

# Purley Minor Injuries Unit

## Quality Report

856 Brighton Road, Purley, Croydon  
CR8 2YL

Tel: 020 8401 3238

Website: [www.croydonmiu.co.uk](http://www.croydonmiu.co.uk)

Date of inspection visit: 27 October 2016

Date of publication: 15/02/2017

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
What people who use the service say	6

### Detailed findings from this inspection

Our inspection team	7
Background to Purley Minor Injuries Unit	7
Why we carried out this inspection	7
How we carried out this inspection	7
Detailed findings	9

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Purley Minor Injuries Unit on 27 October 2016. Overall the service is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about access to the service and treatment received was consistent and highly positive.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The service understood the needs of the changing local population, increased demand on local health services and had planned services to meet those needs.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The service is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the service.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The service is rated as good for providing effective services.

- The service recorded and monitored their performance via a live online performance dashboard. Information provided to the Clinical Commissioning Group showed that the service was meeting targets in all areas.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was evidence of quality improvement including clinical audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff had access to and made use of e-learning training modules and the provider's in-house training programmes.

Good



### Are services caring?

The service is rated as good for providing caring services.

- Data showed that the service was viewed positively by the patients that used it.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- Feedback from patients was positive with patients reporting that staff gave them the time they needed, that GPs and nurses were good at explaining treatment and all staff including reception staff were very helpful.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The service is rated as good for providing responsive services.

Good



- Service staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to make improvements to services where these were identified.
- Patients said they found the service to be quick and efficient.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The service is rated as good for being well-led.

Good



- There was a strong focus on continuous learning and improvement at all levels.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The service had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The service had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

# Summary of findings

- The service proactively sought feedback from staff and patients, which it acted on.

# Summary of findings

## What people who use the service say

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. All of the 19 comment cards we received from patients were wholly positive about the service experienced. They reported that the service provided was quick and efficient, that staff were friendly and professional and that patients felt they were treated with dignity and respect.

The service had used various systems to seek patient's feedback about the services provided including their own patient survey, Healthwatch Croydon reports and

comments and ratings submitted through NHS Choices. Each month, a minimum of 11% of service users were surveyed, with the most recently available information showing that 97% of patients rated the service as good, very good or excellent. Information collected by Healthwatch Croydon showed that 64% of patient comments were positive, with patients feeling supported and cared for by the nurse frequently checking on the wellbeing of patients in the waiting room who hadn't been seen yet. The themes of the negative comments included opening times and the lack of X-Ray facilities.

# Purley Minor Injuries Unit

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a Care Quality Commission Lead Inspector. The team included a GP specialist adviser.

## Background to Purley Minor Injuries Unit

Purley Minor Injuries Unit (MIU) operates from Purley War Memorial Hospital, 856 Brighton Road, CR8 2YL and provides a GP led, walk in service for patients with minor injuries. The service is commissioned by Croydon Clinical Commissioning Group (CCG) and is available to both local residents and to patients who might work in the local area. The service sees approximately 25-35 patients per day.

The service is provided by AT Medics Limited, the registered provider for 24 GP, Urgent Care and Out of Hours services, predominantly in the South London area. The provider has centralised governance for its services which are co-ordinated locally by service managers and senior clinicians.

The Minor Injuries Unit is led by a service manager and a GP director, with support from a regional manager. The service employs five GPs, five nurses and three receptionists. During operating hours the service has one GP, one nurse and one receptionist.

The service is open from 2.00pm until 8.00pm every day and operates on a walk-in basis. Patients may call the

service in advance of attendance but dedicated appointment times are not offered. Patients can attend the service without referral, but may also be referred to the service through NHS 111 services.

The service is registered with the Care Quality Commission (CQC) to provide the regulated activities treatment of disease, disorder or injury, diagnostic and screening procedures and surgical procedures.

The service has not previously been inspected by the CQC.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. This included information from Croydon Clinical Commissioning Group (CCG), and NHS England.

We carried out an announced visit on 27 October 2016.

During our visit we:

- Spoke with a range of staff including a GP, a nurse, the service manager, regional manager and a receptionist.

# Detailed findings

- Observed how patients were being cared for in the reception and waiting area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Please note that when referring to information throughout this report, this relates to the most recent information available to the Care Quality Commission at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the service manager of any incidents and there was a recording form available on the service's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The service manager told us that all serious incidents from practices and services run by AT Medics were reviewed centrally and that any learning from these events was shared with staff through regional meetings, local meetings and electronic updates.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The service carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the service. For example, after a member of staff noticed that some medicines had gone missing, the service reviewed the incident and found that patients had access to clinical rooms when they weren't being used as they were not locked when not in use. The service discussed the incident internally and raised the issue regionally within the organisation. Actions included all rooms to be locked when not in use and staff to keep keys with them at all times when on site as an interim measure until the property management company installed key code locks on all doors.

### Overview of safety systems and processes

The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. We saw that the service had contacted local safeguarding teams when required. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Clinicians were trained to child protection or child safeguarding level 3 and non-clinical staff were trained to level 1.
- Safety alerts such as medicines alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA), were received by the provider and service manager. The service manager reviewed these alerts, disseminated them for action where appropriate and included them on agendas for the next clinical meeting. For example, the service received an alert concerning faulty automatic external defibrillators (AED's). The service checked their AED and found it was not one on the list of AEDs requiring replacement. The service recorded the check had been carried out, feeding this information back to the regional level within the organisation.
- Notices were displayed to advise patients that a chaperone service was available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw evidence of cleaning specifications and records were in place to demonstrate that the clinical rooms and other areas were cleaned on a daily basis. We saw evidence that the service were

## Are services safe?

reviewing cleaning as part of their quarterly infection prevention and control audits and that the cleaning company were responsive to any issues raised by the service.

- There was a nurse infection control clinical lead who liaised with the local infection prevention teams, and regional colleagues, to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Quarterly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the service identified that some staff did not have an up to date record of their immunity status. The practice reviewed this with all staff and updated their records.
- There were systems in place for managing medicines for use in an emergency. Records were maintained of medicines used and signed by staff to maintain an audit trail. The medicines were stored securely in a locked cupboard and medicines which required refrigeration were stored in refrigerators in which temperatures were monitored to help ensure their effectiveness. There was evidence of stock rotation and medicines we checked at random were all within date.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The service had up to date fire risk assessments and carried out regular fire drills in

conjunction with the building management company. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The service had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). These risks were managed through the building management company.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty, meeting the contractual requirements of the service. The Service Manager told us that annual leave and staff availability were forward planned between one to two months ahead of time.

### Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available in the nurse treatment room.
- The service had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the service and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

We found the service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The service had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patient's needs.
- The service monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- There was a clinical assessment protocol and staff were aware the process and procedures to follow. Patients were booked into the service on a first come first served basis, however reception staff knew to contact clinical staff for any patients presenting with high risk symptoms such as chest pain or difficulty breathing.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the local Clinical Commissioning Group (CCG) and performance against contractual performance indicators to monitor outcomes for patients. This information was available on a performance dashboard, monitored locally and regionally. Local monitoring included bi-monthly attendance at a local A&E Delivery board where the performance of the Minor Injuries Unit (MIU) was discussed, as well as information on A&E attendances of patients whose injury could have been dealt with at the MIU. Information recorded and presented in the service performance dashboard included:

- Patient arrival to discharge time performance. The service had a maximum arrival to discharge target of two hours. Most patients were seen and discharged within 30 minutes, with all patients discharged within the two hour target.
- Numbers of patients by hour of day, day of week, and month of year. This information was provided to the CCG as part of CCG performance evaluation meetings with the service providers.

- Reason for attendance information. The service recorded and monitored the reasons for patients attending the service. This information was used to engage with the local community to provide information on services provided and improve appropriate attendances at the Minor Injuries Unit and other local NHS Services. For example, the service recorded a high number of attendances by young people using a nearby campsite with illnesses and conditions the service could not deal with. These patients were referred to other NHS services. The service engaged with the people running the campsite, informing them of the services the MIU offered, the conditions that could be dealt with, and where best to find treatment for other conditions. The practice recorded an overall increase in the number of attendances from this group, with a reduction in the number of inappropriate attendances. The service also engaged with a local sports club whose members were attending the MIU with injuries often requiring X-Ray services which the MIU did not have access to. After this meeting, the service recorded an overall increase in attendance by this group with a reduction in the number of injuries requiring X-Ray.
- GP practice information. On booking in at reception, patients were asked which GP practice they were registered with. This information was used by the service to monitor local GP practices whose patients frequently visited the minor injuries unit with illnesses or injuries not able to be dealt with by the MIU, or injuries and illnesses that could be dealt with by a GP. The GP practices with above average patient numbers were contacted by the service, provided with the information the service held and explained the admission criteria for the MIU. Where improvements were not seen, information was also provided to the practice's local CCG.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits carried out in the last two years, two of these were completed two cycle audits where the improvements made were implemented and monitored. Two audits were rolling quarterly audits in safeguarding and infection control.
- Findings were used by the provider to improve services and outcomes for patients.

# Are services effective?

## (for example, treatment is effective)

- For example, the service carried out an audit to demonstrate to the local CCG the benefits to service users and the wider NHS of having X-Ray facilities. The service identified 67 patients over a one month period presenting with injuries requiring X-Ray who had to be referred to other facilities such as A&E. The service found that 39 out of 67 patients could have had fractures ruled out and been treated and discharged and the remaining 28 patients could have been treated and referred to ongoing care without needing to be seen at A&E, if X-Ray services were available. The service reviewed the results and recognised that their patient advice on their website and other media told patients there were no X-Ray facilities but that patients still expected this facility, as the MIU was situated opposite an X-Ray department and X-Ray had been available under the previous service provider. The service engaged with local communities including schools, sports clubs and churches to promote the services that were available. Ten months later the service carried out a second audit cycle with similar results. There were 66 patients requiring X-Ray, 42 of who could have had fractures ruled out and been treated and discharged from the MIU if X-Ray services were available. The service engaged with the local CCG and provided audit information to support the CCG considering X-Ray service provision to patients.
- The service also carried out an audit to determine whether tetanus vaccines were offered in line with guidelines. Tetanus is a serious but rare condition caused by bacteria getting into a wound. In the first audit cycle, the service found that 17 out of 36 (42%) tetanus vaccines were given outside of guidelines. The reasons included patients not knowing their immunity status, staff not being familiar with the guidelines and immunisation schedule and a lack of centralised record of immunity status for patients. The service reviewed the results and whilst there was no harm caused to patients, the service recognised that there were cost implications of giving vaccines outside of guidelines. The guidelines were shared amongst staff and the second audit cycle showed an increase in compliance to 88% of 36 patients.
- The service had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Clinical training was supervised by the provider GP trainer.
- All staff had had an appraisal within the last 12 months.
- Staff received training that included: health and safety, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and the provider's in-house training programmes: AT HANDS, AT ClinDevelop and AT Masterclass. Delivered and accessed virtually, AT HANDS provides clinical seminars for nurses and healthcare assistants in mandatory, update and development training, with access to ongoing evaluation of learning. AT ClinDevelop provides GPs with an online learning and development platform, in the form of a fortnightly webinar led by hospital based clinicians, with previous seminars available to access at any time. Approximately 30 GPs attend each webinar from across the AT Medics network. AT Masterclass is delivered online monthly by AT Medics clinical directors and guest academic speakers, providing specialist training in an interactive environment.

### Coordinating patient care and information sharing

The service shared relevant information with other services in a timely way.

- Patients who used the service had a report detailing the care that they received sent to their GP as soon as practicable after discharge and always within 24hrs.
- The service clinical team attended local multidisciplinary team (MDT) meetings to learn about and maintain an understanding of local issues, for example problems with substance misuse, chronic illnesses and safeguarding.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

# Are services effective?

(for example, treatment is effective)

## Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

## Supporting patients to live healthier lives

As a minor injuries unit, the service were not able to provide continuity of care to support patients to live

healthier lives in the way that a GP practice would. However, we saw the service demonstrate their commitment to patient education and the promotion of health and wellbeing advice. There was healthcare promotion advice available, and we saw evidence of engagement with the local community.

Staff we spoke with demonstrated a good knowledge of the health needs of the local and wider patient groups who may attend the unit. GPs and nurses told us they offered patients general health advice within the consultation and if required they referred patients to their own GP for further information.

The service was not commissioned to provide screening to patients such as chlamydia testing or to care for patients' with long term conditions such as asthma or diabetes. Only limited vaccinations were provided at the service, which were provided as needed and not against any public health initiatives for immunisation.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. They recorded that the service provided was quick and efficient, that staff were friendly and professional and that patients felt they were treated with dignity and respect.

### Care planning and involvement in decisions about care and treatment

Patient feedback showed patients felt involved in decision making about the care and treatment they received, that they felt listened to and supported by staff, and that they were provided with information about their ongoing care.

The service provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The service provided a series of simple graphics patients could use to communicate their needs through pointing to the relevant picture.
- Information leaflets, including easy read format leaflets and leaflets in languages other than English, were available.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The service was limited in their scope of service provision through their contract; however the service continued to work with the local Clinical Commissioning Group to improve services and outcomes for patients in the area. For example, the service regularly had service users attend for dressing changes which was not covered in the service contract. The service had the right equipment and trained staff to carry out this role and continued to provide the service. The service told us many patients attended as they could not get a nurse appointment at their own GP surgery. Patient comments and feedback received reflected how important this service was and that if the service was not available the service users would have attended A&E.

The service was responsive to patients' needs, for example:

- Appointments were not time restricted; meaning clinicians were able to see patients for as long as necessary.
- Patients were booked into the service on a first come first served basis, however reception staff knew to contact clinicians and prioritise patients presenting with high priority symptoms such as chest pain or difficulty breathing.
- All areas of the service were accessible to patients with mobility problems, with level access throughout and automatic doors at the entrance.
- There was a hearing loop in place in the reception area for patients that had hearing difficulties.
- The waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation and treatment rooms.
- There was enough seating in reception and the reception desk was split level to accommodate wheelchair users.
- Toilets were available for patients attending the service, including accessible facilities with baby changing equipment.

### Access to the service

The service was open between 2.00pm and 8.00pm seven days per week. Patients did not need to book an appointment but could attend and wait to see a nurse or GP. The service was accessible to any patient who required the service.

Information on how to access the service was available on the provider website and NHS Choices website as well as information provided by the local CCG in GP Practices locally and other NHS facilities.

When patients arrived at the service there was clear signage which directed patients to the reception area. Patient details (such as name, date of birth, address and GP practice) and a brief reason for attending the centre were recorded on the computer system by a receptionist, along with a brief set of safety questions to determine red flags which might mean the patient needed to be seen by a clinician immediately. Patients were generally seen on a first come first served basis, but there was flexibility in the system so that more serious cases could be prioritised as they arrived.

Feedback showed that patients were happy with accessibility to the service and the speed with which they were seen.

### Listening and learning from concerns and complaints

The service had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the service.
- We saw that information was available to help patients understand the complaints system through information in the waiting areas.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a service user attended the service with a deep laceration which needed to be seen at A&E where there was a four hour wait and subsequently needed referral for

## Are services responsive to people's needs? (for example, to feedback?)

further treatment which was not available until the next day. The patient complained that their treatment was delayed as the MIU did not refer them directly for further treatment. The service manager wrote to the patient, giving a full apology and explanation including that the MIU could not directly refer patients for further treatment or provide

discharge summaries to other services electronically. The service reviewed the complaint and put in place a telemedicine referral system across the AT medics network that facilitates direct referrals to hospitals and specialist centres for specific presentations such as burns and traumatic injuries.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The service had a mission statement and staff knew and understood the values.
- The service had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Our discussions with staff showed the vision and values were embedded within the culture of the service. Staff told us the service was patient focused and they were well supported in their roles.

### Governance arrangements

The service had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Service specific policies were implemented and were available to all staff. These policies and protocols were developed by the provider, AT Medics, at a corporate level and had been rolled out to the service where the service manager had adopted them and reviewed them against the needs of the service.
- A comprehensive understanding of the performance of the service was maintained. The service reported monthly to the Clinical Commissioning Group on their own performance and provided information to improve services for patients.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were suitable arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection, the service manager and representatives of the provider demonstrated they had the

experience, capacity and capability to run the service and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us that there were clear lines of responsibility and communication. Staff told us the service manager and lead clinicians were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The provider encouraged a culture of openness and honesty. The service had systems in place to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure in place and staff felt supported by management.

- We saw evidence that the service held regular team meetings with clinicians across the region as well as regular monthly face to face meetings between staff and the service manager.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported.
- The provider demonstrated they were able to lead, support and manage people well through having achieved and maintained the internationally recognised Investors in People accreditation. We saw that the provider valued staff and provided them with the skills, knowledge and opportunity to provide high quality services to patients and to develop and improve through structured learning and support arrangements.

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

# Are services well-led?

Good 

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

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The service were proactive in obtaining patient feedback. Each month, a minimum of 11% of service users were surveyed, with the most recently available information showing that 97% of patients rated the service as good, very good or excellent.
- The service also monitored patient satisfaction through information collected by Healthwatch Croydon where 64% of patient comments were positive. The themes of the negative comments included opening times and the lack of X-Ray facilities. Positive comments included patients feeling supported and cared for by the nurse frequently checking on the wellbeing of patients in the waiting room.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the service was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. The practice team was forward thinking and part of local pilot schemes to improve services for patients in the area.

- We saw evidence the service was engaging with the local Clinical Commissioning Group to improve and extend the range of services on offer, including extending opening times and offering X-Ray services.
- We saw the service were planning their communications strategy for the next phase of commissioned services, including using the NHS Choose Well campaign and a range of health applications for mobile devices.
- Staff were actively encouraged and supported with their personal development, including supporting all reception staff achieving a National Vocational Qualification (NVQ) in customer care.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. The provider met the required standards of ISO9001, the international standard for effective quality management systems (QMS) including systems facilitating continual improvement at all levels in the organisation.