

King Street Health Centre

Inspection report

47 King Street
Wakefield
West Yorkshire
WF1 2SN
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www.localcaredirect.org/centre/king-street-health-centre/

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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



Overall summary

We carried out an announced focused inspection at King Street Health Centre on 31 January 2019 as part of our inspection programme.

At the last inspection in June 2018 we rated the practice as good overall, with a rating of requires improvement for providing safe services. The full comprehensive report regarding the June 2018 inspection can be found by selecting the 'all reports' link for King Street Health Centre on our website at www.cqc.org.uk.

The practice was rated as requires improvement for providing safe services because:

- The provider was not able to give full assurance that all Patient Group Directions and updates had been fully authorised.
- The provider had not checked or recorded the immunity status of applicable staff with regard to measles, mumps and rubella, and chickenpox.
- There was only limited assurance regarding the system for checking emergency medicines and equipment.
- All relevant staff were not aware of the symptoms of sepsis.

In addition to the areas for improvement identified under the key question of providing safe services, at the inspection in June 2018 we also said the practice should consider improving the following area:

- Review and improve communication activities with staff.

At this inspection, we found that the provider had satisfactorily addressed these areas.

Our judgement of the quality of care at this service is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information from the provider and other organisations.

Overall the practice is now rated as good overall, with the practice rated as good for providing safe services.

Our key findings were as follows:

- The provider had adopted practices and processes which ensured Patient Group Directions had been fully authorised, and that staff were fully competent to deliver vaccinations and immunisations.
- The provider had made, or was in the process of making, the necessary checks to assure themselves of the immunity status of all relevant staff members. This included status checks in relation the measles, mumps and rubella, and chickenpox.
- We saw that the provider had developed and implemented processes for the checking of emergency medicines and equipment.
- Staff had introduced processes and procedures, and raised staff awareness, to enable them to identify and manage patients with severe infections including sepsis.
- The provider had improved communication with staff members. We saw for example, that staff bulletins were circulated and there were mechanisms in place for staff to cascade feedback to managers.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Our inspection team

Our inspection was conducted by a Care Quality Commission (CQC) lead inspector.

Background to King Street Health Centre

King Street Health Centre is a nurse-led walk-in service that is situated at 47 King Street Wakefield WF1 2SN in the centre of the town. The centre is operated by Local Care Direct Limited, a social enterprise which delivers a range of health services including 111 services across West Yorkshire. Local Care Direct Limited operate from Sheridan Teal House, Longbow Close, Pennine Business Park, Bradley, Huddersfield HD2 1GQ and their website can be reached at .

The King Street Health Centre building is accessible to those with a physical disability and is served by a staircase and passenger lift. Being located in the centre of Wakefield there is no on-site parking, although there are public car parks nearby. The centre is commissioned by NHS Wakefield Clinical Commissioning Group (CCG).

The walk-in centre is open from 10am-10pm 365 days of the year. As a nurse-led walk-in centre most members of the general public can attend the service to receive services in relation to:

- Minor illness
- Minor injury
- Dressings
- Emergency contraception

There are agreed exceptions and these include:

- Babies under the age of 6 months
- Pregnant Women presenting with a pregnancy related problem
- Repeat prescriptions

- Head Injuries in Children under 2 years and in adults over 65 years old

Patients who attend the service during weekdays are assessed and prioritised for treatment and when necessary are supported to access other services such as accident and emergency, or appointments with other GP service providers. During weekends the centre operates a more formalised streaming assessment.

The centre clinical staff consists of one clinical lead (female), eight advanced nurse practitioners (two male and six female), two advanced practitioners (male and female), five trainee advanced care/clinical practitioners (male and female), and two trainee supervisors (male). The clinical team is supported by a manager and a reception and administration team. Wider support is available from Local Care Direct Limited.

The centre works closely with GP Care Wakefield (the extended access provider), the Out of Hours GP service (also delivered by Local Care Direct) and the local hospital trust.

King Street Health Centre is registered with the Care Quality Commission to deliver services in relation to:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury.

The rating from the previous CQC inspection was clearly displayed in the health centre and on the provider website.

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 and 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.
- The service worked with other agencies to support patients and protect them from neglect and abuse. The provider had appointed a safeguarding lead and they regularly met with other health and care professionals to discuss at risk patients. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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, for example all clinicians had received Level Three safeguarding training. Staff 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 (IPC). We saw that there had been regular IPC audits and that issues raised during such audits had been actioned promptly by the provider.
- The provider had made, or was in the process of making, the necessary checks to assure themselves of the immunity status of all relevant staff members. This included status checks in relation to the measles, mumps and rubella, and chickenpox.
- 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.
- 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. Systems were in place to manage people who experienced long waits.
- Staff told patients when to seek further help, and could refer patients to other services such as secondary care when this was necessary. They advised patients what to do if their condition got worse.
- When there were changes to services or staff the provider 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.

- Individual care records were managed in a way that kept patients safe.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Are services safe?

- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

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 vaccines, minimised risks. We saw that gases, medicines and equipment were regularly checked to ensure they were either operational or appropriate for use. The service kept prescription stationery securely and monitored its use. Arrangements were also in place to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately.
- The provider had adopted practices and processes which ensured Patient Group Directions had been fully authorised, and that staff were fully competent to deliver vaccinations and immunisations in line with national guidance.
- The service carried out regular medicines audits 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. The service worked closely with the CCGs medicines team and audited antimicrobial prescribing.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. Records were kept in relation to safety checks, and we saw that identified issues were actioned when identified.
- 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.

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 took action to improve safety in the service. For example, we saw that when a prescribing error had been identified that the event was recorded and investigated. The provider discussed the error with the clinician involved and this was used as learning.
- 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.