

Beckenham Beacon Urgent Care Centre

Quality Report

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Date of inspection visit: 16 March 2017

Date of publication: 06/06/2017

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?

Outstanding



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 Beckenham Beacon Urgent Care Centre on 16 March 2017. 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.
- The service had clearly defined and embedded systems to minimise risks to patient safety with the exception of fire signage in the waiting area.
- The service did not have a clear system to monitor the implementation of medicines and safety alerts; however the service created a log for alerts immediately during the inspection.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- The service had an effective streaming system in place; children were usually seen within 15 minutes of arrival and adults were seen within 20 minutes of arrival by an emergency nurse practitioner and the service met all the local performance targets.

- Feedback from patients about access to the service and treatment received was consistent and highly positive.
- Patients we spoke to during the inspection reported that the service provided good care.
- Information about services was available and easy to understand. The service had no complaints leaflet; however information on how to complain was displayed on the screens in the waiting area. 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 the requirements of the duty of candour. Examples we reviewed showed the service complied with these requirements.

The areas where the provider should make improvement are:

Summary of findings

- Ensure that fire signage and fire procedure is appropriately displayed at all areas of the service.
- Review service procedures to ensure information on how to complain is readily available for patients.

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.

Good



- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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 to minimise risks to patient safety.
- The service had an effective system in place for managing safeguarding concerns. Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The service had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The service is rated as good for providing effective services.

Good



- Data that the service provided to the CCG indicated that they were meeting targets in most areas. For example, 100% the patients were treated within four hours of arrival over the last 12 months against a target of 98%.
- All patients were triaged by an emergency nurse practitioner who determined the care pathway for each patient. The data the service provided indicated that 99% of the adults were seen within 20 minutes of arrival and 96% of children were seen within 15 minutes of arrival over the last six months which were the targets they had set.
- Staff were aware of and delivered care in line with current evidence based guidance.
- The service did not have a clear system to monitor the implementation of medicines and safety alerts; however the service created a log for alerts immediately during the inspection.
- Clinical audits demonstrated quality improvement.
- The service had a policy of regularly reviewing patient consultations for all clinicians.

Summary of findings

- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all permanent and bank staff (bank staff are temporary staff who usually provide cover for planned and unplanned shortfalls in staffing).
- Staff worked with other health care professionals and services and referred and followed up patients appropriately.

Are services caring?

The service is rated as outstanding for providing caring services.

- Data from NHS Choices and the service's own survey showed that the service was viewed positively by patients who used it.
- Patients 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 accessible.
- Feedback from patients was positive with the majority of patients reporting that all staff gave them the time they needed
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Outstanding



Are services responsive to people's needs?

The service is rated as good for providing responsive services.

- The service 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.
- The service had no complaints leaflet for patients; however they had this information displayed on the screens in the waiting area. They had a general information leaflet for patients which had the contact details of the service manager. Evidence from the complaints we reviewed 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.

Good



Summary of findings

- 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 policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. We saw evidence the service complied with these requirements.
- The management encouraged a culture of openness and honesty. The service had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The service proactively sought feedback from staff and patients, which it acted on.
- There was a 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. 17 of the 18 comment cards we received were wholly positive about the service experienced. One patient said the receptionists need more training.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring and treated them with respect, listened to and involved in their treatment. Patients commented that the service was easy to find and accessible. All patients we spoke with were accessing the service during a period of high demand; however all five patients indicated that they were seen by the streaming emergency nurse practitioner within 10 to 15 minutes of arrival.

The service used patient surveys and Friends and Family Test (FFT) to seek patients' feedback about the services provided. The service provided the results of the FFT over the last year, which indicated that the 99% of patients would recommend the service.

The service undertook a patient satisfaction survey on January 2017. They received 100 responses which represented 4% of the patients they saw on January 2017. The results indicated:

- 99% of patients were extremely satisfied or satisfied with the service.
- 91% of patients strongly agreed or agreed that the receptionists were helpful.
- 97% of patients agreed or strongly agreed that they were treated with privacy and dignity; none of the patients disagreed.

We also reviewed the information and feedback from patients on the NHS Choices website. The majority of the 37 feedback notes were wholly positive, and the service scored four out of five stars. Patients reported that they were seen quickly and staff were helpful and caring.

Beckenham Beacon Urgent Care 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 with expertise in urgent care and a practice manager specialist adviser.

Background to Beckenham Beacon Urgent Care Centre

Beckenham Beacon Urgent Care Centre was commissioned from 2006 to provide GP led, walk in minor illness and injuries service to Bromley and the surrounding area. Although the service is commissioned by Bromley CCG, the service is available to both local residents and to patients who might work in the local area. On average the service sees 130 to 140 patients each day and approximately 50,000 patients each year.

The service is provided by Greenbrook Healthcare. They are the registered provider for 16 GP, Urgent Care, Walk-in and out of hours services across the London area. The provider provides centralised governance for its services which are co-ordinated locally by service managers and senior clinicians.

The service operates in purpose built premises. All patient facilities are wheelchair accessible on the ground floor. The service has access to six consultation rooms on the ground floor.

The service is led by service manager. The service employs salaried, bank and agency clinical and non-clinical staff.

The service has nine GPs (both male and female) including one salaried GP, five contract GPs and three bank GPs, 12 emergency nurse practitioners, eight advanced nurse practitioners, two support workers, 12 reception and administrative staff.

The service is open between 8:00am to 8:00pm every day. Patients can attend the service without a referral, but may also be referred to the service by NHS 111 services. The local ambulance service conveys minor injury patients directly to the service. About 60% to 70% of patients are treated by a GP and 30% to 40% of patients are treated by a nurse practitioner.

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.

This service had not previously been inspected by the Care Quality Commission.

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

Detailed findings

what they knew. This included information from Bromley Clinical Commissioning Group (CCG), and NHS England. We carried out an announced visit on 16 March 2017. During our visit we:

- Spoke with a range of staff including the service manager, the clinical director, two GPs, two emergency nurse practitioners, one emergency care practitioner and two members of the administration and reception team.
- During the inspection we also spoke with five patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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 for reporting and recording incidents and 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 significant events were internally reviewed and discussed at monthly governance meetings. Learning from these events across Greenbrook Healthcare was shared with both permanent and temporary staff by way of a regular bulletin and internally through weekly blog. We saw the bulletin and blog and the information shared. Staff we spoke to confirmed that the information provided in the blogs was very useful.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example the service missed diagnosing a patient's injury. The service contacted the patient, explained that they had missed diagnosed injury, apologised, and referred them to a fracture clinic. We saw evidence that learning from this incident was included in their weekly blog.
- The service carried out a thorough analysis of the significant events and performed a detailed root cause analysis of these events where necessary.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw that lessons were shared and action was taken to improve safety in the service. For example a patient was prescribed a medicine; the patient altered the dosage of the medicine in the prescription which was spotted by a pharmacist who did not dispense the medicine and informed the service. The clinician who prescribed this medicine was informed that the local policy was not to prescribe this medicine and to dispense from

the stock the service held, with a supply for a maximum of two days. Following this incident the clinicians were instructed to write the prescription dosages in both words and numbers; an alert was added for this patient on their clinical system so that the clinicians were aware of this patient. We saw evidence that this incident was discussed and learning was shared with staff through the weekly blog.

Overview of safety systems and processes

The service had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. There was a lead member of staff for safeguarding. The service provided reports where necessary for other agencies. The service had a clinical patient management system which provided safeguarding prompts for clinicians to action. For example the service had a system in place where details of all unregistered children were sent to the local health visitor for review and their clinical patient management system supported this; the system also generated a notification of attendance to the health visitor for all children aged under three months. All safeguarding referrals were monitored by a member of the administrative staff on a daily basis and were reviewed by the lead GP on a weekly basis. The service were able to show us an audit trail of all safeguarding referrals they had made. All children were checked against child protection register and appropriate action was undertaken.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three and administrative and reception staff members were trained to child safeguarding level two; all clinical staff were trained in safeguarding adults. In addition to this all service staff had their safeguarding competency assessed within six months of joining the service.
- 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 had

Are services safe?

received a Disclosure and Barring Service (DBS) check. (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 service had a clinical patient management system from which patient consultation notes were sent to their registered GP immediately on discharge. A dedicated member of staff checked the clinical patient management system every day to ascertain if notes had been sent and appropriate action was taken where it had not been sent.

The service maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings.
- One of the service nurses was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

There were arrangements in place for managing medicines, including emergency medicines, in the service minimised risks to patient safety.

- 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. There was evidence of stock rotation and medicines we checked at random were all within date. The service did not store any controlled medicines.
- The service prescribed medications only if needed immediately. For example for acute conditions. The service held a stock of medications which were prescribed for patients when needed.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions (PGD) had been adopted by the service to allow nurses to administer medicines in line

with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment for both permanent and temporary staff. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- The service had a health and safety risk assessment which was regularly updated.
- The service had an up to date fire risk assessment and all the recommendations following the risk assessment were actioned. There were designated fire wardens within the service. The service did not have a fire procedure or fire signage displayed in the waiting area; however it was displayed in the clinical areas for staff. The service informed us that the signs had been removed during recent works undertaken at the service and the service informed us that they had contacted the facilities team to get them re-instated.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The service had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The service informed us that on average they saw around 130 to 140 patients each day and this could be 150 or higher during winter months. Despite this, the staff we spoke to said that workloads were manageable.

Are services safe?

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The service had systems to keep all clinical staff (both permanent and temporary staff) up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' 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 assessment of patients and found they had an understanding of relevant NICE guidance. There was a clinical assessment protocol and staff were aware of the process and procedures to follow.
- The service did not have a clear system to monitor the implementation of medicines and safety alerts; however the service created a log for alerts immediately during the inspection.
- There was a clinical assessment protocol and staff were aware of the process and procedures to follow. Reception staff had a process for prioritising patients with high risk symptoms, such as chest pain where the reception staff informed the streaming nurse or GP immediately and were referred to accident and emergency immediately. All patients were triaged by an emergency nurse practitioner usually within two to 15 minutes on arrival. The streaming nurse decided whether a patient could be seen in the centre or needed to attend accident and emergency or be re-directed to a different service. After streaming for the service the patients were put into one of the four categories including Injury (urgent or routine) or Illness (urgent or routine). The clinical patient management system allowed for patients to be prioritised based on the above categories. Urgent patients were on top of the list and were marked in red. Any children especially if under three months were prioritised. All children under the age of two were triaged by a GP. Patients were seen either by an urgent care GP, emergency nurse practitioner or an emergency care practitioner.

- During busy shifts especially on weekends and bank holidays the service sometimes had an allocated GP who focused on seeing children.

Management, monitoring and improving outcomes for people

The service were meeting or exceeding most of the targets. For example:

- The service had a target of 99% of adults would be streamed within 20 minutes of arrival and 96% of children would be streamed within 20 minutes of arrival. Outcome rates for the last 12 months were between 97% to 99% for adults and 93% and 98% for children. We saw evidence that the service met this target for adults for the last six months.
- The service had a target of four hours before which 98% of patients must be treated. We saw evidence that the service had met this target for the last 12 months.
- The service had a target to transfer information regarding patient consultation to the patient's registered GP by 8:00 am the following day. We saw evidence that the service met the target of 100% for the last 12 months.

There was evidence of quality improvement including clinical audit:

- The service had a system in place for completing a range of clinical audits as part of their quality improvement process and we reviewed their annual audit plan.
- For example, an audit was undertaken to monitor the use of antibiotics which aimed to reduce the proportion of specific antibiotics (co-amoxiclav and ciprofloxacin). In the first cycle the service found that on September 2016, 12.7% (118 patients) of patients were prescribed co-amoxiclav and 0.75% (7 patients) were prescribed ciprofloxacin. Following the audit the service shared the findings with all clinicians who were instructed to review local prescribing guidelines. In the second cycle after changes had been implemented, the service found that in December 2016, 7.4% (83 patients) of patients were prescribed co-amoxiclav and 0.5% (6 patients) were prescribed ciprofloxacin; this was an improvement when compared to the first cycle.
- The service had a policy of regularly reviewing patient consultations for all clinicians. The lead GP performed a documented notes audit for all clinicians within three

Are services effective?

(for example, treatment is effective)

months of arrival including bank staff and long-term agency staff (bank staff are temporary staff who usually provide cover for planned and unplanned shortfalls in staffing). A random selection of five cases (patient consultations) from each month were reviewed every quarter for all GPs in the service. A random selection of 20 cases (streaming notes) in a random day was reviewed every quarter for all nurses in the service. The audits reviewed the speed of communication, history taking, observations, early treatment, early investigation and outcomes.

- We reviewed patient notes during the inspection and found that relevant performance data was captured, and in all cases we found that patient care and recording of it was appropriate.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The service had an induction programme for all newly appointed staff (both permanent and temporary staff) and had a detailed induction checklist. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. All staff were given an operations manual during induction which included all local policies and procedures.
- The service demonstrated how they ensured role-specific training and updating for relevant staff.
- The learning needs of staff had been identified through a system of appraisals, meetings and reviews of service 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All permanent and bank staff had received an appraisal within the last 12 months (bank staff are temporary staff who usually provide cover for planned and unplanned shortfalls in staffing).
- 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.

- The service sent out weekly blogs for staff from the lead GP, lead nurse and the service manager; staff we spoke to confirmed that the information provided in the blogs was very useful.

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 their intranet system.

- The service shared relevant information with other services in a timely way. The service had a clinical patient management system from which patient consultation notes were sent to their registered GP immediately on discharge. A dedicated member of staff checked the clinical patient management system every day to ascertain if notes had been sent and appropriate action was taken where it was not sent.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs. This included when patients moved between services, including when they were referred to secondary care, safeguarding and social services.
- The centre directly referred patients to other specialties if the patient needed further assessments or investigations and severely unwell patients were transferred and escorted to accident and emergency immediately.

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

Are services effective? (for example, treatment is effective)

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 evidence that the service demonstrate their commitment to patient education and promotion of health and wellbeing advice.

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 had a patient champion who supported patients to register with GP practices and book appointments and assisted with arranging community based care when needed. They also liaised with the local GP of vulnerable patients to ensure referrals were acknowledged and followed up.

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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex if requested.

Seventeen of the 18 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the service offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients during the inspection. They told us they were satisfied with the care provided by the service and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Comments on NHS choices website also demonstrated a high level of caring and the service was rated 4.5/5 stars on this website which was based on 42 ratings.

The service undertook a patient satisfaction survey on January 2017. They received 100 responses which represented 4% of the patients they saw on January 2017. The results indicated:

- 97% of patients strongly agreed or agreed that the streaming nurse was professional, helpful and caring.
- 97% of patients strongly agreed or agreed that the GP or nurse listened to their concerns.
- 97% of patients strongly agreed or agreed that the GP or nurse respected their privacy.
- 97% of patients strongly agreed or agreed that they were treated with dignity and respect.
- 95% of patients strongly agreed or agreed that they were satisfied with their examination.
- 97% of patients strongly agreed or agreed that they were satisfied with their consultation.
- 97% of patients strongly agreed or agreed that they had enough time to ask questions about their condition/ treatment.

Care planning and involvement in decisions about care and treatment

Patients told us 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. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Staff told us that interpretation services were available for patients who did not have English as a first language.

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.

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:

- The service had a patient champion who supported patients to register with GP practices and book appointments and assisted with arranging community based care when needed. They also liaised with the local GP of vulnerable patients to ensure referrals were acknowledged and followed up.
- The service had a notice in the reception desk informing the patients about the waiting time to be seen by a clinician.
- There was a hearing loop in place in the reception area to aid patients with hearing impairments.
- There were ramps and automatic doors leading to the entrance of the service. All areas of the service were accessible to patients with poor mobility.
- 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 inspection.
- Accessible toilets with baby changing facilities were available for patients who attended the service.

Access to the service

The service was open between 8:00am and 8:00pm seven days per week including bank holidays. Patients did not need to book an appointment but could attend the centre and wait to see a nurse or GP. The opening hours 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.

The service was piloting a virtual appointment system; patients were booked into a virtual 20 minute appointment to manage workload. When there were no more slots available patients were redirected; however we saw that children with medical emergencies were prioritised.

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.

The service informed us that on average they saw around 130 to 140 patients each day and this could be 150 or higher during winter months. The service informed us that this number had been manageable and they would allocate additional staff from the Greenbrook Healthcare Bank (bank staff are temporary staff who usually provide cover for planned and unplanned shortfalls in staffing) to cover busy periods. The service monitored patient flows regularly and they informed us that this allowed them to resource the service appropriately.

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. 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 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 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?)

- The service had no complaints leaflet for patients; however they had this information displayed on the screens in the waiting area. They had a general information leaflet for patients which had the contact details of the service manager who was the appropriate contact for complaints.

We looked at 26 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learned from individual concerns and complaints and also from analysis of trends,

and action was taken to as a result to improve the quality of care. For example, a patient had complained that they felt a GP was rude. The service apologised to the patient. Following this incident the lead GP met with the concerned GP and was supported to improve their attitude towards patients; the service had plans to revisit this issue in the concerned GP's appraisal. The service noted that they received a number of complaints about staff attitude and were in the process of arranging customer service training for staff.

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 clear 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.

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 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 Greenbrook Healthcare 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 Clinical Commissioning Group and they were aware of areas where targets had not been met and had action plans to address this.
- The provider held quarterly management board meetings which dealt with all operations, finance, governance and clinical governance and provided overall integrated governance for the service.
- The service held a weekly internal operations meeting which was attended by the lead GP, lead nurse, service manager and lead receptionist where they discussed general operational issues including the monitoring of incidents and complaints. The meeting minutes had an action list which was updated every month.
- The provider held a monthly open clinical governance meeting which was attended by representatives across the organisation where they reviewed all shared agenda items including incidents, complaints and risks. This was followed by a closed clinical governance meeting

which was attended by the medical director, deputy medical director, operations director, director of nursing, service director and governance manager of Greenbrook Healthcare and service staff including the lead GP, lead nurse, service manager and lead receptionist where the agenda items were reviewed in full. They reviewed incidents, serious incidents, complaints, medicines management, risk register, safeguarding, clinical guidance, education and training, patient feedback, clinical audits and general issues. We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The service produced quarterly quality assurance reports which had information looking at trends of incidents, safeguarding referrals, infection control, training, audit plan, themes of complaints and patient feedback.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection 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 provider was aware of and had systems 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 provider had systems in place to ensure that when things went wrong with care and treatment:

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

Are services well-led?

Good 

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

There was a clear leadership structure 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 at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported.
- The service sent out weekly blogs for staff from the lead GP, lead nurse and the service manager; staff we spoke to confirmed that the information provided in the blogs was very useful.

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

The service encouraged and valued feedback from patients and staff. It proactively sought 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 patient satisfaction survey undertaken by the service and the NHS choices website provided detailed (and positive) feedback on the service that patients had received.
- 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. For example the service recently started a pilot with a virtual appointment system. When patients attend the centre, after the initial streaming process they were booked into a virtual 20 minute GP appointment slot; however patients were not informed about this. This helped the GPs to manage their workload; the service informed us that this allowed better management of patient flows and was working successfully. They also had plans to link this up with NHS 111 services where they could book an appointment for patients at the unit through an allocated time slot.

The service was in the process of introducing better signage for patients in the waiting area to demonstrate the patient flow through the unit.

The service had proactively developed a new adult safeguarding form for referrals to the local adult safeguarding team which were previously performed over the phone without any documentation.

The service had a patient champion who supported patients to register with GP practices and book appointments and assisted with arranging community based care when needed. They also liaised with the local GP of vulnerable patients to ensure referrals were acknowledged and followed up.