Humber NHS Foundation Trust

RV9

Urgent care services

Quality Report

Humber NHS Foundation Trust
Trust Headquarters
Willerby Hill
Beverley Road
Willerby
HU10 6ED
Tel: 01482 301700
Website: www.humber.nhs.uk

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RV917	Alfred Bean Hospital	Minor injuries unit	YO25 5JR
RV9X8	Whitby Hospital	Minor injuries unit	YO21 1DP
RV913	Withernsea Community Hospital	Minor injuries unit	HU19 2QB

This report describes our judgement of the quality of care provided within this core service by Humber NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Humber NHS Foundation Trust and these are brought together to inform our overall judgement of Humber NHS Foundation Trust

Summary of findings

Ratings

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Summary of findings

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Summary of findings

Overall summary

Overall rating for this core service Good

We rated the community urgent care services as good because:

- Patients were assessed on presentation to Minor Injury Units (MIUs) using recognised assessment tools. Staff carried out risk assessments in order to identify patients at risk of harm.
- Care pathways and care plans were in place for those patients identified to be at high risk, to ensure they received the right level of care through the care pathways. Assessments were undertaken at presentation to MIUs and discharge and evaluation completed on the clinical effectiveness and support provided during treatment.
- Risk assessments, treatment plans and test results were completed at appropriate times during a patient's care and treatment and we saw these were available to staff enabling effective care and treatment. There were appropriate and effective systems in place to ensure patient information was co-ordinated between systems and accessible to staff.
- MIUs were accessible for wheelchair users and had systems in place for people with hearing and visual impairment. We saw appropriate equipment to ensure effective care was available. Risks to the safety and welfare of patients were identified and managed.
- Discharge and referral pathways and effective multidisciplinary working practices were in place across MIUs.
- The trust had formal nurse staffing review processes in place and had a staffing establishment based upon agreed methodology.
- Patients were positive about the care they had received and we observed care being provided in a compassionate way. Throughout our inspection we observed that patients were treated with compassion, dignity and respect. Support was available to meet the needs of different people, for example patients living with a dementia and learning disabilities.
- Senior managers had a clear vision and strategy for MIUs. The vision and strategy had been communicated to all staff. The trust had a commitment to a people centred approach.
- Clinical governance meetings were held and this process had identified a significant risk of workforce gaps in the minor injury units and a reduction in staff compliance with mandatory fire training.
- Leadership of the service was good, there was good staff morale and staff felt supported. Staff meetings identified good practice and were held regularly and during the inspection it was clear that there was a culture that supported improvement.

However:

- The nurse vacancy rate within community health services in urgent care was 16% and the sickness rate was 8%. Staff were working extra shifts and agency staff were employed to cover these and ensure continuity of the service. Workforce gaps in the minor injury units had been identified by the trust as a risk and shifts were covered by a reliance on internal bank and agency staff.
- Mandatory training compliance for community health services in urgent care was 51% and not meeting trust compliance targets. In particular, Mental Capacity Act training had the lowest completion rate of 39% and a reduction in staff compliance with mandatory fire training had been identified as a risk.

Background to the service

The trust had Minor Injuries Units (MIUs) at Whitby Hospital, Withernsea Community Hospital, Hornsea Cottage Hospital and Alfred Bean Hospital, typically open between 9 a.m. and 6 p.m.

Services at Whitby Hospital had recently transferred to the trust (April 2016) and staff told us they had been communicated to well by senior managers and kept informed of developments affecting the service. Performance information for this unit was not yet available through the trust.

Our inspection team

Our inspection team was led by:

Chair: Dr Paul Gilluley, Head of Forensic services at East London Foundation Trust and CQC National Professional Adviser

Head of Inspection: Jenny Wilkes, Care Quality Commission.

Team Leader: Patti Boden, Inspection Manager (Mental Health) Care Quality Commission.

Cathy Winn, Inspection Manager (Acute) Care Quality Commission

The team included CQC inspectors and specialists advisors, a Nurse Team Leader - Community Health Services, Adults, an Occupational Therapist and an Expert by Experience.

Why we carried out this inspection

We inspected this core service as part of our comprehensive mental health services inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

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

For example:

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We carried out an announced visit between 11 and 15 April 2016.

During the visit we held focus groups with a range of staff who worked within the service, such as nurses, doctors, therapists. We talked with people who used services. We observed how people were being cared for and talked with carers and/or family members and reviewed care and treatment records of people who used services. We met with people who used services and carers, who shared their views and experiences of the core service.

Areas for improvement

Action the provider MUST or SHOULD take to improve

The provider should:

The provider should identify strategies for reducing the nurse vacancy rate and the sickness rate within MIUs to mitigate the reliance on internal bank and agency staff.

The provider should ensure that all risks, particularly workforce gaps, are highlighted on the corporate and local risk registers and that these are regularly reviewed to ensure that actions to mitigate risks are considered and evidenced.

The provider should ensure that all staff reach the trust target for mandatory training in all core subjects.

Care Quality Commission

Humber NHS Foundation Trust

Urgent care services

Detailed findings from this inspection

Good

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We rated the urgent care services as good for safe because:

- An incident reporting system was in place and staff were aware of how to use this. Incidents were reviewed and investigated. Staff understood their responsibilities to raise concerns and report incidents and near misses.
- Within the MIUs, systems were in place to identify patients, including children, at the point of consultation who may have safeguarding concerns already raised.
- Medicines were available on site and appropriately stored, for example, for eye conditions. Patient group directives were in place. Medicine prescription records for individual patients were clearly written and medicines were prescribed, dispensed and administered in line with trust policy and procedures, reducing the risk of errors.
- Risks to the safety and welfare of patients were identified and managed.
- Records within MIUs were complete, legible and organised consistently. Patient records showed consent had been gained before treatment or support was given.
- We observed staff washing their hands and all patients we spoke with told us that this was done without exception. Hand gel was available at the point of care and staff used personal protective equipment (PPE) compliant with policy. Infection control policies were available as paper copies, with review dates, and on the trust intranet. Units had appropriately equipped treatment rooms for aseptic technique and dressing changes.
- We saw appropriate risk assessments were completed when patients were admitted. Appropriate action was taken in response to the risks identified. Escalation processes were in place and staff knew how to highlight and escalate key risks that could affect patient safety.
- The trust had formal nurse staffing review processes in place and had a staffing establishment based upon agreed methodology.

However:

- Trust data showed nurse vacancy rates within community health services in urgent care were 16% (e.g. Alfred Bean Hospital). We saw shifts (February 2016) were covered by a reliance on internal bank and agency staff. Nurse sickness rates within community health services urgent care were 8%

Good

Are services safe?

- Mandatory training compliance for community health services in urgent care was 51%. MIUs (e.g. Alfred Bean Hospital) had the lowest aggregated rate of training of 36% and a reduction in staff compliance with mandatory fire training had been identified as a risk.

Incident reporting, learning and improvement

- An incident reporting system was in place and staff were aware of how to use this. Staff were confident incidents would be reviewed and investigated and they would be given feedback on learning if needed.
- Trust data showed there were no Serious Incidents Requiring Investigation (SIRI) within MIUs between January 2015 and the date of inspection.
- Staff understood their responsibilities to raise concerns and report incidents and near misses. Staff were fully supported and attended regular meetings where feedback and learning was shared through meetings, communication books, one-to-one and team briefings.

Duty of Candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- Although there had not been a need to notify patients (or other relevant persons) of incidentscovered by this regulatory duty andprovide support in these circumstances, staff were aware of the procedures and processes to follow.
- Staff were able to describe the actions they would take and the support they would give to support patients and family members.

Safeguarding

- Within the MIUs, systems were in place to identify patients, including children, at the point of consultation who may have safeguarding concerns already raised. Systems were also in place to send notifications back to professionals such as GPs, child protection nurse/ service, school nurses and health visitors.
- All qualified staff were trained to an appropriate level for their role, for example nurses were trained to level 3 so they could identify adults and children at risk and take appropriate action, whilst receptionists were trained so they could recognise the need to use escalation procedures.
- Staff understood their responsibilities and discussed safeguarding policies and procedures confidently and competently. Staff felt safeguarding processes were embedded throughout the trust and were aware of who to contact, where to seek advice and what initial actions to takes.
- Information was available with guides, advice and details of contact leads to support staff in safeguarding decision making.

Medicines management

- Staff were supported to become nurse prescribers, and were employed on every shift in some units for example Withernsea MIU.
- Medicines were available on site and appropriately stored, for example, medicines for eye conditions were stored in accordance with temperature recommendations..
- Patient group directives were in place; a sample was reviewed and these were appropriately approved by the trust and within date.
- We saw drug fridges were clean and temperatures checked daily, and there was no out of date medication.
- Controlled drugs were stored appropriately and regularly audited including stock rotation and checking of expiry dates.
- Medicine prescription records for individual patients were clearly written and medicines were prescribed and administered in line with trust policy and procedures, reducing the risk of errors.
- Staff were required to attend mandatory updates on storage and recording of controlled drugs. Newly qualified staff were required to attend training and complete the safe medication training before being able to administer.

Environment and equipment

- MIUs were spacious and visibly well-maintained, sufficient equipment was available and we saw equipment was clean and regularly checked.

Good

Are services safe?

- We saw appropriate equipment to ensure effective care was available. Portable appliance testing was current on all equipment inspected. We inspected equipment within the units and found all appropriately tested, clean, stocked and checked as determined by policy.
- Risks to the safety and welfare of patients were identified and managed. This included environmental risks, such as fire safety risks on units. Risks were monitored by regular checking and review.

Quality of records

- We reviewed 24 records within the MIUs and these were complete, legible and organised consistently. Patient records showed consent had been gained before treatment or support was given.
- Patient notes were stored in lockable cabinets and we did not observe a breach in confidentiality during inspection.

Cleanliness, infection control and hygiene

- Monthly cleanliness and hand hygiene audits were undertaken and showed a high level of compliance in minor injury units. We also saw that cleaning schedules were in place.
- We observed staff washing their hands and all patients we spoke with told us that this was done without exception. Hand gel was available at the point of care and staff used personal protective equipment (PPE) compliant with policy.
- Infection control policies were available as paper copies, with review dates, and on the trust internet. These included 'Aseptic Non-Touch Technique', 'Hand Hygiene', 'Infection Prevention Arrangements' and 'Standard Precautions'.
- We saw that the standard of environmental cleanliness was good across all units inspected. Infection control and hand hygiene signage was consistently good.
- Monthly cleaning schedules were in place for domestic and nursing staff. We observed clean equipment and staff completed cleaning records, domestic cleaning schedules and identified clean equipment.
- A trust audit of infection prevention and control (2015) showed 95% of staff agreed that management placed a sufficiently high level of importance on infection prevention and control issues, 93% confirmed they always washed their hands before touching a patient, 90% felt that suitable and sufficient information was provided to patients and the public on healthcare associated infections and 87% agreed that patients with an infection were identified promptly and given appropriate treatment.
- Units had appropriately equipped treatment rooms for aseptic technique and dressing changes. Nurse assessment of aseptic technique competence took place annually.
- Clinical and domestic waste disposal and signage was good and staff were observed disposing of clinical waste appropriately.

Mandatory training

- At the time of inspection, mandatory training compliance for community health services in urgent care was 51%. Within MIUs (e.g. Alfred Bean Hospital) had the lowest aggregated rate of training of 36%.
- Display screen equipment training had the highest rate of completion with 86%, followed by moving and handling (71%). Mental Capacity Act training had the lowest completion rate of 39%.
- MIUs had identified actions at a local level to achieve compliance with mandatory training targets and attendance at mandatory training programmes for all staff, such as online modules and eLearning, workbooks and key trainer delivered sessions.
- Staff accessed mandatory training in a number of ways, such as online modules and e-Learning, workbooks and trainer delivered sessions.
- We saw staff induction materials and staff said they had a good induction and preceptorship programme when joining the trust and attended local sessions and those provided at a trust level.

Assessing and responding to patient risk

- Within MIUs, first contact protocols were in use so patients at risk of deteriorating (such as head injuries) were identified to nursing staff immediately. Receptionists followed this escalation protocol so patients at risk of deteriorating were identified to nursing staff immediately and alerted nursing staff if a patient or child arrived who appeared unwell.
- Escalation processes to neighbouring acute hospitals were in place and staff knew how to highlight and escalate key risks that could affect patient safety.

Good

Are services safe?

- We saw risk assessments were completed when patients were admitted. Appropriate action was taken in response to the risks identified depending upon the patient's condition.
- Staff knew how to highlight and escalate key risks that could affect patient safety, such as patient assessment and screening.

Staffing levels and caseload

- MIUs were staffed by advanced nurse practitioners with paediatric training, and in some cases an accident and emergency associated specialist and other support staff.
- The trust had formal nurse staffing review processes in place and had a staffing establishment based upon agreed methodology and professional judgment triangulated through benchmarking, relevant national guidance and acuity information.
- However, trust data showed nurse vacancy rates within community health services in urgent care were 16% (e.g. Alfred Bean Hospital). We saw shifts (February 2016) were covered by a reliance on internal bank and agency staff.
- Nurse sickness rates within community health services urgent care were 8%.
- Staff were working extra shifts and agency staff were also employed to cover shifts and ensure continuity of the service. Workforce gaps in the minor injury units had been identified as a risk and shifts were covered by a reliance on internal bank and agency staff.
- Senior nursing staff had responsibility for safe and effective nurse staffing levels. Staffing guidelines with clear escalation procedures were in place.
- The trust had an established staff 'bank', which provided cover for short notice absence.
- Support staff and receptionists were in addition to these numbers. Staff were being recruited to fill the vacancies.

Managing anticipated risks

- MIUs had business continuity plans in place and identified action to take in the case of major incidents, staff were aware of business contingency plans. The trust had major incident and business continuity plans in place that included protocols that were reviewed and updated annually.
- Training in fire safety and health and safety was available although there had been a reduction in staff compliance with mandatory fire training and this had been identified as a risk for MIUs. There were clear instructions in place for staff to follow in the event of a fire or other major incident.
- A review is undertaken to assess nature, size and type of incident and immediate staff available to manage patients. Processes were in place for monitoring compliance with the policy.
- Potential risks were taken into account when planning services and consideration given to seasonal fluctuations in demand, the impact of adverse weather, and any disruption to staffing levels.

Good

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary

We rated the urgent care services as good for effective because:

- Staff had access to the trust's policies and procedures in both paper form and electronically and these were updated if national guidance changed. Patients were treated based on national guidance from the National Institute of Health and Care Excellence (NICE). Clinical audits had been undertaken where appropriate.
- Patients were assessed on presentation to MIUs using recognised assessment tools. Staff carried out risk assessments in order to identify patients at risk of harm. Care pathways and care plans were in place for those patients identified to be at high risk, to ensure they received the right level of care through the care pathways.
- Pain relief was administered to meet the patient's needs. We saw nurses administered pain relief as required in accordance with pain assessments and patients reported their pain management needs had been met in a timely manner.
- Staff had received additional training to extend their skills such as the nurse practitioners. Staff reported they had received mandatory training in areas such as infection prevention and control, moving and handling, and health and safety. Discharge and referral pathways and effective multidisciplinary working practices were in place across MIUs.
- Risk assessments, treatment plans and test results were completed at appropriate times during a patient's care and treatment and we saw these were available to staff enabling effective care and treatment. There were appropriate and effective systems in place to ensure patient information was co-ordinated between systems and accessible to staff.
- The trust had policies in place to inform and guide practice around the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA). Consent, MCA and DoLS training was delivered as part of staff induction.

However

- Although plans were in place to ensure compliance with trust targets, the overall compliance rate for Mental Capacity Training was 39% at the time of inspection and trust data showed that 62% of staff had received an appraisal within MIUs. .

Evidence based care and treatment

- Staff had access to the trust's policies and procedures in both paper form and electronically and local policies were written in line with this and were updated regularly or if national guidance changed.
- Patients were treated based on national guidance from the National Institute of Health and Care Excellence (NICE) and best practice, such as 'NICE Pathway – Patient group directives', 'NICE pathway – Unintentional injuries in under-15s' and 'Clinical Presentation Guidelines - Minor Injury Units' ensuring patients received safe and appropriate care
- There were also specific pathways for patients with chest pain and protocols for managing anaphylaxis.
- Clinical audits had been undertaken where appropriate. We were not told about external benchmarking, although the service monitored the number of patients and outcomes in terms of whether they were discharged home or sent to emergency departments.
- Care pathways and care plans were in place for those patients identified to be at high risk, to ensure they received the right level of care through the care pathways.

Pain relief

- All MIUs used pain assessment scales to assess patient's levels of pain. Pain relief was administered to meet the patient's needs. Patients were regularly asked about their pain levels and this was recorded on a pain scoring tool that was used to assess patients' pain levels.
- We saw nurses administered pain relief as required in accordance with pain assessments and all patients reported their pain management needs had been met in a timely manner.
- Leaflets were available for patients regarding their treatment and pain relief. Alternative languages and formats were available on request.

Good

Are services effective?

Patient outcomes

- Trust data showed a minimum of 96% of patients received contact with a clinician for advice and/or intervention in a timely and clinically safe manner, i.e. within 30 minutes, against a trust target of 80%.
- This data also showed consistent results for patients discharged or treated within 4 hours of presentation, for example 100% at Alfred Bean Hospital and Withernsea Community Hospital (April 2015 – November 2015). This showed a minimum of 91% of patients were triaged within thirty minutes against a trust target of 80%.
- Assessments were undertaken at presentation to MIUs and discharge and evaluation completed on the clinical effectiveness and support provided during treatment.

Competent staff

- Staff reported there was good support and opportunities for development. Staff had received additional training to extend their skills in to different roles, such as such as advanced nurse practitioners through minor injuries and minor illnesses courses.
- Staff told us they were supported by their managers to attend training days and to complete online training and they said they had received mandatory training in areas such as infection prevention and control, moving and handling, and health and safety. Although, staff said the training they had received was appropriate and relevant to their work role, compliance against trust targets for mandatory training was low.
- Although, staff we spoke with were positive about recruitment practices, trust data showed there was a 8% nurse vacancy rate within community health services in urgent care.
- Staff told us that induction processes within the trust were helpful to new starters.
- Staff told us they had received appraisals within the last twelve months which included discussion of their personal development and training needs. However, trust data showed that 62% of staff had received an appraisal within MIUs.
- Staff told us they had regular supervision described as protected time for staff to reflect on their practice in order to learn from experience, develop and maintain competence. There were also informal one to one meetings for staff should they request these. Monthly staff meetings were taking place.

Multi-disciplinary working and coordination of care pathways

- Staff told us there were effective links with radiology departments for the MIUs and said they could refer to a central point of contact to access therapy staff.
- They also reported effective links with accident and emergency departments and other departments such as ophthalmology at acute hospitals as well as links with GPs, health visitors and school nurses. We saw evidence within care records that care pathways to external agencies were recorded and worked well.
- Discharge and referral pathways to hospital or GPs and effective multidisciplinary working practices were in place across MIUs.
- We saw discharge letters were completed appropriately and staff shared relevant information with patient's general practitioners.

Access to information

- Risk assessments, treatment plans and test results were completed at appropriate times during a patient's care and treatment and we saw these were available to staff enabling effective care and treatment.
- There were appropriate and effective systems in place to ensure patient information was co-ordinated between systems and accessible to staff. Staff told us systems were in place to ensure effective communication of information when transferring a patient.
- All staff had access to policies, procedures and NICE guidelines on the trust intranet site. Staff we spoke to stated they were competent using the intranet to obtain information.

Consent, Mental Capacity Act and Deprivation of Liberty

- Information and guidance was provided to staff on terminology, issues surrounding capacity when taking patient consent and identifying trust leads for the escalation of issues. The trust had policies in place to inform and guide practice around the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA).
- Consent, MCA and DoLS training was delivered as part of staff induction.

Good

Are services effective?

- Although, staff we spoke with were confident in identifying issues in regard to mental capacity and knew how to escalate concerns in accordance with trust guidance, the overall compliance rate for Mental Capacity Training was 39% at the time of inspection.

Good

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary

We rated the urgent care services as good for caring because:

- Patients were positive about the care they had received and we observed care being provided in a compassionate way. Throughout our inspection we observed patients were treated with compassion, dignity and respect. Patients were spoken and listened to promptly. Staff spoke to patients as individuals and demonstrated knowledge of their care and treatment.
- We saw staff give emotional support to patients who needed reassurance in a calm, friendly and patient centred manner. Patients were provided with relevant information about their treatment. Patients said they felt they were involved with their treatment. We observed patients being kept informed throughout their treatment and saw all staff introduced themselves appropriately. Patients and relatives confirmed they were treated with respect.
- Patients said staff spent enough time with them and staff recognised the importance of this to support patients' emotional needs.

Compassionate care

- We spoke with patients and relatives within the MIUs. Patients spoke positively about the care they received and confirmed they were asked for their consent prior to care delivery.
- Throughout our inspection we observed patients were treated with compassion, dignity and respect. Patients were spoken and listened to promptly. We received universally positive comments from patients regarding their care and treatment.
- Staff took time to introduce themselves to patients and give explanations for the treatment and care provided.
- The Friends and Family Test (2015) showed 97% of patients would recommend the services provided in MIUs.
- It was clear that the demonstration of a caring approach was a high priority. Staff spoke to patients as individuals and demonstrated knowledge of their care and treatment. We observed examples in practice of kindness and professionalism in all staff interactions with patients and colleagues, without exception.
- Staff understood and respected people's personal, cultural, social and religious needs, and considered these when delivering treatment. We observed staff take time to interact with patients and relatives in a considerate manner.
- We saw staff give emotional support to patients who needed reassurance in a calm, friendly and patient manner.

Understanding and involvement of patients and those close to them

- Patients were provided with relevant information about their treatment. Staff explained options regarding the availability of services patients could access to meet their needs. Patients said they felt they were involved with their treatment.
- Patients and relatives said they felt involved in their treatment and they had been given the opportunity to speak with the nurses and doctors looking after them.
- We observed patients being kept informed throughout their treatment and saw all staff introduced themselves appropriately.
- Patients and their families received information in a way they could understand and were knowledgeable about treatment.

Emotional support

- Patients were provided with appropriate emotional support. Patients said staff spent enough time with them and staff recognised the importance of this to support patients emotional needs.
- Staff were aware of the impact that a person's treatment may have on their wellbeing, both emotionally and socially and highlighted the assessment of patients emotional, spiritual and mental health needs.
- Patient information leaflets were readily available.

Good

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary

We rated the urgent care services as good for responsive because:

- MIUs were open seven days a week (typically 9 a.m. – 6 p.m.) and services were planned to meet the needs of the local population.
- MIU protocols regarding suitability of patients and dedicated referral routes for specific support were in place for extended therapy or rehabilitation and adult social care support.
- Support was available to meet the needs of different people, for example patients living with a dementia and learning disabilities. Patient treatment was personalised in line with patient preferences. Information leaflets were available in each MIU to enable patients and family members to find further information. We saw consistent examples of patient's individual needs and preferences being central to the planning of treatment.
- A trust dementia strategy was in place which identified the trust's aims and objectives in the care of people who have a dementia and their families and carers. This applied to all adults accessing MIUs. Within the MIUs, protocols were in place regarding suitability of patients. MIUs had dedicated referral routes for specific support, as required.
- All patients were aware of the trust's Patient Advice and Liaison Service and information was available for patients and their families about how to make a complaint or raise concerns, including an easy to read format.

Planning and delivering services which meet people's needs

- MIUs were open seven days a week (typically a minimum of 9 a.m. – 6 p.m.) and services were planned to meet the needs of the local population, for example through the provision of extra opening hours at weekends and bank holidays.
- Support, such as hearing loops and wheelchairs were available to meet the needs of patients. Staff trainind in caring for patiennts with a dementia or learning disabilities were available at all sites.
- Patient treatment was personalised in line with patient preferences, individual and cultural needs and engagement with the local population took place when planning new services, for example medical cover at Withernsea Hospital through consultation and surveys with the local population.
- Facilities and premises were appropriate for the access and availability to disabled people who used services. MIUs were accessible for wheelchair users and had systems in place for people with hearing and visual impairment.

Equality and diversity

- Patient records identified the needs of patients with learning difficulties and mental capacity issues, where appropriate. This meant treatment planned accounted for the individual needs of patients.
- We saw suitable information leaflets were available in easy read formats and described what to expect when undergoing treatment. These were available in languages other than English on request.
- Information leaflets were available in each MIU to enable patients and family members to find further information. Nursing staff were available to ask questions about treatment.
- We observed effective access and facilities for wheelchair users and disabled bathrooms and toilet access. Signage, lifts and corridors were appropriate for people with visual impairment.

Meeting the needs of people in vulnerable circumstances

- The service was responsive to the needs of patients living with dementia and learning disabilities, dementia and learning disability champions had been identified, responsible for ensuring staff were aware of the needs of individual patients.
- A trust dementia strategy was in place which identified the trust's aims and objectives in the care of people who have a dementia and their families and carers. This applied to all adults accessing MIUs.

Good

Are services responsive to people's needs?

- The trust had also developed a dementia research team to generate new knowledge in response to patient needs, increase local knowledge and experience and promote a culture of evidence based practice.

Access to the right care at the right time

- Within the MIUs, protocols were in place regarding suitability of patients; ambulance staff phoned ahead and discussed to confirm the patients would be able to access the appropriate treatment.
- MIUs had dedicated referral routes for specific support, as required. This included the inpatient hospital team, extended therapy or rehabilitation and adult social care support provided by the local authority.
- We saw data that showed 100% of patients were discharged or treated within 4 hours of presentation at MIU and all patients had been triaged within thirty minutes (April 2015 – November 2015).

Complaints handling (for this service) and learning from feedback

- All patients were aware of the trust's Patient Advice and Liaison Service and information was available for patients and their families about how to make a complaint or raise concerns, including an easy to read format.
- Patients or relatives making an informal complaint were able to speak to individual members of staff.
- Information leaflets on each unit included complaints guidance from the Patient Advice and Liaison Service.
- Staff described the complaint escalation procedures, the role of the Patient Advice and Liaison Service (PALS) and the mechanisms for making a formal complaint.
- Patients we spoke with were aware of the complaints process. There had been no recent complaints (October 2015-March 2016) received by the minor injuries units.

Good

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary

We rated the urgent care services as good for well led because:

- Senior managers had a clear vision and strategy for MIUs. The strategy identified the vision, behaviours and goals for the division. The vision and strategy had been communicated to all staff. The trust had a commitment to a people centred approach.
- Leadership of the service was good, there was good staff morale and staff felt supported, they could access one-to-one meetings which were mostly informal, as well as more structured meetings and forums. Staff spoke positively about the service they provided for patients and emphasised quality and patient experience.
- Staff meetings identified good practice and were held regularly and during the inspection it was clear that there was a culture that supported innovative practice and improvement.

However

- Clinical governance meetings had identified a significant risk of workforce gaps in the minor injury units and a reduction in staff compliance with mandatory fire training.

Service vision and strategy

- We met with senior managers who had a clear understanding of the trust vision and strategy for the MIUs, which was the effective treatment of minor cuts, wounds, sprains and minor burns through predominantly nurse-led units where nurses are highly skilled and have undertaken additional training and education to enable them to work as nurse practitioners.
- The strategy identified the vision, behaviours and goals for MIUs, and staff at all levels had contributed to its development. The vision and strategy had been communicated to all staff, and was displayed in each MIU.
- Staff were able to repeat the vision for the service and discussed its meaning with us during individual interviews. Staff were also able to articulate to us the trust's values and objectives across services.
- We were told the trust had a commitment to a people centred approach delivering high quality treatment with robust assurance and safeguarding and saw this in practice during the inspection.

Guidance, risk management and quality measurement

- Clinical governance meetings were held and were represented on the monthly quality and risk scrutiny business unit meetings.
- Information regarding the monitoring of safety issues and audits were submitted corporately. Local risk registers were maintained and risks were placed on the trust-wide risk register. Staff felt that senior managers were aware of significant risk issues.
- As of December 2015, the trust risk register identified a significant risk of workforce gaps in the minor injury units and a reduction in staff compliance with mandatory fire training.

Leadership of the service

- There was a clinical lead for the minor injury units and staff reported good, supportive leadership.
- Staff said matrons and service managers were available, visible within MIUs and approachable; leadership of the service was good, there was good staff morale and they felt supported.
- Nursing staff stated that they were well supported by their managers. We were told they could access one-to-one meetings which were mostly informal, as well as more structured meetings and forums.
- Staff spoke positively about the service they provided for patients and emphasised quality and patient experience.

Culture within this service

- Staff we spoke with were positive about the service, the team and the organisation within which they worked. They felt patient safety and quality were seen as

Good

Are services well-led?

priorities. Staff felt supported by managers and reported effective team working. Staff said matrons and senior staff were approachable and there was good team working.

- Staff spoke positively about the service they provided for patients and emphasised the patient experience. We saw staff worked well together and there was respect between disciplines. We saw good team working between staff of different disciplines and grades.
- Staff we spoke with felt that they received appropriate support from management to allow them to perform their roles effectively. Staff reported an open and transparent culture and felt they were able to raise concerns.

Staff engagement

- Staff sought patient feedback and had recently introduced the 'I want great care' as part of a trust wide initiative to gain patient feedback about the service. Staff felt part of the organisation and engaged within the business unit.
- Staff were able to share ideas and raise concerns through team meetings, supervision, shift handovers, and informally with their managers. Staff told us they were asked for their opinions on new ideas.
- Staff were clear about their roles and responsibilities, patient focused and worked well together to engage patients and families.

Public engagement

- Patients and relatives were positive about the care and treatment provided. Patients and their families were provided with opportunities to give feedback to the service through the 'Listening, Improving, Responding' initiative.
- People using the service were encouraged to give their opinion on the quality of service they received.
- Leaflets about the friends and family test, and the Patient Advice and Liaison Service were available on all units.

Innovation, improvement and sustainability

- Discharge and referral pathways and effective multidisciplinary working practices were in place across MIUs.
- All qualified staff were trained to an appropriate level for their role, for example nurses were trained to level 3 so they could identify adults and children at risk and take appropriate action, whilst receptionists were trained so they could recognise the need to use escalation procedures.
- Patients were treated based on national guidance from the National Institute of Health and Care Excellence (NICE) and best practice, such as 'NICE Pathway – Patient group directives', 'NICE pathway – Unintentional injuries in under-15s' and 'Clinical Presentation Guidelines - Minor Injury Units' ensuring patients received safe and appropriate care
- Staff had received additional training to extend their skills in to different roles, such as such as advanced nurse practitioners through minor injuries and minor illnesses courses.
- There were effective links with acute hospitals as well as links with GPs, health visitors and school nurses.
- The trust had developed a dementia research team to generate new knowledge in response to patient needs, increase local knowledge and experience and promote a culture of evidence based practice.
- Staff meetings identified good practice and were held regularly and during the inspection it was clear that there was a culture that supported improvement.