

# King Street Health Centre

## Inspection report

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

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall.** The health centre had previously been inspected in April 2016 as a GP service with walk-in centre when it had been rated as Good overall with Requires Improvement for the provision of effective services. Since this inspection the health centre has ceased to provide GP services and has operated solely as a walk-in centre.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at King Street Health Centre on 12 June 2018 as part of our inspection programme.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect, although confidentiality during initial booking in was at times limited due to the layout of the reception and waiting area.

- Patients were able to access care and treatment from the service within an appropriate timescale for their needs. The provider had introduced assessment processes to better cope with periods of high demand.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The provider had a strong focus on staff development and had supported the introduction of trainee advanced clinical practitioners to improve workforce capacity.
- Staff consistently said that they were proud to work for the organisation.

The were areas where the provider **should** make improvements these include:

- Review and embed processes to give assurance that all Patient Group Directions and updates have been fully authorised and signed by required staff.
- Review and improve the recording of the immunity status of applicable staff with regard to measles, mumps and rubella, and chickenpox.
- Review and maintain processes to give assurance that emergency medicines and equipment were being regularly checked.
- Review and improve staff awareness of the symptoms of sepsis.
- Review and improve communication activities with staff.

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief Inspector of General Practice

## Our inspection team

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

## Background to King Street Health Centre

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

The King Street Health Centre building is accessible to those with a physical disability and is served by a staircase and passenger lift. Being located in the centre of Wakefield there is no on-site parking although there are public car parks nearby. The centre is commissioned by NHS Wakefield Clinical Commissioning Group (CCG), with the contract based on activity of 39,491 patients per year.

Current usage indicates that 79% of patients are from the central Wakefield area, and that 31% were under 16 years old, 62% of patients were 16 to 65 years old and 7% of patients were over 65 years old.

The centre had previously operated as a general practice and walk in centre, however the service ceased to operate as a joint practice and walk in centre in March 2017, and in November 2017 became nurse-led service. The walk-in centre is open from 10am-10pm 365 days of the year. As a nurse-led walk in centre most members of the general public can attend the service to receive services in relation to:

- Minor illness
- Minor injury
- Dressings
- Emergency contraception

There are agreed exceptions and these include:

- Babies under the age of 6 months
- Pregnant Women presenting with a pregnancy related problem
- Repeat prescriptions
- Head Injuries in Children under 2 years and in adults over 65 years old

The health centre is in the process of establishing pre-bookable appointments made via NHS 111.

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

The centre clinical staff consists of seven advanced nurse practitioners (male and female), two advanced practitioners (male and female), two minor injuries practitioners (female), five trainee advanced care/clinical practitioners (male and female), a clinical lead (female) and two clinical supervisors (male). This team is supported by a non-clinical reception and administration team. Wider support is available from Local Care Direct Limited.

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

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

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

# Are services safe?

## We rated the service as requires improvement for providing safe services.

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

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

## Safety systems and processes

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

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and as mandatory refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. We heard from the practice of an example when they had raised safeguarding concerns with respect to a vulnerable patient who attended the health centre for treatment. We saw that in this and other cases staff had taken steps to protect patients from abuse or, neglect, and had in place measures to protect patients from harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- All staff received up-to-date safeguarding and safety training appropriate to their role. We saw that all clinical staff had received safeguarding training to level three and non-clinical staff had received training to level one. Staff knew how to identify and report concerns. A safeguarding lead and deputy had been appointed by the health centre. All relevant documentation was available to staff of the shared drive of the IT system. Staff who acted as chaperones were trained for the role and had received a DBS check (a chaperone is a person who serves as a witness for both a patient and a clinician as a safeguard for both parties during a medical examination or procedure). We saw that the use of chaperones was recorded on the patient record by the clinician and by the member of staff who acted as chaperone.
- There was a system to manage infection prevention and control (IPC), and we saw that issues previously identified during IPC audits had been actioned by the provider.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

## Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. However, records indicated that there had been some previous staffing/capacity issues in the months prior to the inspection. The provider had put in place measures to resolve this which included recruiting and training additional staff. There were systems in place for dealing with surges in demand. For example, the provider informed us that on weekdays, patients were assessed and prioritised for treatment after booking in. When necessary, they were supported to access other services such as accident and emergency, or had appointments made with other GP service providers. During weekends the centre operated a more formalised streaming assessment. After this streaming process, patients were either seen when necessary straight away as a priority, had a later planned consultation or were supported to access a more appropriate service.

# Are services safe?

- There was an effective induction system for temporary staff tailored to their role.
- Staff in general understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. We were informed that staff had received training regarding sepsis awareness, however when questioned on the day of inspection not all staff could confirm that they were aware of the symptoms of sepsis or could confirm that they had received this training.
- Systems were in place to manage people who experienced long waits, and we were told that patients were kept informed if waiting times were extended.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- The recruitment process was thorough, however on examination the personnel files the provider had not checked or recorded the immunity status of applicable staff with regard to measles, mumps and rubella, and chickenpox.

## Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Appropriate and safe use of medicines

The service had some systems in place for the appropriate and safe handling of medicines.

- The provider had some systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment which minimised risks. However, at the time of inspection there was only limited assurance regarding the system for checking emergency medicines and equipment. For example, checks on emergency equipment such as the defibrillator

and oxygen had lapsed between 4 January 2018 and 15 March 2018. In addition to this there was no record that this lapse had been identified by the provider. These checks had recently been resumed at weekly intervals, and we received information after the inspection with regard to processes to manage these checks in future.

- The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines and consultation audits to ensure compliance with guidelines. Audits showed high overall compliance and areas of concern or non-compliance were raised with the individual clinician. These audits formed part of the appraisal process for individual clinicians.
- Staff generally prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. Patient group directions (PGDs) were in operation within the service (these provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber, such as a doctor or nurse prescriber). However, on the day of inspection we did not have full assurance that all PGDs and updates had been fully authorised. When we pointed this out to the provider they told us that they would examine this further, and later sent us a detailed plan outlining actions to be taken which included training in relation to PGDs and a recording and reporting system to track PGDs and ensure these were properly authorised.

## Track record on safety

The service had a good safety record.

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

## Are services safe?

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

### Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. Information with regard to significant event reporting was available to staff on the shared drive of the IT system.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, since opening times for the centre had changed from 8am to 10am a public safety issue had been identified caused by patients gaining entry to the shared usage premises and queuing on the staircase to the first floor located walk-in centre. In response to this the provider had publicised the new opening times, employed a security guard to prevent queuing on the staircase and had introduced a new weekend streaming system to manage peak period attendance.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to share alerts to all members of the team including sessional and agency staff.

# Are services effective?

**We rated the service as good for providing effective services.**

## Effective needs assessment, care and treatment

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed by audit.
- Streaming assessments were carried out using a defined operating model.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where a patient's need could not be met by the service, staff redirected them to the appropriate service for their needs. For example, when patients were identified as being outside the scope of the service we were told that staff actively supported them to access the appropriate service such as via a referral to the accident and emergency service or sourcing an appointment with the out of hours service.
- We saw no evidence of discrimination when making care and treatment decisions.
- We saw that the provider carried out regular audits into staff prescribing performance. Evidence showed that performance was satisfactory and if poor practice was identified that this would be raised with the clinician concerned and kept under surveillance.
- Arrangements were in place to identify and support repeat patients and to review their needs.
- When staff were not able to make a direct appointment on behalf of the patient clear referral processes were in place.
- Technology and equipment were used to improve treatment and to support patients' independence. For example, the provider had moved to a web-based complaint recording system which allowed improved recording, reporting and analysis of complaints.
- Staff assessed and managed patients' pain where appropriate.

## Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided. The provider had a programme of audits which looked at subject areas which included consultations and clinical decision making and prescribing. These audits formed part of the staff appraisal and development processes in place and we saw that areas of underperformance were discussed and kept under review.

- The service used key performance indicators that had been agreed with its clinical commissioning group (CCG) to monitor their performance and improve outcomes for people. The contract stated that a patient had a reasonable expectation that their consultation would start within 30 minutes of their arrival. The service had only recently put itself in the position where it could start reporting on this, due to previous system constraints. This level of reporting had commenced in June 2018 so there was limited data to examine.
- However, as an interim performance measure the CCG shared with us data which showed that since the contract commenced on 1st October 2017 (and up to the end of March 2018):
  - 84% of people who arrived at the service completed their treatment within 1 hour.
  - 15% of people who arrived at the service completed their treatment between 1 and 2 hours.
  - 1% of people who arrived at the service completed their treatment between 2 and 3 hours.

In addition, the provider shared with us information which reinforced this data and showed patient outcomes which demonstrated that since May 2018:

- The service had given treatment to over 2,500 patients who had not required any subsequent follow up.
- Referred and supported over 500 patients to another more appropriate service.
- Referred around 200 patients to accident and emergency/999.
- The service used information about care and treatment to make improvements. For example, to ensure patients received appropriate care they had introduced a streaming system if identify patients where care needed to be prioritised.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact

## Are services effective?

on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, an audit of patients presenting with a sore throat carried out in December 2017 showed that 14 of 20 consultations had been classified as high-quality consultations. Where deficiencies had been highlighted there was some evidence that this had been discussed with individual clinicians. Such audits were regularly repeated and formed part of the staff annual appraisal process.

### Effective staffing

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

- All staff were appropriately qualified. The provider had a two-day mandatory induction programme for all newly appointed staff. This covered such topics as health and safety, safeguarding, incident reporting and work specific instruction support.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- Staffing numbers at the time of inspection were adequate.
- However, in light of some previous recruitment and capacity issues the provider had used funding derived from Health Education England Yorkshire and the Humber and worked with others to establish posts for five trainee advanced clinical practitioners within the health centre. These were recruited from allied health professionals (who included pharmacists and paramedics) and were being supported to attain an Advanced Care Practitioner Masters programme at an accredited university. This was achieved via a mix of attendance at a local university, work experience and personal development at the health centre and other medical settings. The programme had oversight from GP clinical supervisors and appropriately qualified advanced nurse practitioners. Candidates were appointed in May 2018, and the provider had recently been informed that they had been awarded a further five trainee posts to commence in January 2019.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given

opportunities to develop. We saw that at the time of inspection 93% of all mandatory training requirements had been achieved and the provider had in place processes to track training compliance.

- The provider gave staff ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The provider had developed a procedure to manage throughput of patients. This contained details of appropriate escalation routes and actions to be taken should demand begin to exceed capacity or actually exceeded capacity. For example, action included the redeployment of other staff to the health centre from other sites operated by the provider.

### Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services or when they were referred to other organisations. Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service. An electronic record of all consultations was sent to patients' own GPs. The provider reported some minor issues with regard to sharing patient record information, but that this was not serious.

## Are services effective?

- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments, and transfers to other services. Staff were empowered to make direct referrals and/or appointments for patients with other services.
- The provider told us that they were working with both the extended and out of hours services to enable patients to be seen by the most appropriate service. In addition, the provider was also working with local service commissioners to offer a consistent model of assessment/triage irrespective of where the patient attends or calls. This supported achievement of the NHS target of ensuring 50%5 of NHS 111 contact are in receipt of clinical triage.

### Helping patients to live healthier lives

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

- The service identified patients who may be in need of extra support.
- Where appropriate, staff gave people advice so they could self-care.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where a patient's need could not be met by the service, staff redirected and supported them to access services appropriate to their needs.

### Consent to care and treatment

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

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

# Are services caring?

**We rated the service as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Reception staff gave patients clear information and kept them updated with regard to ongoing issues such as extended waiting times. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs. We saw that staff training was generally up to date and this ensured staff could deal with these specific needs. Staff could also call on support from the wider organisation for clinical advice and support when this was required.
- All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced, although two of the comment cards also included a less positive comment with regard to the confidentiality at the reception desk and another comment related to the perceived poor attitude of a staff member. Results from the NHS Friends and Family Test showed that from November 2017 to the date of inspection 81% of service users would be either extremely likely or likely to recommend the service to others. The provider had recently introduced a patient survey and whilst this was in its very early days of operation, feedback viewed during the inspection was positive.
- We saw that the provider supported patients to access more appropriate services when they were outside the scope for being treated by the service. To support this, the provider had developed clinical presentation guidance to advise staff how these patients should be assisted. This guidance included that patients would be informed of this but that they would still be offered a basic assessment so that they could be properly referred and supported to access the most appropriate service.

## **Involvement in decisions about care and treatment**

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

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that in general 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.
- For patients with learning disabilities or complex social needs family, carers or social workers would be appropriately involved.
- Staff communicated with people in a way that they could understand, for example, the provider had worked with an organisation which supported people who had a visual impairment and as a result of this changes had been made to literature used to advise patients. At the time of inspection the provider was in consultation with an organisation which supported people who had a hearing impairment on how best to deliver and make improvements to the service on offer to these patients.
- Staff helped patients and their carers find further information and access community and advocacy services.

## **Privacy and dignity**

The service respected and promoted patients' privacy and dignity.

- Staff informed us that they respected confidentiality at all times.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.
- It was noted during the inspection that confidentiality at the reception area was poor and that private discussions could be overheard. The provider acted on our comments regarding confidentiality and after the

## Are services caring?

inspection told us they had taken action to improve this. Actions included placing a privacy screen in reception and/or placing a line in front of the queuing area which

marked a minimum distance other patients should wait behind, and also asking patients if they would rather write what their problem was rather than discussing it at reception.

# Are services responsive to people's needs?

**We rated the service as good for providing responsive services.**

## Responding to and meeting people's needs

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

- The provider understood the needs of its population and worked with the commissioning CCG to develop and deliver services in response to those needs. For example, to improve services during periods of high demand the provider had begun to stream patients after booking in to assess their needs formally using recognised adult and child assessment tools.
- The service had a system in place that prioritised specific safety or clinical needs of a person using the service. Care pathways were appropriate for patients with specific needs, for example those at the end of their life, children and young people.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service. The health centre had made adaptive changes to the fabric of the building to support patients living with dementia.
- The service was responsive to the needs of people in vulnerable circumstances and we saw examples recorded as significant events when the practice had supported people in extreme distress or otherwise vulnerable.

## Timely access to the service

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

- Patients were able to access care and treatment at a time to suit them. The service operated 365 days a year and was available from 10am to 10pm. Patients did not need to book an appointment. In addition to this the provider was in the process of establishing pre-bookable appointments for patients made via NHS 111.
- Patients were generally seen on a first come first served basis, although the service had a system in place to facilitate prioritisation according to clinical need where more serious cases could be prioritised as they arrived. The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent

need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response. The receptionists informed patients about anticipated waiting times. However, during the inspection when we spoke to staff not all staff reported an awareness of sepsis symptoms.

- After a recent change in opening times it was recognised that the profile of patient attendance had changed and that around 50% of patients arrived in the first four hours of opening, and this was particularly prevalent at weekends. This had put excessive pressure with regard to waiting times which in turn could have impacted upon patients who were acutely unwell. As a result, the health centre introduced a trial streaming process in January 2018 whereby patients were formally assessed on arrival using recognised adult and child health assessment tools. This allowed the rapid identification of acutely unwell patients, the timely referral of patients to other more appropriate services and the improved management of waiting times. Patient feedback was sought with regard to this trial and 68 of 70 patients gave a positive response. The provider intends to extend streaming and to establish this as standard practice with assessments being carried out by appropriately trained clinical support workers supported by a more senior clinician.
- Patients had timely access to initial assessment, diagnosis and treatment. We saw data which showed that since commencement of the current walk-in service contract on 1st October 2017 (and up to the end of March 2018) that:
  - 84% of people who arrived at the service completed their treatment within 1 hour.
  - 15% of people who arrived at the service completed their treatment between 1 and 2 hours.
  - 1% of people who arrived at the service completed their treatment between 2 and 3 hours.

In addition, the provider shared with us information which reinforced this data and showed patient outcomes which demonstrated that:

- We saw data which showed waiting times, delays and cancellations were minimal and managed appropriately. Where people were waiting a long time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited.

## Are services responsive to people's needs?

- The service engaged with people who are in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services.
- Patients with the most urgent needs had their care and treatment prioritised.
- Where patient's needs could not be met by the service, staff supported them to access services appropriate service for their needs.
- Any referrals or appointments made to other services were undertaken in a timely way.
- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Eight complaints had been received in the last year. We reviewed these complaints and found that they had been satisfactorily handled and actioned in a timely way.
- The service learned lessons from individual concerns and complaints, and also from the analysis of trends. It acted as a result to improve the quality of care. For example, we saw that feedback had been given to individual staff members as a basis to improve future service.

### **Listening and learning from concerns and complaints**

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

# Are services well-led?

**We rated the service as good for providing well-led services.**

## Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges in developing the new service, aligning capacity and demand and managing patients who presented to them but were out of the scope of the service. We saw that the provider had worked on approaches to address these issues. For example, they had developed guidance for staff on how to deal with patients who presented themselves at the health centre but were outside the scope of the service.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- Staff we spoke to on the day said that they felt supported by the leadership team and they felt comfortable raising issues with them.
- During the inspection it was noted that a member of the clinical team with management responsibilities had limited capacity and time allocated to deliver all these duties.

## Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and stakeholders.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

- The provider planned the service to meet the needs of the local population and to meet contractual obligations.
- The provider monitored progress against delivery of the strategy and key performance indicators.

## Culture

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

- Staff felt respected, supported and valued. Frequently during the inspection staff told us how proud they were to work for the provider and at the health centre.
- The service focused on meeting the needs of the patients who attended the service.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints, and we saw that apologies had been made and explanations given to patients with respect to past complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Staff communication via team meetings was limited and periods of time between meetings had become extended. For example, team meetings were meant to be held on a quarterly basis, however the period of time between meetings had extended to four to five months. Minutes of team meetings whilst detailed, showed limited evidence of staff input. After the inspection we were sent details by the provider of actions implemented to improve communication with staff, this included:
  - Creation of a communications folder on the shared drive of the IT system and holding a paper copy on reception for staff to access.
  - Weekly bulletins for staff asking them to raise suggestions, concerns or other issues.

## Are services well-led?

- Establishing a buddy system at meetings to ensure important messages could be cascaded on to staff who cannot attend meetings.
- Provide more regular meetings and make minutes more detailed.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff and staff were able to access occupational health support and other wellbeing services when required.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

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

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

The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service

performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.

Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

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

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

### Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. The provider had just begun to carry out patient satisfaction surveys and combined this with performance data to improve performance.
- Quality, sustainability and improvement were discussed in relevant meetings.
- The service used performance information which was reported and monitored, and management and staff were held to account. When necessary staff were supported to improve performance.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. For example, the provider had recently updated its IT system to improve performance monitoring and reporting.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

### Engagement with patients, the public, staff and external partners

## Are services well-led?

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the provider sought patient feedback on the trial of the patient streaming service and used this in part during the decision to expand this service.
- Staff were able to describe to us the systems in place to give feedback. However, it was noted that feedback via staff meetings appeared limited. Since the inspection we have been informed of methods which will be introduced by the provider to improve this, such as via more frequent meetings.
- The service was transparent, collaborative and open with stakeholders about performance.

### **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement at all levels within the service. For example, the provider made detailed use of clinical audits and performance monitoring to continual track service improvement.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in. These included:
  - The recently introduced patient streaming system used to manage periods of high demand.
  - The introduction and support of the trainee advanced clinical practitioner programme to develop skills and ease capacity and recruitment issues.