

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

Arrowe Park Walk In Centre

Arrowe Park Hospital, Arrowe Park Road, Upton,
Wirral, CH49 5PE

Tel: 01512014190

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05 November 2012

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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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Wirral Community NHS Trust
Overview of the service	Arrowe Park Walk-In Centre is one of three walk-in centres available on the Wirral. The provider for all the walk-in centres is Wirral Community NHS Trust. Arrowe Park Walk-In Centre is situated in the main building of Arrowe Park Hospital but is not part of the Hospital Trust. Arrowe Park Walk-In Centre is a nurse led facility that provides assessment, treatment and advice for a wide range of minor injuries and illnesses. The service operates all year round and no appointment is needed.
Type of service	Urgent care services
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

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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 looked at the personal care or treatment records of people who use the service, carried out a visit on 5 November 2012 and 6 November 2012, talked with people who use the service and talked with staff.

What people told us and what we found

We spent the first day of our visit at Arrowe Park Walk-In Centre talking to patients and staff. We followed up our findings the following day by looking at documents and speaking to managers and directors at the head office of Wirral Community NHS Trust located at Old Market House in Birkenhead, Wirral.

We spoke with three patients and followed their care from their arrival at the reception desk to triage and then being treated and discharged. All the patients we spoke with were very happy with the care they had received and felt that they had been treated with dignity and respect. Comments included, "Very good service" "Would use the service again". They told us that they had not waited long to be seen. Staff informed us that waiting times could vary and the service was particularly busy over the weekend. They told us the waiting room could become very busy at these periods as the GP Out of Hours and other services operated simultaneously.

We found there were procedures in place to safeguard patients and that staff were suitably supported and trained to carry out their role.

We found there were a variety of systems in place to gain people's views of the care received at Arrowe Park Walk-In Centre and that there was an effective complaints system in place. We had received one concern and in response the trust had revised procedures relating to 'single use' medical devices and raising concerns.

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We saw reception staff speak to patients in a respectful manner. The reception staff took patient's details and advised them of the waiting time and that other clinics were operating. We saw that there was a sign at reception asking patients who were not being seen by a receptionist to move away from the desk in order to respect patient's privacy. One patient we spoke with told us she did not want to give her medical details to reception staff and that they had respected her wishes.

Patients were asked to take a seat in the waiting room and they were then seen by a triage nurse. We were told that the triage nurse would assess the patient and refer them to the appropriate health care professional. Patients were then either treated for their condition or referred on to other services depending on their clinical need. We spoke with three patients who told us the nurses had explained their condition and treatment in a way they could understand. We spoke with two members of staff who told us they had access to translation services if their patient could not speak English.

The waiting room had a variety of information leaflets available to patients such as information on different medical conditions and advice on how to stop smoking. There were forms available for patients who wished to complain or make a comment on the care they had received. We also saw there was a suggestions box at reception. One of the managers told us about a questionnaire that patients had completed in August 2012 for all the walk-in centres on the Wirral.

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

We spoke with three patients who told us they were happy with the care they had received. We saw examples of comments patients had made about the service from feedback forms. Comments included, "Everything was very good there was not much that you could do better", "First time using the service, the staff were very friendly."

We saw that patient's treatment notes were computerised. We discussed details of these notes with the nurse practitioner who showed us one set of notes. Part of the record was completed by the triage nurse and then completed by the nurse practitioner or other health professional. The notes contained patient's details, medical history, and an event list which recorded waiting times from arrival at reception to triage and to discharge. The treatment notes also contained information about previous attendances at the walk-in centre. This was important because if for example, a child kept re-attending with minor injuries this information would prompt staff to ask further questions regarding the safeguarding of this child. There were specialist notes and links to other services such as schools and social services. There were further free text boxes available for notes for the history, exam, diagnosis and treatment. After a patient had attended automated faxes were sent to patients GPs to inform them that the patient had attended the clinic and what treatment had been received.

We found the waiting area and treatment rooms to be clean. We spoke with two nurses who told us that all the medical devices used were 'single use' items and therefore disposed of after use. We saw the trust had infection control policies and that staff could access these policies on the intranet. In addition staff received regular training about infection control and they had recently received updates on policies about 'single use' products.

We spoke to two members of staff who did not have any concerns regarding patients care other than the walk-in centre becoming busy over a weekend due to several services operating at the same time. The staff told us this led to the waiting room becoming very crowded and waiting times increased. We discussed this with the Director of Quality and Governance who was aware of this issue and they were looking at ways to improve this situation.

We saw the walk-in centre had procedures in place for emergencies. The triage treatment room had emergency drugs, a defibrillator and oxygen. Staff told us and we also saw

records to show that all staff received basic life support training as part of their mandatory training. There were emergency call buttons in place within each treatment room and telephone numbers for the emergency services were clearly displayed. This meant patients could be confident that staff would be able to respond quickly and appropriately to a medical emergency.

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

We spoke with two members of staff who were aware of the safeguarding vulnerable adults and safeguarding children policies. The policies were available to them on the Wirral Community NHS Trust intranet for staff and the manager showed these policies to us. We saw that flowcharts with information about what staff should do if they suspected abuse were available in every treatment room. We asked staff what they would do if they thought someone was at risk from abuse and they knew to report this to the manager. The staff told us that the managers were very approachable if they needed to raise any concerns and the staff worked well together as a team.

The staff told us they had received safeguarding training as part of their mandatory training and in addition one member of staff had received further training on the subject and acted as the safeguarding link for the team. We were shown records for this training. The training and policies meant that staff would be able to identify and confidently deal with any safeguarding issues.

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

We spoke to two qualified nurses who told us they received regular training in line with the mandatory requirements of Wirral Community NHS Trust and that they had also received training linked specifically to their role. Mandatory training over three and half days was organised every two years for subjects including safeguarding, infection control, fire safety, basic life support and equality and diversity.

The manager for the walk-in centre showed us the staff training plan. We saw that the nurse consultant had recently sent an e-mail to all staff asking them to update their training records so that the management team could plan future learning events. The nurse consultant also showed us a clinical review document called 'universal urgent and emergency care clinical review tool' for both triage nurses and nurse practitioners. This document was used to measure staff's competencies and identified any areas for improvement to promote further development.

The staff and the managers told us there were annual appraisals and supervision carried out and we saw written evidence to verify this. We spoke with two members of staff who told us they felt supported in their role and could discuss any issues with their managers.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of the service that people received.

Reasons for our judgement

We had received one concern that 'single use' dressings were being re-used occasionally by nurses working within the trust and that the concern had not been addressed by the trust. Prior to our inspection, we wrote to the Director of Quality and Governance for the trust to investigate this matter. We discussed the trust's response to our letter with the Director of Quality and Governance and their actions taken as a consequence of their findings. The trust had taken this matter seriously and had written to all staff to remind them of the trust's policies on 'single use' products. The trust already carried out unannounced inspections to monitor infection prevention and control but because of the concerns raised, the inspections would now incorporate the use of 'single use' products. We found no evidence at our inspection of Arrowe Park Walk-In Centre that 'single use' products were re-used.

The Director of Quality and Governance told us that other action as a result of this concern was a revision of the trust's whistle-blowing policy and procedures. The policy was now called 'Raising Concerns' and all staff had been made aware of the policy via an e-mail bulletin. Staff were encouraged to raise any concerns they had without fear of any recrimination. We looked at this new policy and we were satisfied that the trust had addressed this. The new system encouraged staff to report anything which could affect patient care and promoted an open culture for staff to express any concerns they may have.

We saw a complaints procedure available for staff which instructed all staff to fax any details of any formal written complaints about the walk-in centre to the complaints manager at the head office. Receptionists who received any complaints were instructed to give patients the complaints form to complete. We also saw a copy of the trust's complaints policy. We spoke to the complaints manager at the head office of the trust. The complaints manager dealt with any formal written complaints and she told us there were currently no formal complaints for Arrowe Park Walk-In Centre. The complaints manager discussed how complaints were managed and showed us some examples. She told us that the patient was contacted within three working days of receipt of any written complaint. At this point how they would like their complaint dealt with and the time frame for this would be discussed with the patient. The complaint details would then be investigated by the managers of the service it related to and a letter to the complainant would be sent out from the Chief Executive of the trust outlining the outcomes and actions

taken. The letter also detailed that if the complainant was not satisfied with the trust's response, they could then take the matter to the Parliamentary and Health Service Ombudsman and their contact details were provided.

We saw that leaflets were available for patients in the waiting room called 'Your experiences of our services'. This leaflet had a freepost form attached to enable patients to make compliments, comments or complaints to the service. The leaflet also contained information on who to contact if they wished to telephone the service or submit any information by e-mail. There were also contact details of the Independent Complaints Advocacy Service for advice if patients wished to complain. All complaints about Wirral Community NHS Trust were dealt with by the 'Patient Experience Service'.

On the second day of our visit we visited the head office for Wirral Community NHS Trust to discuss how the trust utilised the information received from complaints, suggestions and questionnaires. We saw that results for the questionnaire had been analysed for all the centres but the results had not yet been broken down to how each walk-in centre had performed. The results of the questionnaires for all the walk-in centres were very positive. We were told that rather than carry out the survey once a year, the questionnaire would be run constantly. The results would then be put on a new computer system called 'Datix'. Feed back received from complaints, comments and incidents was also being put onto this computer system so that managers for each location such as Arrowe Park Walk In- Centre could then see and act on any feedback received.

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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