year and this target had not been breached during that time.

- The service had a median arrival to treatment target of 60 minutes. In the previous four months the service had not exceeded 10 minutes.
- The service had a target to review 95% of all patients who arrived by ambulance within 15 minutes of arrival. Over the previous four months 100% of patients had been reviewed in that time.

We saw evidence of daily performance monitoring undertaken by the service including a day by day analysis and commentary. This ensured a comprehensive understanding of the performance of the service was maintained.

- Hurley Group had a policy of reviewing 1% of all patient consultations. The audits were randomised to ensure that they covered a variety of presentations, patients of all ages and varying degrees of seriousness. The audits reviewed assessment, investigations and where relevant diagnosis and/or treatment. Staff told us that feedback could be provided in one to one sessions, but if there were wider areas for learning these could be shared with the whole team.
- The service had a system in place for completing a range of clinical audit cycles. We saw a recent audit of infection control.
- We reviewed ten sets of patient notes during the inspection. We found in all cases that relevant performance data was captured, and in all cases we found that patient care and the recording of it was appropriate.

Effective staffing

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

- The service had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had had an appraisal within the last 12 months.

- Staff received training that included: health and safety, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and 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.

- The service shared relevant information with other services in a timely way. In cases where patients from Bexley used the service, a report detailing the care that they received was sent to the patient's GP within 24 hours. Where patients were from out of the area this took 48 hours.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred. On the day of the inspection staff told us that they faced difficulty as the on site X-ray facilities closed at 5pm whereas the urgent care centre closed at 10pm. They had liaised with local service providers to determine whether or not the X-ray service could be open longer but had been told that this was not possible.
- The electronic record system enabled efficient communication with GP practices and other services.

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

As a walk in centre the service did not have continuity of care to support patients to live healthier lives in the way that a GP practice would. However, we saw the service demonstrate their commitment to patient education and the promotion of health and wellbeing advice. There was healthcare promotion advice available, and patients that we spoke to and those that completed feedback forms told us that they were provided with relevant information.

Staff we spoke with demonstrated a good knowledge of the health needs of the local and wider patient groups who may attend the centre. GPs and nurses told us they offered patients general health advice within the consultation and if required they referred patients to their own GP for further information.

Patients who may be in need of extra support were identified by the service. These included carers, homeless patients and those with sexual health needs. Patients were provided with information or signposted to relevant external services where necessary.

The service was not commissioned to provide screening to patients such as chlamydia testing or commissioned to care for patients' with long term conditions such as asthma or diabetes. Only limited vaccinations were provided at the service. These were provided as needed and not to comply with any public health initiatives for immunisation.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

27 of the 28 patient Care Quality Commission comment cards we received were entirely positive about the service experienced.

We also spoke with four patients on the day of our inspection, and these patients also reported that they had been seen quickly, and had been treated with courtesy and dignity. All of the patients we spoke with said they would recommend the service and commented on the timely,

excellent service they received. We noted that a number of patients who completed cards repeatedly attended the service, generally to have dressings changed. They reported that it was easier for them to do this at the urgent care centre than their GP, and three patients said that they considered the urgent care centre offered a better service to them than their GP.

We reviewed patient comments on the NHS choices website. The large majority of patients reported that they had been dealt with quickly and they had received good care from the service.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive.

Patients that we spoke to were aware that interpreters could be requested. The service staff told us that they did not regularly use Language Line services, but were able to secure interpreters for patients when required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service worked with the local Clinical Commissioning Group to plan services and to improve outcomes for patients in the area. We found the service was responsive to patient's needs and had systems in place to maintain the level of service provided. The service understood the needs of the local population. For example, the service was aware that there were a large number of older patients in the local area who would need dressings changed. Aware of the pressure on GP services to deliver this, the service allowed patients to attend for this reason. Staff reported that some patients with leg ulcers attended regularly.

No patients were registered at the service as it was designed to meet the needs of patients who had an urgent medical concern which did not require accident and emergency treatment, such as non life-threatening conditions.

The service was responsive to patients' needs in a variety of ways:

- Appointments were not restricted to a specific timeframe so clinicians were able to see patients for their concerns as long as necessary.
- There were ramps and automatic doors leading to the entrance to the service. All areas to the service were accessible to patients with poor mobility.
- There was a hearing loop in place in the reception area.
- The waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms. There was enough seating for the number of patients who attended on the day of the inspection.
- Toilets were available for patients attending the service, including accessible facilities with baby changing equipment.

Access to the service

The service was open between 8am and 10pm seven days per week. Patients did not need to book an appointment but could attend the centre and wait to see a nurse or GP. The opening hours of the service meant that patients who

had not been able to see their GP during opening hours could attend for assessment and treatment in the early evening. The service was accessible to those who commuted to the area as well as residents.

Limited information on how to access the service was available on the provider website. More detailed instructions were available on the NHS Choices website and were available from GP practices in the area.

When the service was commissioned it was predicted that the service would see 80 patients per day. Staff told us that actual numbers had been 110 patients per day at quiet times of the year and up to 180 patients per day at busier times. They told us that this number had been manageable, but at busy times could impact on the speed at which the patient could be triaged on arrival by a primary care assistant practitioner to determine their care pathway for that visit.

When patients arrived at the centre there was clear signage which directed patients to the reception area. Patient details (such as name, date of birth and address) and a brief reason for attending the centre were recorded on the computer system by one of the reception team. A receptionist would also complete a brief set of safety questions to determine red flags which might mean the patient needed to be seen by a clinician immediately. Patients were generally seen on a first come first served basis, but there was flexibility in the system so that more serious cases could be prioritised as they arrived. The receptionists informed patients about anticipated waiting times.

Information from both the NHS Choices website as well as feedback from patients on the day of the inspection showed that patients were happy with accessibility to the service and the speed with which they were seen.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the service.

Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system through information in the waiting areas.

The service had received only ten complaints since it had commenced in 2014. Most of these were of a very minor nature; for example a patient had commented that the service did not have a nit comb. The service had reviewed all of the complaints in line with its policies.

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 clear vision to deliver high quality care and promote good outcomes for patients.

- The service had a mission statement and staff knew and understood the values.
- The service had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Our discussions with staff and patients indicated the vision and values were embedded within the culture of the service. Staff told us the service was patient focused and they told us the staff group were well supported.

Governance arrangements

The service had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Service specific policies were implemented and were available to all staff. These policies and protocols were developed by Hurley Group at a corporate level and had been rolled out to the individual service where the service manager had adapted them.
- A comprehensive understanding of the performance of the service was maintained. The service reported monthly to the CCG and they were aware of areas where targets had not been met.
- The service had a 'one in every one hundred' audit strategy where assessment, investigations and where necessary diagnosis and treatment were reviewed. There was a clear feedback trail from this audit, and learning was shared with both individuals and all staff as relevant.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection representatives of the provider demonstrated they had the experience, capacity and capability to run the service and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us that there were clear lines of responsibility and communication. The service provider told us that they would like to have more regular meetings with staff, but that the nature of a walk in centre made these difficult to accommodate. Notwithstanding this, staff were aware of their responsibilities and they told us that management and governance information was shared.

The provider was aware of and had systems in place 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 support training for all staff on communicating with patients about notifiable safety incidents. The provider encouraged a culture of openness and honesty. The service had systems in place to ensure that when things went wrong with care and treatment:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- The service kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us there was an open culture within the service and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported.

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

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- As far as they were able to, the service engaged with patients who used the service. Patients were provided with an opportunity to provide feedback, and if necessary complain. The NHS choices website provided detailed (and positive) feedback on the service that patients had received.

Are services well-led?

Good 

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

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the service was run.
- Staff told us that they were proud of the service being delivered and that they felt engaged in decisions relevant to how the service might be delivered in the future. Staff also told us that the team worked effectively together.

The staff team were actively encouraged and supported with their personal development. This included the effective use of protected learning time and access to online training materials.

The service was at the time of the inspection seeing more patients than had been anticipated when the service was launched. The staff that we spoke to were aware of this, but they told us that the focus of the service was to deliver the best possible level of care to the patients who used the service.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the service. We saw plans to strengthen relationships with ambulance services including extending X-ray availability to patients who attended the service in evenings.