

# Trust Head Office, CEME

## Inspection report

C E M E  
Marsh Way  
Rainham  
Essex  
RM13 8GQ

Tel: <xxxx xxxxx xxxxxx>  
<www.xxxxxxxxxxxxxxxxx>

Date of inspection visit: 13 May 2019  
Date of publication: 06/09/2019

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

## **This core service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of the provider hospital inspection of North East London Foundation Trust, we visited three services provided by North East London NHS Foundation Trust. These were; Urgent Care at Whipps Cross Hospital; Minor injuries at Orsett Hospital and the walk in centre at Barking Community Hospital.

### **The walk-in centre at Barking Community Hospital**

We carried out an announced comprehensive inspection at Barking Community Hospital on 21 May 2019 as part of our inspection programme.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service had systems in place to safeguard children and vulnerable adults from abuse.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. Staff delivered care and treatment according to evidence- based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

- Review the patient group directives for medicines to ensure they remain updated.

### **Orsett Hospital Minor Injuries Unit**

We carried out an announced comprehensive inspection at Orsett Hospital Minor Injuries Unit on 12 June 2019 as part of our inspection programme.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service had systems in place to safeguard children and vulnerable adults from abuse.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. Staff delivered care and treatment according to evidence- based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs. However, there was no triaging of patients on arrival to identify patients who needed to see a clinician as a priority.
- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

- Consider revising the system in place for recording patients who attend the service prior to the opening time of 10am.
- Review the way that patients with the greatest need are identified when they attend the service.

### **Urgent Care Centre at Whipps Cross Hospital**

We carried out an announced comprehensive inspection at Whipps Cross Hospital's Urgent Care Centre on 22 May 2019 as a part of our inspection programme.

At this inspection we found:

- The service provided care in a way that kept patients safe and safeguarded from abuse.

# Overall summary

- The service had systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. Staff delivered care and treatment according to evidence- based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

### **The walk-in centre at Barking Community Hospital**

Our inspection team was a CQC lead inspector, supported by a GP specialist adviser. During the inspection we spoke with the operational manager and director, the clinical lead, the assessment nurse practitioner, the child and adult safeguarding link nurses, and a two non-clinical. We reviewed 20 patient records.

### **Orsett Hospital Minor Injuries Unit**

Our inspection team was a CQC lead inspector, supported by an advanced practice nurse and a practice nurse

specialist advisor. During the inspection we spoke with the covering operational manager, two enhanced nurse practitioners, one healthcare assistant and one receptionist.

### **Urgent Care Centre at Whipps Cross Hospital**

Our inspection team was led by a CQC lead inspector, who was supported by a second CQC inspector and a GP specialist advisor.

During the inspection we spoke with members of the management including the operations lead and the clinical lead. We also spoke with a GP, a nurse, reception/administration members and two patients.

## Background to Trust Head Office, CEME

### **The walk-in centre at Barking Community Hospital**

The provider of the service is North East London Foundation Trust. The service is commissioned by the Local Clinical Commissioning Group (CCG). The service is commissioned for patients who have an urgent primary care need and attend the service. It does not provide a service for patients who required on going treatment for long-term conditions, palliative care, and maternity care.

The walk-in-service service is located at Barking Community Hospital, Upney Lane, Barking, Essex, IG11 9LX.

The service is open from Monday to Friday from 7am to 10pm and on a Saturday and Sunday from 9am to 10pm.

### **Orsett Hospital Minor Injuries Unit**

The provider of this service is the North East London Foundation Trust (NELFT). The trust provides a combination of mental health and community health services across parts of Essex and the London boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest.

The service at Orsett Hospital Minor Injuries Unit (MIU) has been commissioned by Thurrock clinical commissioning group (CCG).

The service is located at Orsett Hospital, Rowley Road, Orsett, Grays, Essex, RM16 3EU.

The service is open daily from 10am to 7:30pm, except for Thursday afternoon when the service closed at 6pm and Christmas and Boxing day when the service is closed.

The Minor Injuries Unit offers walk-in appointments. The unit is a nurse-led unit and will give treatment for a range of minor injuries including cuts, bruises, burns, uncomplicated fractures, sprains and strains to patients aged 5 years and older.

### **Urgent Care Centre at Whipps Cross Hospital**

Whipps Cross University Hospital is part of Barts Health NHS Trust. The hospital provides a range of general inpatient, outpatient and day case services, as well as maternity services and a 24-hour Emergency Department and Urgent Care Centre.

During this inspection we looked at care in the Urgent are Centre provided by the North East London Foundation Trust (NELFT), who acquired the centre in April 2018.

The service operates 24 hours a day, seven days a week.

# Are services safe?

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

## **The walk-in centre at Barking Community Hospital** **Safety systems and processes**

- The service had clear systems to keep people safe and safeguarded from abuse.
- The service had systems to safeguard children and vulnerable adults from abuse. Safeguarding policies were easily accessible to staff and were regularly reviewed. They outlined clearly who to go to for further guidance.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The computer records alerted staff to any safeguarding concerns for both children and adults.
- The service carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Staff undertook disclosure and barring service (DBS) checks where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff carried out recruitment following the trust's recruitment procedures.
- Nursing staff and healthcare support workers acted as chaperones. The operational manager explained that healthcare support workers had received training as part of the monthly team meetings.
- The service had an effective system to manage infection prevention and control. An audit carried out on the 20 March 2019, showed an overall compliance of 94%, and that staff had responded to the issues raised. The trust's occupational health department monitored staff immunisations. All staff had completed their infection control training.
- The service ensured that facilities and equipment were safe, and staff maintained equipment according to manufacturers' instructions. There were systems for safely managing healthcare waste.

## **Risks to patients**

- There were systems to assess, monitor and manage risks to patient safety.
- The service had arrangements for planning and monitoring the number and mix of staff needed. In addition, an effective system in place for dealing with surges in demand.
- The operational manager had raised staff shortages as a concern on the service risk register. At present the present vacancy percentage of 2.9% fulltime equivalent for band sevens, and two bank staff covered by this. The overall annual sickness rate was 4.7%. The operational manager reported the rota fill rate was between 90% and 100% each week.
- The service tailored staff induction for their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need.
- The service had an operational policy which included the management of any medical emergencies. All staff had completed their basic or intermediate life support training.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

## **Information to deliver safe care and treatment**

- Staff had the information they needed to deliver safe care and treatment to patients.
- Staff wrote individual care records and managed them in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Staff share information immediately using the computer software systems with the patients GP.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## **Appropriate and safe use of medicines**

# Are services safe?

- The service had reliable systems for appropriate and safe handling of medicines.
- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out monthly audits of clinicians notes to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing annually. There was evidence of actions taken to support good antimicrobial stewardship.
- Clinical staff followed patient group directives (PGD) when administering medication. On the day of the inspection we found the manager had not signed to say they agreed for some staff to use PGDs. This was immediately rectified by the clinical lead.
- Processes were in place for checking medicines and staff kept accurate records of medicines.

## Track record on safety

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

## Lessons learned and improvements made

- The service learned and made improvements when things went wrong.
- There was a computer system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and

acted to improve safety in the service. Significant events were shared trust wide. Staff provided examples such as, a flood in the treatment room and changes made to reception to protect staff and maintain confidentiality.

- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. The service had carried out patient searches to identify whether they may have been affected by a safety alert.

## Orsett Hospital Minor Injuries Unit Safety systems and processes

- The service had clear systems in place to keep people safe and safeguarded from abuse.
- The service had systems to safeguard children and vulnerable adults from abuse. Staff reviewed policies regularly reviewed ensured they were accessible to all staff. They outlined clearly who to go to for further guidance.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The service carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Staff undertook disclosure and barring service (DBS) checks where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff carried out recruitment following the trusts recruitment procedures.
- Nursing staff and health care assistants acted as chaperones when required.
- The service ensured that facilities and equipment were safe, and staff maintained equipment according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The service told us that each treatment room was kept tidy and equipment used put away after each session by the clinician using the room at the end of the day.

# Are services safe?

## Risks to patients

- There were systems to assess, monitor and manage risks to patient safety.
- The service had arrangements for planning and monitoring the number and mix of staff needed.
- The induction of new staff was tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need.
- The service had an operational policy which included the management of any medical emergencies. All staff had completed their basic or intermediate life support training.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

- Staff had the information they needed to deliver safe care and treatment to patients.
- Staff wrote individual care records and managed them in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Staff share information immediately using the computer software systems with the patients GP, if the patient's GP was located within the local CCG.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Appropriate and safe use of medicines

- The service had reliable systems for appropriate and safe handling of medicines.
- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing annually. There was evidence of actions taken to support good antimicrobial stewardship.
- Clinical staff followed patient group directives (PGD) when administering medication. On the day of the inspection we found that all PGD's we reviewed were in date.
- There were processes in place for checking medicines and staff kept accurate records of medicines.
- The service carried out audits of clinicians notes to ensure prescribing was in line with best practice guidelines for safe prescribing.
- All the medicines we checked on the day of inspection were in date. The inspection team were concerned that medicines not needing refrigeration were on occasions stored in rooms where sometimes temperatures reached up to and in excess of 25 degrees. This was due to a problem with the heating system of the building which meant the heating system was running regularly, even on warm days. The service managers were aware of this problem and had reported this issue to team responsible for building management. We were told that if the temperature exceeded 30 degrees, the trust pharmacy was alerted to provide replacement medicines for those affected, the affected medicines were disposed of, and an incident was raised on the internal incident management system. Following on from the inspection the provider told us that air conditioning had been installed.

## Track record on safety

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

## Lessons learned and improvements made

- The service learned and made improvements when things went wrong.
- The service had an electronic incident management system for recording and acting on significant events



# Are services safe?

and incidents. The incidents were reviewed by local managers as well as a centralised incident management team within the trust. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and acted to improve safety in the service. Significant events were shared not only locally but trust wide.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. The service had carried out searches to identify whether they may have been affected by a safety alert. This was done by a central team within the trust, with any relevant results being disseminated to the relevant services.

## Urgent Care Centre at Whipps Cross Hospital Safety systems and processes

- The service had clear systems to keep people safe and safeguarded from abuse.
- Barts Health NHS Trust conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training.
- The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. We saw examples of the hospital reporting suspected abuse of patients to the relevant external bodies and following up on the outcome. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks

identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

## Risks to patients

- There were systems to assess, monitor and manage risks to patient safety.
- There were arrangements for planning and monitoring the number and mix of staff needed. The provider increased the number of nurses working in the UCC by 73% from 8.19 to 11.23 when they took over the service. There was an effective system in place for dealing with surges in demand.
- There was an effective induction system for all staff tailored to their roles.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits.
- Staff told patients when and where to seek further help. They advised patients what to do if their condition got worse.

## Information to deliver safe care and treatment

- Staff had the information they needed to deliver safe care and treatment to patients.
- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.



# Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Appropriate and safe use of medicines

- The service had reliable systems for appropriate and safe handling of medicines.
- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks. The service kept prescription stationery securely and monitored its use. Arrangements were also in place to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately.
- The service had plans to carry out medicines audits, including antibiotic prescribing audits, their current clinical system did not have the functionality to enable searches to be run so that audits could be completed. We saw that the provided had submitted a business case to enable a system where searches can be run so audits could be completed. We saw that the provider regularly reviewed their prescribing data to ensure they were not prescribing outliers and were following best practice guidelines.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There was evidence of actions taken to support good antimicrobial stewardship, clinicians told us that they followed the prescribing formulary that was displayed in all consulting rooms.
- Processes were in place for checking medicines and staff kept accurate records of medicines.

- Arrangements for dispensing medicines kept patients safe. We saw records of medicines being signed out and signed and all medicines were in date and fit for use. There was a member of the pharmacy team who reviewed the dispensing medicines on a weekly basis.

## Track record on safety

- The service had a good safety record.
- Risk assessments in relation to safety issues were carried out centrally.
- The service reviewed activity using performance data provided by their contractors. This helped it to understand risks and gave a clear, accurate and current picture.
- There was a system for receiving and acting on safety alerts.
- Joint reviews of incidents were carried out with partner organisations, including the local A&E department.

## Lessons learned and improvements made

- The service learned and made improvements when things went wrong.
- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, the service designed and implemented a trauma pathway following the collapse of a gunshot wound patient outside the hospital.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# Are services effective?

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

## **The walk-in centre at Barking Community Hospital** **Effective needs assessment, care and treatment**

- The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.
- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that they met people's needs. The clinical lead monitored that staff followed these guidelines.
- Staff assess patients' needs. This included their clinical needs and their mental and physical wellbeing.
- Staff delivered care and treatment in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- An assessment nurse practitioner assessed patients at reception and prioritised any with urgent needs. The service operational policy included clear information about the scope of the service. Any patient who presented with an illness outside of the services scope was immediately referred to the appropriate service. For example, ear syringing, repeat prescriptions, and neurological symptoms. In addition, staff referred all children under the age of six months to the paediatric department or the out of hours GP service, if clinically required.
- The staff had a clear patient referral system in place to ensure patients were referred promptly to the most appropriate service. For example, under 18 sexual health.
- Staff used technology and equipment to improve treatment and to support patients' independence. Such as radiography, where staff and the radiography department reviewed the x-rays within 24 hours.
- Staff assessed and managed patients' pain where appropriate.
- We reviewed 20 clinical records and found 19 to be appropriate to the needs of the patients and staff actions recorded. One record did not have the accurate recording of the staff members' actions, this was followed up by the clinical lead on the day of the inspection.

## **Monitoring care and treatment**

- Staff demonstrated service was meeting its locally agreed targets as set by its commissioner.
- The service made improvements using completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. The service followed mandatory audits by the trust and local service audits. These included: -

Mandatory – two yearly audit of staff education, three monthly hand hygiene audits, six monthly medicine management audits and annual patient records audits.

Local – three yearly audits of the patient group directives for medication, an annual practitioner led radiography audit and monthly clinical notes where the lead clinician discussed the results with the clinicians.

Other practitioner audits included the prescribing of erythromycin, amoxicillin and nitrofurantoin, chlorpheniramine oral (syrup and tablets) the diagnostic criteria for bacterial tonsillitis and salbutamol inhaler and nebuliser.

## **Effective staffing**

- Staff had the skills, knowledge and experience to carry out their roles.
- Staff were appropriately qualified. The service had an induction programme for all newly appointed staff. This covered topics which were applicable to their roles
- The provider ensured all staff worked within their scope of practice and had access to clinical support when required.
- The service had implemented clinical competency assessments for advanced nurse practitioners and healthcare support workers.
- The service managers understood the learning needs of staff and provided protected time and training to meet them. The service manager held up to date records of skills, qualifications and training. The service managers encouraged and provided staff with the opportunities to develop.
- The service managers provided staff with ongoing support. This included monthly one-to-one meetings, appraisals, coaching and mentoring, clinical supervision

# Are services effective?

and support for revalidation. The service manager could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

- All advanced nurse practitioners had completed training in assessment of children, minor illness and injury, electro cardiographs.
- The clinical lead carried out an audit of ten patient case records for each advanced medical practitioner monthly.

## Coordinating care and treatment

- Staff worked together and worked well with other organisations to deliver effective care and treatment.
- Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. Staff had established pathways to follow to ensure they referred patients to other services for support as required.
- Staff shared patient information appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service ensured that staff delivered care in a coordinated way and considered the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

- Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.
- Where appropriate, staff gave people advice, so they could self-care.
- Risk factors, where identified, and highlighted to patients and their normal care providers.
- Where the service could not meet patient's needs, staff redirected them to the appropriate service for their needs.

## Consent to care and treatment

- The service obtained consent to care and treatment in line with legislation and guidance.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity.
- The provider monitored the process for seeking consent as part of the monthly advanced medical practitioner audit.
- All staff had completed their mental capacity and deprivation of liberty training.

## Orsett Hospital Minor Injuries Unit

### Effective needs assessment, care and treatment

- The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.
- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that they met people's needs. The clinical lead monitored that staff followed these guidelines.
- Staff assess patients' needs. This included their clinical needs and their mental and physical wellbeing.
- The service did not triage patients on arrival at the service. This meant clinical staff at the service did not know the severity of the symptoms that they were to provide care for until the patient was present in the consulting room. We discussed this with staff at the service and they told us they were aware of this and had plans to bring in a new system where patients would be triaged on arrival. We were told that that patients were able to speak to reception staff about worsening symptoms whilst at service. Reception staff would then talk with a member of clinical staff who would make a quick assessment of the patient and decide the best next course of action. Any patient who presented with an illness outside of the services scope was immediately referred to the appropriate service. For example, ear syringing, repeat prescriptions, and neurological symptoms. In addition, staff referred all children under the age of 5 years to the nearest local hospital or back to their GP dependant on the symptoms.
- In the case of urgent care needing to be provided for patients, the service had a GP Hub on site.

### Monitoring care and treatment

# Are services effective?

- Staff demonstrated the service was meeting its locally agreed targets as set by its commissioner.
- The service made improvements using completed audits. We were told clinical audits had a positive impact on quality of care and outcomes for patients. Subsequent to our inspection, we asked the service to provide us with copies of two recent clinical audits conducted, but these were not received by the inspection team. There was clear evidence of action to resolve concerns and improve quality. The service followed mandatory audits by the trust and local service audits.

## Effective staffing

- Staff had the skills, knowledge and experience to carry out their roles.
- Staff were appropriately qualified. The service had an induction programme for all newly appointed staff. This covered topics which were applicable to their roles.
- The provider ensured all staff worked within their scope of practice and had access to clinical support when required.
- The service manager understood the learning needs of staff and provided protected time and training to meet them. The service manager held up to date records of skills, qualifications and training. The service managers encouraged and provided staff with the opportunities to develop.
- All clinicians had completed relevant training to the role that they were performing.
- The service managers provided staff with ongoing support. This included monthly one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. We were told that the service manager could demonstrate how they ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

## Coordinating care and treatment

- Staff worked together and worked well with other organisations to deliver effective care and treatment.
- Staff shared patient information appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

- The service ensured that staff delivered care in a coordinated way and considered the needs of different patients, including those who may be vulnerable because of their circumstances.
- The service was able to refer patients to other community services such as district nurses and practice nurses for continued care after attendance at the unit as appropriate.

## Helping patients to live healthier lives

- Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.
- Where appropriate, staff gave people advice, so they could self-care.
- Where the service could not meet patient's needs, staff redirected them to the appropriate service for their needs.

## Consent to care and treatment

- The service obtained consent to care and treatment in line with legislation and guidance.
- Where the service could not meet patient's needs, staff redirected them to the appropriate service for their needs.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity.
- All staff had completed their mental capacity and deprivation of liberty training.

## Urgent Care Centre at Whipps Cross Hospital Effective needs assessment, care and treatment

- The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.
- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.

# Are services effective?

- The service did not carry out telephone assessments. Patients walked in and were clinically triaged, face to face, using a structured assessment tool. Patients that attended following a telephone triage were those who had been booked an appointment by the 111 service.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The patient assessment queue was routinely scanned for vulnerable such as the elderly, children and people who appeared to be in distress, these patients would be taken out of the queue and assessed as a priority.
- We saw no evidence of discrimination when making care and treatment decisions.
- Repeat patients were highlighted on the clinical system, their immediate clinical needs were attended to and their registered GP would be informed of their urgent care activity. These patients were also advised on the most appropriate ways to access NHS services.
- When staff were not able to make a direct appointment on behalf of the patient, clear referral processes were in place. These were agreed with senior staff and a clear explanation was given to the patient or person calling on their behalf.
- Staff assessed and managed patients' pain where appropriate.

## Monitoring care and treatment

- The service had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- 99% of people who arrived at the service completed their treatment within 4 hours in the preceding 4 weeks prior to the inspection. This was better than the target of 95%.

## Effective staffing

- Staff had the skills, knowledge and experience to carry out their roles.
- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.

- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, monthly clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. We saw that there were appropriate human resources policies.

## Coordinating care and treatment

- Staff worked together, and worked well with other organisations to deliver effective care and treatment.
- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services. Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. There were established pathways for staff to follow to ensure callers were referred to other services for support as required.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service. An electronic record of all consultations was sent to patients' own GPs.

## Are services effective?

- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that require them. Staff were empowered to make direct referrals and appointments for patients with other services.

### Helping patients to live healthier lives

- Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.
- The service identified patients who may be in need of extra support. These patients were either referred to the required service where appropriate or discharged back to their GP with the necessary information for them to make decisions about their on-going care.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service.

### Consent to care and treatment

- The service obtained consent to care and treatment in line with legislation and guidance.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider regularly discussed the process for seeking consent appropriately.



# Are services caring?

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

## **The walk-in centre at Barking Community Hospital** **Kindness, respect and compassion**

- Staff treated patients with kindness, respect and compassion.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- Staff had received customer care and conflict resolution training.

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

- Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):
- Interpretation services were available for patients who did not have English as a first language. Staff told patients about multi-lingual staff who might be able to support them.
- The service had a hearing loop in reception, to aid patients who had hearing loss.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

### **Privacy and dignity**

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

## **Orsett Hospital Minor Injuries Unit** **Kindness, respect and compassion**

- Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- Staff had received customer care and conflict resolution training.

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

- Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):
- Interpretation services were available for patients who did not have English as a first language. Staff told patients about multi-lingual staff who might be able to support them.
- The service had a hearing loop in reception, to aid patients who had hearing loss.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

### **Privacy and dignity**

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

## **Urgent Care Centre at Whipps Cross Hospital** **Kindness, respect and compassion**

- Staff treated patients with kindness, respect and compassion.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Call handlers gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to

## Are services caring?

people with specific health care needs such as end of life care and those who had mental health needs. Staff had received mental capacity act training and were a part of multi-disciplinary team meetings.

- All three patients we spoke with were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test where 97% of patients said they were extremely likely or likely to recommend the service.

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

- Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):
- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- Patients we spoke with told us that they felt listened to.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

### **Privacy and dignity**

- The service respected and promoted patients' privacy and dignity.
- Staff respected confidentiality at all times.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

# Are services responsive to people's needs?

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

## **The walk-in centre at Barking Community Hospital** **Responding to and meeting people's needs**

- The local commissioning group commission a nurse led service to provide a walk-in service to provides treatments for patients of all ages with a minor injury or minor illness.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.

### **Timely access to the service**

- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- Patients were able to access care and treatment at a time to suit them. The service operated from Monday to Friday from 7am to 10pm and on a Saturday and Sunday from 9am to 10pm.
- Staff saw patients mostly on a first come first served basis, although the service had a system in place to facilitate prioritisation according to clinical need where more serious cases or young children could be prioritised as they arrived.
- The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response. The receptionists informed patients about anticipated waiting times, which reception staff displayed in reception.
- An advanced medical practitioner also reviewed all patients at reception once they had been registered with the service.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. Where people were waiting a long time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited. For example: referral to the local GP access hub.

- Patients with the most urgent needs had their care and treatment prioritised.
- Where the service could not meet patient's needs, staff redirected them to the appropriate service for their needs.
- Staff undertook referrals and transfers to other services in a timely way.

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

- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The service had received five complaints in the last year. We reviewed two complaints and found that staff had satisfactorily handled in a timely way.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

## **Orsett Hospital Minor Injuries Unit** **Responding to and meeting people's needs**

- The service at the Minor Injuries Unit is based on a nurse led walk-in service, providing on the day treatments for patients of aged 5 years and upwards with minor injuries.
- There were systems in place to alert staff to any specific safety or clinical needs of a person using the service. Care pathways were appropriate for patients with specific needs, for example, children and young people or those persons whose circumstance may make them vulnerable.
- The facilities and premises were appropriate for the services delivered.

### **Timely access to the service**

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



# Are services responsive to people's needs?

- Patients were able to access care and treatment at a time to suit them. The service operated from 10am to 7:30pm seven days a week. The service was closed on Christmas and Boxing days.
- Staff saw patients on a first come first served basis. Patients arriving before 10am were able to place name themselves according to order of arrival on a list which was kept at the reception desk. There was no other means of verifying when patients arrived prior to the service commencing at 10am. The service did not operate a triage system, which meant clinical staff at the service did not know the severity of the symptoms that would be presented to them when first meeting a patient.
- Patients had timely access to initial assessment, diagnosis and treatment.
- The service had access to the X-ray department at the hospital (allowing for on the day x-rays to be completed of specific areas of the body) as well as an on-site GP. The GP was available at the Minor Injuries Unit for patients with urgent health problems. Access to the GP attached to the unit was for patients who resided in Thurrock only.
- Waiting times, delays and cancellations were minimal and managed appropriately. Where people were waiting a long time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited.

## Listening and learning from concerns and complaints

- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The service had received five complaints in the last year. We reviewed one complaint and found that staff had satisfactorily handled in a timely way.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

## Urgent Care Centre at Whipps Cross Hospital Responding to and meeting people's needs

- The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.
- The provider understood the needs of its population and tailored services in response to those needs. This included increasing the number of nurses working each day. The provider engaged with commissioners to secure improvements to services where these were identified. This included updating and changing the clinical system.
- The provider improved services where possible in response to unmet needs. This included monitoring and managing patient waiting times and implementing joint streaming pathways.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. We saw examples of alerts of patients receiving end of life care and alerts on patients who were externally highlighted to the service as abusing the system for medicines. Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.
- The service was responsive to the needs of people in vulnerable circumstances. The patient queue was monitored and priority patients were highlighted and given quicker access by overriding the queueing system.

## Timely access to the service

- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- Patients were able to access care and treatment at a time to suit them. The service operated seven days a week and 24 hours a day
- Patients could access the service either as a walk in-patient, via the NHS 111 service or by referral from a healthcare professional. Patients did not need to book an appointment.
- Patients were generally seen on a first come first served basis, although the service had a system in place to facilitate prioritisation according to clinical need where more serious cases or young children and vulnerable patients including older people could be prioritised as

# Are services responsive to people's needs?

they arrived. The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response. The receptionists informed patients about anticipated waiting times.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
  - 99% of people who arrived at the service completed their treatment within 4 hours in the preceding 4 weeks prior to the inspection. This was better than the target of 95%.
- Where people were waiting a long time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited by increasing the number of non-clinical and clinical staff to provide support until these times returned to normal.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way and were usually completed the same day.

- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The service had received 10 formal and 17 informal complaints in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- Issues were investigated across providers the service partnered with, and staff were able to feedback to other parts of the patient pathway where relevant. For example, the provider had regular meetings with two other providers who they worked alongside where complaints were discussed and lessons were learned.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, because of comments made about staff attitude all non-clinical staff were sent on customer service training.

## Listening and learning from concerns and complaints

# Are services well-led?

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

## **The walk-in centre at Barking Community Hospital** **Leadership capacity and capability**

- The service managers had the capacity and skills to deliver high-quality, sustainable care.
- The service managers had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The service managers at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

## **Vision and strategy**

- The service followed the trusts vision and set of values.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The senior management team monitored progress against delivery of the strategy.

## **Culture**

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Staff demonstrated openness, honesty and transparency when responding to incidents and complaints. The staff were aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns with the service managers. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year.
- There were positive relationships between staff and teams. Staff describe working cohesively as a team.

## **Governance arrangements**

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The service managers had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service held monthly weekly leads meetings, monthly operational leads meetings, any issues were raised at the director's meetings and up to the trust's leadership team.

## **Managing risks, issues and performance**

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety at the service.
- The service had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Service managers had oversight of MHRA alerts, incidents, and complaints. Service managers also had a good understanding of service performance against the national and local key performance indicators. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.
- The service had plans in place and had trained staff for major incidents.

## **Appropriate and accurate information**

- The service acted on appropriate and accurate information.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information to monitor the quality of the service.
- The service submitted data or notifications to external organisations as required.
- The service had arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

- Staff were able to describe to us the systems in place to give feedback.



# Are services well-led?

- The trust had an annual report in October 2018 reviewing the Freedom to Speak Up activity within North East London NHS Foundation Trust (NELFT) for the period from April 2017 to March 2018. Freedom to Speak Up was a movement to ensure that employees were supported in an organisation when raising concerns that impact on public safety and patient care.
- The trust had carried out a locality staff survey and responded and reviewed an action plan yearly in response.
- The service was transparent, collaborative and open with stakeholders about performance.
- The service held regular team meetings for all staff.
- Staff had taken part in the staff survey and felt the trust was responding to the findings.
- All but one staff had completed their annual appraisal.

## Continuous improvement and innovation

- There was a focus on continuous learning and improvement at all levels within the service.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work within the service.

## Orsett Hospital Minor Injuries Unit Leadership capacity and capability

- The service managers had the capacity and skills to deliver high-quality, sustainable care.
- The service managers had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The service managers at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

## Vision and strategy

- The service followed the trusts vision and set of values.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

- The senior management team monitored progress against delivery of the strategy.

## Culture

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Staff demonstrated openness, honesty and transparency when responding to incidents and complaints. The staff were aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns with the service managers. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year.
- There were positive relationships between staff and teams. Staff describe working well together as a team.

## Governance arrangements

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The service managers had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service held monthly weekly leads meetings, monthly operational leads meetings, any issues were raised at the director's meetings and up to the trust's leadership team.

## Managing risks, issues and performance

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety at the service. We evidenced this on the day of inspection by sight the service risk register and discussion regarding the temperature control of heating within the Minor Injuries Unit.
- The service had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audits of their consultations, prescribing and referral decisions.

# Are services well-led?

Service managers had oversight of MHRA alerts, incidents, and complaints. Service managers also had a good understanding of service performance against the national and local key performance indicators. Performance was shared with staff and relevant stakeholders.

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

## Appropriate and accurate information

- The service acted on appropriate and accurate information.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information to monitor the quality of the service.
- The service submitted data or notifications to external organisations as required.
- The service had arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

- Staff were able to describe to us the systems in place to give feedback.
- The trust had carried out an annual locality staff survey and responded and developed an action plan in response.
- The service was transparent, collaborative and open with stakeholders about performance.
- Staff within the unit had received an annual appraisal within the last 12 months.
- The trust operated a 'You said, we did' policy which allowed service users the opportunity to feedback on the care received from the trust, as well as putting forward suggestion on how improvements could be made to the care and service offered.

## Continuous improvement and innovation

- There was a focus on continuous learning and improvement at all levels within the service.
- Staff knew about improvement methods and had the skills to use them.

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work within the service.

## Urgent Care Centre at Whipps Cross Hospital Leadership capacity and capability

- Leaders had the capacity and skills to deliver high-quality, sustainable care.
- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## Vision and strategy

- The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.

## Culture

- The service had a culture of high-quality sustainable care.
- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.

## Are services well-led?

- The provider had systems to act on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff including non-clinical staff members received monthly supervision and an annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.
- There were clear and effective processes for managing risks, issues and performance.
- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through their monthly supervision, audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.
- The provider had plans to complete clinical audits including audits of antibiotic prescribing and had commissioned a new clinical system that was imminently due to be installed to enable searches to be ran to gather audit data. The provider had only been in post for a year and had focussed on staffing and governance arrangements.
- The providers had plans in place and had trained staff for major incidents.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

### Governance arrangements

- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. This included regular joint meetings.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

#### Appropriate and accurate information

- The service acted on appropriate and accurate information.
- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.

## Are services well-led?

- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

- The service involved patients, the public, staff and external partners to support high-quality sustainable services.
- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, as a result of concerns, the system to monitor the patient queue for vulnerable patients was put in place.
- Staff were able to describe the systems in place to give feedback. There was a patient feedback and suggestion box and the service used the friends and family test.
- The service was transparent, collaborative and open with stakeholders about performance.

### **Continuous improvement and innovation**

- There were systems and processes for learning, continuous improvement and innovation.
- There was a focus on continuous learning and improvement at all levels within the service. The monthly supervision sessions were in part used to find out ways that the service could improve.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in and the increased number of streaming protocols, which were shared with other services to ensure that care was provided in the most effective way. There were systems to support improvement and innovation work.