

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Smithdown Children's NHS Walk in Centre

Smithdown Road, Liverpool, L15 2LQ

Date of Inspection: 29 November 2012

Date of Publication: January 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Safety, availability and suitability of equipment	✓	Met this standard
Supporting workers	✓	Met this standard

Details about this location

Registered Provider	Liverpool Community Health NHS Trust
Overview of the service	Smithdown Road Children's Walk in Centre is situated on a main road close to Liverpool City Centre. The centre is specifically designed, for the care of children with minor injuries and minor ailments aged 0 -15 years, and is an open access service, you do not need an appointment. The service is the only Children's Walk in Centre in the UK.
Type of service	Urgent care services
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We reviewed all the information we have gathered about Smithdown Children's NHS Walk in Centre, looked at the personal care or treatment records of people who use the service, carried out a visit on 29 November 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with the parents of ten children who were using the service. Several parents told us they had used the Walk in Centre (WIC) before and had always been happy with the service they had received. They told us they had felt safe at the WIC and had had a lot of trust in the staff that worked there. One parent who used the service for the first time told us they had been really impressed and would definitely use it again.

Other parent's comments included:

"Everybody here are fantastic, I don't know what I would do without this place"

"They put you at ease and have always carried out thorough examinations and explained everything to you".

"We are so lucky to have this walk in centre because it is so hard to get an appointment with my doctor".

"I travel a long way to come here because it is so good, I have used it quite a few times for all my children and have only good things to say about it".

"I trust the staff one hundred per cent I know my child is safe here".

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who used the service had been given appropriate information and support regarding their care and treatment and they were treated with respect. Receptionists greeted parents and their children on their arrival to the WIC and then obtained relevant information from them. Parents were asked if they objected to information about their child's attendance and any care and treatment they received, being shared with their GP. Parents were handed a leaflet about the WIC and were told how the triage system works before being advised to sit in the waiting area. (A triage nurse will quickly and accurately assess a person's condition and determine when they need to be treated). The provider may find it useful to note that at intervals throughout our visit we saw parents and children standing in the waiting area because there was insufficient seating and we were told by people who had previously used the service that this was a common occurrence.

There was a variety of information available in the waiting room for people to read whilst they waited or to take away. Information included how triage works, advice leaflets and posters about childhood illnesses and injuries, complaints information, contact details for Patient Advice and Liaison Service, (PALS) and access to other parents and children's services. PALS is a confidential service which offers help, advice and support to patients who have any problems or concerns about the care provided at the WIC. People's diversity and human rights were respected. Located at reception and around the waiting area was information about translation services. These services help staff to communicate with people who do not use English as their first language. During our visit we observed staff arranging to use a translation service.

With parent's prior consent we made observations of their children's care and treatment after they booked in and we looked at related records. From this we found that parents and children were treated with respect and had been given information about their care and treatment such as when an examination was required and why and what pathway of care they would follow after being assessed by triage. Nurses gave parents and children the opportunity to ask questions and provided them with responses. We saw that parents had been provided with written information and advice about their children's illnesses and injuries such as head injuries, temperatures and infections.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Children had been assessed and received appropriate care and treatment. We saw that staff carried out regular observations in the waiting area and were told that the area is under constant supervision to enable staff to identify and respond to any deterioration in a child's condition.

Whilst following children's care and treatment we saw that they underwent thorough assessments and examinations before a decision was made about further treatment. We saw in one instance a child underwent an assessment and examination and triage nurses made the decision to immediately refer the child to hospital rather than to continue with treatment at the WIC. Nurses explained their decision to the child and their parent and made arrangements for them to attend hospital. We saw records were kept of assessments, examinations and the care and treatment children received at each stage. Following treatment, nurses provided parents with verbal and written instructions about the continuing care of their child such as the use of medication which had been prescribed and what to do if they continue to have concerns about their child's injury or illness.

We were told that staff had been trained in dealing with medical emergencies and we saw evidence of training certificates to support the most recent training in this. Staff told us they felt sufficiently trained to deal with emergencies that may arise. We saw that an emergency drugs kit and equipment including a deliberator was available for dealing with medical emergencies. An emergency drug kit checklist was in place as a means of checking that all of the drugs were in stock and in date. The emergency and first aid kits were stored in a treatment room and were fully accessible. Displayed around the waiting area were signs and notices about what people needed to do in an emergency for example in the event of a fire or if a child's condition deteriorated.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Parents told us they felt safe using the service. One parent commented, "I trust the staff one hundred per cent I know my child is safe here".

We saw staff had access to a variety of information, advice and guidance to assist them in identifying, responding to and reporting suspected or actual abuse. This included up to date policies and procedures set out by the trust and by local authorities including Liverpool City Council. Contact details for local authority safeguarding teams and documentation for referring to the different local authorities was included in the information we saw. The WIC manager told us that staff had access for further advice and guidance from two nurses within the team that took the lead for safeguarding adults and child protection, and externally from a specialist safeguarding nurse employed by the trust and whose details were available at the WIC. Staff told us they had undertaken safeguarding training, this was also confirmed by the manager and by copies of training certificates. The manager advised us that safeguarding had been a subject which they had regularly discussed during team meetings and during informal discussions with staff. Staff knew what to do if they had concerns about abuse and they told us they would not hesitate to report any concerns they had. They were able to describe the different forms of abuse that can occur and provided examples of indicators of abuse.

No safeguarding allegations had arisen regarding the care provided at the WIC however staff had identified and reported safeguarding concerns that had been brought to their attention. We saw that staff had been provided with two weekly updates of children who were the subject of social support plans (SSPs) issued by local authorities and we were told that this is an ongoing arrangement. This sharing of information helps staff at the WIC quickly assess and appropriately respond to any safeguarding concerns they may have about a child. A whistle blowing procedure was in place at the WIC which enabled staff to raise concerns in confidence without fear of reprisal or victimisation.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

Medical and non medical equipment used at the WIC had been properly installed and maintained ensuring it was safe to use and staff had received training to use equipment. We met with the building manager who told us they were responsible for ensuring equipment used at the WIC had been properly maintained and safe to use. Records we viewed showed that equipment had been checked and serviced by a suitably qualified person, at the required intervals. These included checks carried out on portable electrical appliances, gas systems, fire alarms and fire equipment. We also saw that medical devices used at the WIC for diagnosis, prevention or alleviation of illness or injury had also been checked to ensure safe use. Medical devices used at the WIC included thermometers, suction machines and blood pressure machines. We saw a detailed record of medical devices used at the WIC. The records included a description of each item, the manufacturer, the frequency that the item required servicing, when it was last serviced and it's location within the WIC. A range of policies and procedures were available for the use and testing of equipment including a medical device policy. Staff were confident about what action to take if they found equipment to be faulty. They told us they would put it out of use immediately and follow the procedure for reporting and recording faulty equipment. Staff advised us that they had received training for the use of equipment and we saw records to confirm this.

The required risk assessments had been carried out and regularly reviewed on equipment and systems such as fire, gas and electrical safety. Risk assessments identified hazards which can potentially cause harm to people and they included a clear description of the actions staff needed to take to minimise harm to themselves, people using the service and visitors.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff support and performance was monitored both at a clinical and trust level. Staff told us they received appropriate and professional support and development and we saw records which evidenced this. Newly employed staff had been provided with an induction programme specific to their roles. We saw evidence of a planned induction programme which had been developed by the service provider Liverpool Community Health, (LCH) specifically for the Children's WIC. The programme covered topics relevant to the role of the worker/s.

The nurses, health care assistants and administrative staff told us they received an annual performance appraisal and had had regular opportunities to hold discussions about their work with their manager. Staff members told us they had felt well supported by their manager and that all staff worked well together as a team. One member of staff commented, "I have worked as a nurse for years and this is the best manager I have had".

We saw examples of LCH trust competency frameworks and development plans for staff who work in the Children's WIC. These are used for the continuing professional development for staff and they help managers and staff identify gaps in their learning or practices as well as identifying training needs. Staff told us they had received regular training up dates on topics relevant to their roles. Reception staff said they had received regular training in mandatory topics such as infection control, health and safety, child protection and safeguarding adults. Nursing staff told us they also had received training in mandatory topics as well as training to support them in their clinical roles. We saw records which detailed training undertaken by nurses and other healthcare staff they included paediatric nursing, clinical diagnostic, prescribing, assessment and management of paediatric minor injuries and wounds, observation and triage. We also saw that further training had been planned for all staff.

We saw a selection of policies and procedures which LCH have in place for supporting staff both professionally and personally. They included the following polices: performance development review, mandatory training, grievance, managing stress at work, flexible working, parental leave and equality and diversity

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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