Slough Walk in Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

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 Slough Walk-in Centre on 9 August 2016. Overall Slough Walk-in Centre is rated as requires improvement. Specifically improvements are required in providing safe, effective and well-led services.

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

- There was a system in place for reporting and recording significant events. Reviews of complaints, incidents and other learning events were thorough
- Risks to patients were mostly assessed and well managed. However, we found one fridge containing vaccines was not monitored properly and we identified temperatures outside ranges required for storage of vaccines.
- Staff assessed patients' ongoing needs and delivered care in line with current evidence based guidance.
- Walk in patients often waited more than an hour to be seen by a clinician. There was no system to identify patients with more serious conditions, other than a receptionist asking what their medical problem was. On the day of our visit here were waits of approximately two hours for some patients using the walk in centre without a clinical assessment.
- Children were prioritised through the walk-in service.
- National data from 2015 suggested clinical care for patients with long term conditions was not always in line with best practice. However, in 2016 national indicators for the centre improved significantly.
- The monitoring of overall patient care was not always appropriate in terms auditing clinical care and treatment.
- The system for reviewing patients on repeat medicines was appropriate.
- Staff were trained in order to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Slough Local Healthwatch undertook a study which identified that the centre was valued by local groups of people who may be unable to register at GP practices, such as refugees.

Summary of findings

- Screening for HIV, TB and Hepatitis was offered and referrals were made where required.
- Coding on the computer record system meant vulnerable patients were not always listed or easily recognisable to staff, including carers, learning disabled patients and those with mental health problems.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patient feedback regarding access showed registered patients were usually able to make an appointment.
- The centre 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 centre 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.
- There was a focus on continuous learning.

Areas the provide must make improvements are:

- Ensure the proper and safe management of medicines. Specifically ensure fridges are appropriately monitored if storing medicines.
- Develop a plan to assess and do all that is necessary to mitigate risks related to low achievement in performance data to improve patient outcomes. For example, correct and accurately apply the coding on the patient record system to ensure that patients' needs are assessed and care is monitored appropriately. This includes registers of carers, mental health patients and clinical care recording.
- Improve the monitoring of patient care to ensure any risks are identified and improvements planned where required. For example, through clinical audit.
- Review the risks associated with the process of initial assessment and first patient contact with clinicians to ensure that patients are accessing the appropriate service, transferred in a timely fashion to alterative services and to mitigate unnecessary risk associated with waiting times.

Areas the provide should make improvements are:

- Review how significant events are communicated to staff.
- Continue to identify ways to improve patient experiences, particularly as regards telephone contact with the centre.

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?

Requires improvement

The centre is rated as requires improvement for providing safe services.

- Monitoring of vaccine fridges was not always taking place and some fridges were out of temperatures ranges for storing vaccines.
- Lessons were shared to make sure action was taken to improve safety in the centre. A formal review of these events took place to identify whether any learning had been embedded in practice. Some staff reported to us a lack of communication of investigation outcomes.
- Risks to patients were mainly assessed and well managed.
- The centre had a system in place for reporting, recording and monitoring significant events.
- 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.
- Arrangements were in place to safeguard children and vulnerable adults from abuse.
- Emergency medicines and equipment were stored appropriately and within expiry dates.
- The centre was visibly clean and well maintained.
- Equipment was checked and calibrated.
- There were health and safety policies in place.

Are services effective?

Requires improvement

The centre is rated as requires improvement for providing effective services.

- There was not a full programme of clinical audit in order to identify improvements to clinical care and plan improvements.
- The centre's overall Quality and Outcomes Framework achievement for 2015-16 and exception reporting rate were comparable to the national and CCG averages. However, there were some clinical areas, notably depression, where achievement was lower than average and exception reporting was much higher. There was a lack of analysis by the provider as to why their performance was so different from average.
- The monitoring of medicine reviews was safe and most patients had an up to date review of their repeat prescriptions.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Screening programmes were available to eligible patients. This included HIV, Tuberculosis (TB), and Hepatitis and 900 patients were offered these tests respectively with approximately 300 undertaking each test.

Are services caring?

Good

The centre is rated as good for providing caring services.

- The centre was close to local and some national averages on feedback related to consultations with GPs and nurses.
- Patients 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- There was not a functional carers' register to enable support and identification of carers. There was a risk that carers would not be provided with the support.

Are services responsive to people's needs?

Good

The centre is rated as good for providing responsive services.

- Centre staff reviewed the needs of its local population to secure improvements to services where these were identified.
- The appointment system was monitored to identify improvements where possible.
- Patients said they could make an appointment with a GP and there was continuity of care, with urgent appointments available the same day. Feedback regarding phone access was poor but a new phone system was being installed to improve access.
- The centre had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the centre responded quickly to issues raised. Complaints were formally reviewed to identify trends and ensure changes to practice had become embedded.

Are services well-led?

Requires improvement

The centre is rated as requires improvement for being well-led.

- There was a governance framework but this did not always ensure that risks to patients were identified and managed.
- There was a lack of monitoring clinical care, caused by poor recording of information on the patient record system and a lack of systemic audit and other monitoring tools
- The centre had a clear vision and staff were clear about the vision and their responsibilities in relation to it.
- Two members of the leadership team were new and had begun to make improvements to the centre which were reflected in patient feedback.
- There was a clear leadership structure and staff felt supported by management. The centre had a number of policies and procedures to govern activity and held regular governance meetings.
- The monitoring of the service identified risks but not all were managed or assessed fully.
- The centre had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The centre proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and involved by leadership.
- There was a strong ethos of continuous improvement including participation in research and providing new means of assessing patients' needs.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The centre is rated as requires improvement for the care of older people. The provider was rated as good for being responsive and caring but requires improvement for providing a safe, effective and well-led service. The concerns which led to these ratings apply to everyone using the centre, including this population group. They included poor monitoring of clinical outcomes, not identifying all risks related to medicines management and a lack of initial assessment for walk-in patients.

- The full extent of carers were not identified or recorded in order to provide appropriate support. There were concerns identified in the delivery of care to patients because coding on the record system was poor.
- The centre offered personalised care to meet the needs of the older people in its population.
- GPs offered home visits and urgent appointments for those with enhanced needs.
- The premises were accessible for patients with limited mobility and there was a hearing aid loop available for patients with poor hearing.
- All appointments were available on the ground floor which provided ease of access.
- Patients over 75 had a named GP.

People with long term conditions

Requires improvement

The centre is rated as requires improvement for the care of people with long term conditions. The provider was rated as good for being responsive and caring but requires improvement for providing a safe, effective and well-led service. The concerns which led to these ratings apply to everyone using the centre, including this population group. They included poor monitoring of clinical outcomes, not identifying all risks related to medicines management and a lack of initial assessment for walk-in patients.

- There were concerns identified in the delivery of care to patients because coding on the record system was poor.
- There was not sufficient internal monitoring and audit to drive improvement and national data regarding clinical outcomes was poor in some areas.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Summary of findings

- The most recent published results showed the practice achieved 88% of the total number of Quality and Outcomes Framework points available for 2014/2015 compared to the clinical commissioning group (CCG) average of 97% and national average of 95%. In 2016 the centre achieved 96% of its QOF results (this data is not yet validated but the provider's calculation of achievement for the year).
- All these patients were offered structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The centre is rated as requires improvement for the care of families children and young people. The provider was rated as good for being responsive and caring but requires improvement for providing a safe, effective and well-led service. The concerns which led to these ratings apply to everyone using the centre, including this population group. They included poor monitoring of clinical outcomes, not identifying all risks related to medicines management and a lack of initial assessment for walk-in patients.

- There was a risk that vaccines had not been stored properly.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The walk in service prioritised children to ensure they were seen by a clinician in a timely way.
- Immunisation rates were similar to average for all standard childhood immunisations
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Joint working with external organisations took place in the management of children at risk of abuse.

Working age people (including those recently retired and students)

Requires improvement

The centre is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as good for being responsive and caring but requires improvement for providing a safe, effective and well-led service. The concerns which led to these ratings apply to everyone

using the centre, including this population group. They included poor monitoring of clinical outcomes, not identifying all risks related to medicines management and a lack of initial assessment for walk-in patients.

- The needs of the working age population, those recently retired and students had been identified and the centre had adjusted the services it offered to ensure these were accessible flexible and offered continuity of care. For example, later appointments were being offered to enhance accessibility to working age patients.
- Patients' feedback on the appointment system was very similar to the local average, although feedback about telephone access was below local average.
- The appointment system was monitored to identify improvements where possible.
- The centre was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Travel vaccinations were available.

People whose circumstances may make them vulnerable

Requires improvement 

The centre is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as good for being responsive and caring but requires improvement for providing a safe, effective and well-led service. The concerns which led to these ratings apply to everyone using the centre, including this population group. They included poor monitoring of clinical outcomes, not identifying all risks related to medicines management and a lack of initial assessment for walk-in patients.

- The centre registered vulnerable patients and planned services to meet the needs of travellers, homeless patients, vulnerable migrants, sex workers and people with learning disabilities.
- There were longer appointments available for vulnerable patients including those with a learning disability.
- The service was aware that sections of the local population were at higher risk of certain diseases due to new migration from areas where the prevalence of HIV, TB and Hepatitis was high. Therefore screening for these diseases was offered and referrals were made where required.
- There was a designated GP for learning disability patients.
- Slough Healthwatch undertook a study which identified that the centre was valued by local groups of people who may be

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vulnerable due to their circumstances. Specifically refugees located in the area valued the ability to see a GP at the centre as they were often unable to register at GP practices due to having temporary accommodation.

- The centre regularly worked with other health care professionals in the case management of vulnerable patients.
- The centre informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- There was information and support available for patients who suffered from substance misuse

People experiencing poor mental health (including people with dementia)

Requires improvement

The centre is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as good for being responsive and caring but requires improvement for providing a safe, effective and well-led service. The concerns which led to these ratings apply to everyone using the centre, including this population group. They included poor monitoring of clinical outcomes, not identifying all risks related to medicines management and a lack of initial assessment for walk-in patients.

- Registers of patients, including mental health patients, were poorly recorded and maintained.
- Performance for Quality and Outcomes Framework (QOF) mental health related indicators was 86% compared to the national average 92% and regional average of 96%.
- Depression indicators showed that only 61% of QOF points had been achieved and exception reporting was 83% of all patients registered as having depression (this constituted a low number of patients). Exception reporting is the removal of patients from clinical outcomes reported in national data. This may be due to other conditions which prevent patients from receiving certain treatments.
- There were 54 patients on the mental health register with a care plan and 39 had a physical health check. Clinical leads at the

Summary of findings

centre recognised these figures were low and attributed this to poor coding of patients on the record system. The centre was working with external expertise to improve the coding of patients clinical care on the record system.

- The centre regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The centre carried out advanced care planning for patients with dementia and screening for those deemed at risk of the condition.
- The centre had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the centre was performing similarly to local averages. There were 337 survey forms were distributed and 111 were returned. This represented 1.6% of the centre's patient list.

- 67% patients described their experience of making an appointment as good compared to the clinical commissioning group (CCG) average of 80% and national average of 73%.
- 46% usually got to see or speak to their preferred GP compared to the CCG average of 42% and national average of 59%.
- 69% of patients described the overall experience of this GP centre as good compared to the national average of 85% and CCG average of 73%.
- 61% of patients said they would recommend this GP centre to someone who has just moved to the local area compared to the national average of 78% and CCG average of 64%.

The national survey is a random selection of patients from a GP service's population. There is the potential for many of the selected participants not having an up to date experience of accessing the service even if they provide feedback. Friends and family test (FFT) data is usually directly from patients who have attended services and therefore provides a more current picture of patient feedback but with far less detail. The centre undertook the Friends and Family test and from March 2016 feedback had showed a steady improvement up to June 2016, from 59% saying they were likely to recommend the service up to 93%.

We received 30 comment cards from patients during the inspection. The comments were mainly positive about the service patients received, specifically the caring nature of staff. Less positive feedback related to waiting times and phone access. We spoke with patients from the patient participation group who were highly complementary about the centre. We also spoke with 13 patients. The feedback was similar to the comment cards and we received more detailed concerns regarding waiting times for the walk-in service and phone access for all patients. For example, one patient had waited two hours to see a nurse via the walk-in service and was informed their concern needed to be addressed by their GP practice instead. Patients provided positive feedback on their experience of seeing clinicians at the centre.

Slough Walk in Centre

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, a nurse specialist adviser and an assistant inspector.

Background to Slough Walk in Centre

We undertook an inspection of this centre on 9 August 2016. The centre provides services from Upton Hospital, Albert Street, Slough SL1 2BJ. The service provider is Berkshire Healthcare NHS Foundation Trust.

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

- The walk-in service enabled patients to attend and wait to see a nurse following information provided to reception staff. If patients need to see a GP there are slots available for them to access this. The walk-in service treats minor illness and minor injury. It can also refer patients onto other services, such as A&E, where they cannot meet patients' needs.
- Patients can also register with the centre as they would with a GP practice and there were 6981 patients registered. The centre's demographics are very different to the national average in terms of age and ethnicity. The proportion of black and ethnic minority patients is 59% and from other European countries 29%. Local communities have high numbers of people who are new migrants and therefore have limited experience of accessing NHS healthcare. According to national data there is significant deprivation among sections of the local population. In addition to these challenges the registered population has high prevalence of obesity and a higher mortality rate. The proportion of patients between 25 and 40 is much higher than the national average and the number of over 50s is considerably lower than the national average.
- There are three GP at the centre (2.4 whole time equivalent), two female and one male. There are eight advanced nurse practitioners (five WTE) one practice nurse and an emergency care practitioner. A number of administrative staff and a centre manager support the clinical team. There were designated GP slots for walk in patients and the appointment system enabled pre-booking and advanced booking for walk-in patients.
- The centre is open between 8am and 8pm seven days a week. This is for walk in patients and for registered patients appointments were available during these times.
- Out of hours GP services were available when the centre was closed by phoning 111 and this was advertised on the centre website.

The centre had not been inspected by CQC previously.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the centre and asked other organisations to share what they knew. We carried out an announced visit on 9 August 2016. During our visit we:

- Spoke with a range of staff, including four GPs, members of the nursing team and support staff.
- Observed how patients were being cared for.
- 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?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

The centre had a system in place for reporting, recording and monitoring 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 centre:

- Staff told us that they would inform the centre manager of any significant events and complaints. There was a computerised system for recording significant events and complaints.
- Complaints, incidents and concerns about care or treatment were recorded, reviewed and any action required to improve the service were noted. There were 49 significant events recorded from April 2015 to April 2016. The centre manager explained these were reviewed and the system enabled trend analysis to identify where changes to protocols or training may be required. This also happened when complaints were received.
- When a significant event had been investigated the findings would lead to changes in practice where necessary. For example, the time it takes for computers to lock was extended so that during consultations staff could still easily access panic buttons on the computer system.
- Changes to practice were discussed at meetings, but some staff told us that although significant events and complaints were reported they did not always receive feedback about their outcomes.

Overview of safety systems and processes

- 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. There were contact details for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and received appropriate adult safeguarding training. GPs attended multidisciplinary team meetings to discuss vulnerable patients and also provided information to case conferences where required. The centre manager informed us staff were provided training on female genital mutilation (FGM) as part of its safeguarding training. They were aware of the responsibility to report any instances of FGM as a referral including to the police in females under 18. Staff were aware of the process for referring all patients or members of the public to local safeguarding teams for whom they had significant concerns.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and Disclosure and Barring Service (DBS) checks. (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).
- The centre maintained appropriate standards of cleanliness and hygiene. We observed that the centre was visibly clean and tidy. There was an audit tool used to identify any improvements in infection control. The infection control lead had received relevant training. Checks of cleanliness were undertaken. There was an infection control protocol in place and staff had received up to date training. This included a sharps injury protocol (needle stick injury). This was available to staff. Clinical waste was disposed of appropriately. Cleaning schedules were in place.
- Medicines were managed safely, but we found problems with medicines stored in fridges. Blank prescription forms and pads were securely stored, removed from printers every evening. We saw that medicines stored onsite were within expiry dates and stored properly. Fridges used to store medicines were monitored and temperature checks recorded. However, one fridge had not been monitored appropriately during July and August. The inspection team identified that there had been temperatures recorded outside of the appropriate ranges for storing medicines. The fridge had been used to store a back-up stock of vaccines which the centre manager confirmed had not been given to patients during this time. The vaccines stored in the fridge had to be discarded due to the lack of appropriate monitoring identified by the inspection team and there was the risk that these vaccines could have been used without any

action being taken regarding the high temperatures. In a separate incident, on the day of inspection, there was a fault in the fridges meaning that very high temperatures were recorded. The service implemented its cold chain contingency policy to protect the vaccines and fix the fridges as quickly as possible.

- We saw that Patient Group Directions (PGD's) had been adopted by the centre to allow nurses to administer medicines in line with legislation. Where any patient specific directions (PSDs) were required by healthcare assistants or nurses these were also in place. Staff were trained to administer vaccines against PSDs and PGDs by a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We saw all staff were requested to provide Hepatitis B vaccination records and had a DBS undertaken where required.
- The centre had recently recruited new nursing staff and was in the process of training them. Agency staff were used when necessary to try and meet the demands of the walk-in service.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- There were health and safety related policies available. Staff had received relevant training in health and safety. The centre had risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, legionella and fire.
- The centre maintained the premises and installations such as gas boilers appropriately. There was up to date gas safety certificate.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated to ensure it was working properly.

Arrangements to deal with emergencies and major incidents

The centre had adequate arrangements in place to respond to emergencies and major incidents. The planning for medical emergencies was risk assessed:

- The centre had an automated external defibrillator and clinical staff received training in how to use this. Oxygen was available for staff to use if required.
- There were appropriate emergency medicines onsite and these were available to staff. All staff had received basic life support training.
- Reception staff had a view of all seating in the waiting area to ensure that if a patient collapsed or presented other risks to themselves or others, they would be able to see and report concerns to clinical staff.
- Panic alarms were available in treatment rooms to alert staff to any emergencies.
- The centre had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The centre 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 centre 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 patients' needs.
- Clinical staff used templates to undertake reviews of long term conditions and received training in order to do so.
- A system of initial assessment was used to assess walk-in patients and ensure they had attended the correct service. Reception staff asked patients what their concern was and prioritised them on the basis of their need. For example, children were prioritised for an appointment. Reception staff did not know where to locate any written procedures for initial assessment when we asked them, although when we asked them about questions they asked patients, they did have an appropriate knowledge of how to prioritise on the basis of patient need.
- There was a key performance target (KPI) of one hour from when a patient presented to reception to seeing a member of the clinical team. We saw from KPI reviews from 2015/16 that the KPI had been amended during 2015/16 from 30 minutes to one hour due the high numbers of patients attending the centre. The centre was commissioned on an anticipated 82 attendees per day but over the previous year the average has been 125 per day.
- We also saw some data from April to June 2016. The achievement against the one hour KPI in January 2016 was 65%, in February 2016 was 64% and in March 2016 was 50%. There was one week of data from April to June 2016 available which showed 67% of patients were seen within an hour. This meant 33% of patients were waiting over an hour to see a clinician. There was a risk that if the clinical assessment system did not pick up a significantly ill patient that their wait to be assessed by a clinician left them at risk. Reception staff did have a clear view of the waiting area to assess patients. However, staff informed us of one instance where a patient had reported with shoulder pain and was not prioritised as high risk. When the patient saw a clinician it was identified that the pain was related to their chest and the patient potentially needed urgent clinical attention. There was also a risk that patients could wait long periods of time to be informed they could not be treated properly at the centre.
- Patient pathways were used to further assess and plan patients' care and treatment.

Management, monitoring and improving outcomes for people

The centre used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general centre and reward good centre). The most recent published results for 2014/15 showed 88% of the total number of points available were achieved compared to the clinical commissioning group (CCG) average of 97% and national average of 95%. The centre had a rate of 10% exception reporting compared to the national average of 9 %. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Although overall exception reporting was close to national averages, some clinical areas had higher than national average exception reporting, specifically coronary heart disease at 16% compared to the national average of 8% and for stroke patients 20% of patients were exceptions compared to the national average of 10% and for diabetes. The centre wrote to patients three times requesting them to make an appointment or make other relevant contact to enable the centre to provide care in line with NICE guidelines. The centre's overall QOF achievement for 2015-16 showed a significant improvement overall with a score of 96%, but there was no breakdown of results available by clinical domain or exception reporting. This data has been provided by the centre and was not yet validated at the time of inspection.

In referring to the above national data the inspection team was aware of the context of the population within which the practice operated. The centre had a high turnover of patients, caused by a very transient population. The service registered many patients who were new to the UK. GPs explained this sometimes caused difficultly due to the lack

Requires improvement

Are services effective?

(for example, treatment is effective)

of understanding these patients had about accessing GP services and how long term conditions are managed in England. The population was also transient with many patients moving between countries at different times of the year and this affected the ability of the service to manage long term condition reviews. In addition to these challenges the registered population has high prevalence of obesity and a higher mortality rate. However, the provider had not taken steps to identify the specific reasons for each area of poor clinical performance or high exception reporting in order to find means of improving patient contact with staff to help manage health conditions.

- Performance for diabetes related indicators was 72% compared to the national average of 89% and regional average of 90%. Diabetes exception reporting was 10% compared to the CCG average of 9% and national average of 11%. The centre's prevalence of diabetes was 4% compared to the CCG average of 8%. The centre manager explained that when new patients registered at the centre they were offered health checks if over 40 years old. If the patient was deemed at risk of diabetes they were offered blood testing to determine if there was a diagnosis to be made. The manager also explained they were working with the clinical leads to improve the management of diabetes. The centre was bringing a diabetic GP specialist into the service in September to October 2016 to review the care of diabetic patients, focussing mainly on those who diabetic control was poor. The centre was also in the process of employing a diabetes specialist nurse.
- Performance for mental health related indicators was 86% compared to the national average 92% and regional average of 96%. Depression indicators showed that only 61% of QOF points had been achieved and exception reporting was at 83% of all patients registered as having depression (this constituted a low number of patients). No audit or monitoring of this performance had been undertaken to identify the reasons for such low performance. Exception reporting for mental health indicators overall was slightly above the national average (11%) and regional average (8%) at 13%. There were 54 patients on the mental health register with a care plan and 39 had a physical health check. Clinical leads at the centre recognised these figures were low and attributed this to poor coding of patients on the record system. The centre was working with external expertise to improve the coding of patients clinical care on the record system.

There was evidence of clinical audit which led to improvements in care:

- The centre participated in local audits and national benchmarking. This included prescribing audits. We reviewed several audits from 2015/16.

Findings were used by the centre to improve services. Outcomes were discussed in team meetings. Where improvements were identified in the audits we saw actions were noted for GPs and nurses to make improvements. For example, an audit in August 2015 on nutritional supplements showed the centre was not in line with the prescribing of these compared to guidelines. An action plan was put in place and by re-audit in January 2016 the centre was in line with local guidelines.

- The centre had very minimal audit driven by its own performance in order to drive improvement. For example, there was no auditing of diabetes care despite the low performance indicator from 2015. A clinical lead attributed the poor figures to a transient population, poor uptake of patients attending diabetic reviews and other factors. However, there was no auditing or other investigation into whether the theories as to the poor performance were accurate and what could be done to improve diabetic care. There had not been an audit into mental health care provided at the centre to identify why there were low numbers of patients on the register or why QOF indicators showed poor performance. There was minimal audit into the type of concerns patients attended the walk-in centre for, how many patients appropriately attended or regarding periods of high and low demand.

The centre provided us with information on how many patients were recorded as having up to date medicine reviews for their repeat prescriptions. For patients on four or more medicines this was 89% and for less than four medicines it was 100%.

Effective staffing

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

Requires improvement

Are services effective?

(for example, treatment is effective)

- We saw the centre had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff told us they could access role-specific training and updates when required and that there was a comprehensive programme of training. Nurses were also supported to undertake specific training to enable them to specialise in areas such as diabetes care. The centre was in the process of training a respiratory nurse who would be able to undertake diagnostic procedures for respiratory diseases. The centre had been referring patients for spirometry (a process for assessing lung conditions) to other services. A nurse who administered vaccines had received training in 2013 but they and the manager were aware they needed refresher training, which the manager was trying to book at the time of inspection. The centre received updates on medicine alerts to keep staff up to date on administering vaccines.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of centre development needs. We saw training logs which indicated staff had access to appropriate training to meet their learning needs and to cover the scope of their work.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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 centre's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The centre shared relevant information with other services in a timely way, for example when referring patients to other services.
- Virtual information sharing was used by the centre for speedy analysis of test results, to gain advice from consultants.
- Walk-in patients had their assessments sent to their GP practices. Staff told us this happened every three hours to ensure speedy communication of assessment.

Staff worked together 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 to, or after they were discharged from hospital. A consultant at a local hospital had commended the centre on how they provided care to a patient who had transferred from another centre with a severe illness and they noted how the GPs had managed the patient's care very well in the transition. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. There were 10 patients on the high risk case management register and six patients had unplanned admissions care plans to reduce the risk of this occurring.

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 (MCA) and Gillick Competency.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- There was a protocol for the MCA and this was available to staff.

Supporting patients to live healthier lives

The centre identified patients who may be in need of extra support. For example:

- Additional support for carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation was available. Patients were signposted to the relevant service when necessary.
- There were 1195 patients listed as smokers and the centre informed us all had received advice on smoking cessation. Four patients were recorded as stopping smoking in the last year.

The centre's uptake for the cervical screening programme was 86%, which was higher than the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test.

Requires improvement

Are services effective?

(for example, treatment is effective)

In the last year no patients were deemed at risk of developing dementia and none were screened. There were five patients on the dementia register. The centre had a very low prevalence of patients over 65 who would be at greatest risk of developing dementia.

The centre also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. They were not able to provide us with precise figures for these programmes. However, they were aware their achievement was low and were considering action to try and improve uptake.

The service was aware that sections of the local population was at higher risk of certain diseases due to new migration from areas where the prevalence of HIV, TB and Hepatitis was high. Therefore screening for these diseases was offered and referrals were made where required. The actual screening offered and undertaken was as follows:

- Hepatitis B screening offered in last yearto 929 and 312 tested.
- Hepatitis C screening offered in the last year to 928 and 311 tested
- HIV screening offered to 929 in the last year and 296 tested.

The centre had a register of 23 patients with a learning disability. Annual health checks were not offered to these patients but there was a lead GP for the care of patients with a learning disability enabling the service to provide assessments and care when required.

In 2015/16, nine eligible patients undertook chlamydia screening.

Childhood immunisation rates for the vaccinations were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 90% (CCG averages ranged from 84% to 95%) and five year olds was 81% (CCG averages which ranged from 85% to 96%).

Good

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.

Twenty four of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced. There were some concerns raised regarding waiting times, related to walk-in patients, and phone access. Patients said they felt the centre offered a caring and compassionate service. They reported staff were helpful and treated them with dignity and respect. We spoke with a patient participation group (PPG) member and they told us the service provided a caring service and they were respected by the staff.

Results from the national GP patient survey published in July 2016 showed patients felt they were, on the whole, treated with compassion, dignity and respect. Overall the centre was lower than local and national averages for most satisfaction scores on consultations with GPs and nurses. The most recent results showed:

- 85% of patients said their GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.
- 83% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% national average of 85%.
- 74% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91% and CCG average of 76%
- 80% of patients said the last nurse they saw was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 91%.
- 79% of patients said they found the receptionists at the centre helpful compared to the CCG average of 81% and the national average of 87%.

The national survey is a random selection of patients from a GP service's population. There is the potential for many of the selected participants not having an up to date experience of accessing the service even if they provide feedback. Friends and Family test (FFT) data is usually directly from patients who have attended services and therefore provides a more current picture of patient feedback but with far less detail. The FFT for Slough Walk-in Centre showed a significant improvement in feedback from March 2016 to July 2016. From March 2016 feedback showed 59% said they were likely to recommend the service up to 93% in June.

Care planning and involvement in decisions about care and treatment

Patients told us, on the CQC comment cards, 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 available to them. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment compared to local averages:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 85% and CCG average of 71%.
- 72% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85% and CCG average of 77%.

Good

Are services caring?

The centre provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- There were some leaflets available in other languages at the centre. Staff were able to print specific information for patients who did not speak English as a first language during consultations.

was procuring more in Polish.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The centre's computer system alerted GPs if a patient was also a carer. The centre had identified five patients as carers. The GPs and manager had recognised this figure was low. Since providing this data prior to the inspection the centre had identified a further 50 carers by the time of the CQC visit.

The centre manager told us GPs contacted relatives soon after patient bereavements and if appropriate again at a later date.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The centre reviewed the needs of its local population and planned its services accordingly. The centre registered vulnerable patients and planned services to meet the needs of travellers, homeless patients, vulnerable migrants, sex workers and people with learning disabilities. The proportion of black and ethnic minority patients was registered at the service was 59% and from other European countries was 29%. Local communities had high numbers of people who were new migrants and therefore had limited experience of accessing NHS healthcare. According to national data there was significant deprivation among sections of the local population. In addition to these challenges the registered population had a high prevalence of obesity and a higher mortality rate.

Examples of how the centre planned its services to meet these challenges were:

- There were longer appointments available for vulnerable patients including those with a learning disability.
- The service was aware that sections of the local population was at higher risk of certain diseases due to new migration from areas where the prevalence of HIV, TB and Hepatitis was high. Therefore screening for these diseases was offered and referrals were made where required.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the centre. There were allocated GP slots for home visits.
- Patients were able to receive travel vaccinations.
- There was a designated GP for learning disabled patients.
- Slough Local Healthwatch undertook a study which identified that the centre was valued by local groups of people who may be vulnerable due to circumstances. Specifically refugees located in the area valued the ability to see a GP at the centre as they were often unable to register at GP practices due to having temporary accommodation.
- The centre had a higher than average number of young children who presented at A&E. To reduce inappropriate A&E attendances the service was providing guidance on accessing appropriate care services to parents during new baby clinics.
- A hearing loop and translation services available.
- The front of the building was accessible for patients with limited mobility or disabled patients.
- All treatment rooms were on the ground floor.

Access to the service

The centre was open between 8am and 8pm seven days a week. This was for walk in patients and for registered patients appointments were available during these times. Results from the national GP patient survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was higher than local averages, but lower than some national averages. There was poor feedback regarding phone access and waiting times. For context, these results may be different to traditional GP practices because many registered patients accessed the service through the walk-in service. Therefore waiting times may be unpredictable when accessing the service in this way, as patients did not have designated appointment times. The results showed:

- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group (CCG) average of 85% and national average of 85%.
- 78% of patients were satisfied with the centre's opening hours compared to the CCG average of 72% and national average of 76%.
- 33% found it easy to contact the practice by phone compared to the CCG average of 50% and national average of 73%.
- 57% patients described their experience of making an appointment as good compared to the CCG average of 58% and national average of 73%.
- 46% usually got to see or speak to their preferred GP compared to the CCG average of 42% and national average of 59%.

The centre had identified there were issues with phone access and seeing GPs. There was an action plan in place

Good

Are services responsive to people's needs?

(for example, to feedback?)

including improved access to GPs during evenings which was under implementation at the time of inspection and a new phone system was being installed to improve phone access.

Feedback from comment cards and patients we spoke with showed patients were able to get appointments when they needed them. However, there was poor feedback regarding waiting times and phone access. There were 1090 patients registered for online appointment booking.

The centre had a system in place to assess:

- Whether a home visit was clinically necessary and
- The urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The centre 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 centre.
- We saw that information was available to help patients understand the complaints system.

There were nine complaints raised in 12 months. We looked at two complaints received in the last 12 months and there was a process for assessing and investigating the complaint. They were satisfactorily handled, dealt with in a timely way and that patients received a response with an outcome. For example, we saw that a complaint regarding alleged poor staff attitude was reviewed and any potential training requirements were identified. Complaints were periodically reviewed to determine trends and ensure and changes required as a result were embedded.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The centre staff shared a clear vision to deliver a high standard of patient care.

- There was an ethos of patient centred care at the centre and this was reflected in discussions with staff.
- Two members of the leadership team were new at the time of inspection (the manager had been in post for three months and one of the clinical leads for three weeks).
- The centre was in the process of reviewing its clinical care and processes. The manager's experience in previous walk-in centres and practice nursing was recognised by the provider as a benefit and they were proactive in utilising their experience to benefit the service. They worked with the clinical leads in planning improvements to registered patient care and to the walk-in service. The changes to the service during recent months had drastically improved patient feedback in the friends and family test. There was also an action plan in place for improving diabetes care.

Governance arrangements

The centre had a governance framework. However, clinical governance did not always support the quality care and improved outcomes for patients.

- A programme of continuous clinical and internal audit was not used to monitor quality and to make improvements.
- There was a lack of ability to effectively monitor areas of care due to poor coding and recording on the record system. For example, carers that were coded properly were flagged to reception staff so they could be prioritised or offered appropriate care and support.
- Improvements to clinical care were underway or planned. There had been a clear improvement in QOF results from 2015 to 2016, up from 88% to 96%.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Centre specific policies were implemented and were available to all staff.
- An understanding of the performance of the centre was maintained in terms of the walk-in service regarding waiting times and what reasons patients attended for in order to help plan improvements to the service.
- There were processes to identify and manage risks which kept patients safe.

Leadership and culture

Two members of the leadership team were new. Staff told us the leadership team were approachable and always took the time to listen to all members of staff. Staff felt included in the running of the centre. However, some staff reported that they did not feel they were always fed back to regarding incidents and events.

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). The leadership team encouraged a culture of openness and honesty. The centre had systems in place to ensure that when things went wrong with care and treatment:

- The centre gave affected people reasonable support, truthful information and a verbal and written apology.
- The centre 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 the centre held regular team meetings and we saw relevant minutes.
- Staff told us there was an open culture within the centre and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the leadership team in the centre.
- All staff were involved in discussions about how to run and develop the centre, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the centre.

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

Are services well-led?

Requires improvement

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

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

- The centre had gathered feedback from patients via its patient participation group (PPG) and surveys. There was an action plan in response to the last survey undertaken within the last year, which included action to make more bookable appointments available with GPs, including evening appointments. The PPG reviewed patient feedback to identify and propose improvements. For example, the PPG had been involved in reviewing and improving the electronic patient check in system. They also influenced the introduction of a carers' champion to lead in providing advice and support to carers. The GPs and centre manager engaged closely with the PPG. They involved them in discussions about the future of the centre. The PPG members we spoke with felt highly involved in the future planning. They informed us the GPs and manager had discussed the potential options for moving to a new site.
- The centre undertook the friends and family test and from March 2016 feedback had showed a steady improvement up to June 2016, from 59% saying they were likely to recommend the service up to 93%.
- The centre had gathered feedback from staff through appraisals and meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management

Continuous improvement

- The centre had a focus on responding to patient feedback and making improvements where necessary.
- There was planning and work streams underway to improve clinical care, specifically diabetes care. This included recruitment of specialist staff, training and improving the patient record system.
- There was a strong ethos on training and providing staff with professional development which enhanced the services provided. For example, nurses were encouraged to undertake specialist role training to enhance the provision of services.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment** The provider was not fully assessing the risks to the health and safety of service users of receiving the care or treatment or doing all that is reasonably practicable to mitigate any such risks. There was not adequate monitoring of clinical care via audit and no appropriate assessment of walk-in patients prior to seeing a nurse or GP, which may entail long waits. The record system was not coded properly restricting the recording of patient care, assessment and treatment. Medicine fridge monitoring was not fully robust. The lack of accurate patient registers for mental health, learning disabilities and carers posed a risk to that these groups may not receive the support and care they required. This was in breach of Regulation 12 Good governance (1)(2)(a)(b)(g)