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Purpose: This mixed methods study aimed to assess the functioning and processes of the Fast Queue Service Point in order to analyse the quality of care rendered in primary health care (PHC) facilities in the eThekweni district of the KwaZulu-Natal Province in South Africa. Quality care would be measured through clinical assessments that were required for each health care user. The Fast Queue Service Point provides service in PHC facilities for health care users requiring short consultations, including those with chronic illnesses, well babies and those coming for family planning. Congestion of PHC facilities is a result of increased access to PHC services with the introduction of free PHC services. This congestion was aggravated by the decentralization of services from hospitals to PHC level such as the introduction on Nurse Initiated Management of Anti-Retroviral Therapy (NIMART). In 2010, the National Core Standards (NCS) for health establishments were formulated further to the PHC Service package, to address issues of quality.

Methods: An explanatory sequential mixed method study design was used and data collection was conducted in two phases; the quantitative data collection phase consisting of two subsets of observations namely; the retrospective record review and structured observations of the Fast Queue Service Point process. The Statistical Package for the Social Sciences (SPSS) version 22 was used to analyse data. During the second phase semi-structured interviews were conducted with PHC staff members to describe their experiences of the Fast Queue Service Point and to clarify issues from the quantitative phase. Qualitative data was analysed using thematic analysis which employed Tesch's open coding approach.

Results: Although health care users received sufficient quality care, there were important care assessments that had been inadequately performed or omitted because of lack of equipment. These included clinical tests not assessed, discussing side effects of medications and or immunizations and the management thereof. Childrens' weights were not interpreted, an important aspect for children under five years of age. There was also lack of supportive supervision coupled with shortage of resources. Too many time-consuming written records were required in order to compile accurate statistics, taking time away from nursing care.

Conclusion: Health care facilities are congested by health care users who visit the facility regularly mostly on follow up dates furnished by the health care providers. Attention needs to be paid into how efficiently health care facilities function and resources are made available with assistance of clinic supervisors. Key areas of intervention to develop a framework for continuous quality improvement were; minimising delays, communication, in-service training, supportive supervision, equipment, programmes and human resources.