

Rossendale Minor Injury Unit

Quality Report

Rossendale Primary Health Care Centre
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Date of inspection visit: 28 September 2017
Date of publication: 14/11/2017

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rossendale Minor Injuries Unit on 28 September 2017. Overall the service is rated as good.

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

- Patients' care needs were assessed and delivered in a timely way according to need. The service was meeting the Clinical Commissioning Group's Local Quality Requirements.
- There was a system in place for recording, reporting and learning from significant events. While we saw that action was taken to improve processes following analysis of documented significant events, the cascade of feedback to staff was not always efficient.
- Risks to patients were assessed and well managed, although in some cases further documentation was needed in order to provide a thorough audit trail to show that required actions had been completed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was a system in place that enabled staff access to patient records, and the out of hours staff provided other services, for example the local GP and hospital, with information following contact with patients as was appropriate.
- Patient feedback we received was wholly positive about their experiences accessing the service. They said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The service worked proactively with other organisations and providers to develop services that supported alternatives to hospital admission where appropriate and improved the patient experience.
- The service had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Continue to embed the new meeting framework to enable shared discussion of significant event analysis (SEAs), peer review and quality improvement.

- Complete and document a formal infection prevention and control audit of the environment in order to effectively monitor compliance with relevant protocols.
- Second cycle clinical audits should be completed to monitor the effectiveness of improvements made to care and treatment practices.
- The planned programme of staff appraisals should be completed.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The service is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- There was a system in place for recording, reporting and learning from significant events, although there was a lack of formalised mechanisms to feed-back and cascade the outcomes of investigations into events and near misses.
- When things went wrong patients were informed in keeping with the duty of candour. They were given an explanation based on facts and an apology if appropriate.
- The service had clearly defined and embedded systems and processes in place to keep patients safe and safeguarded from abuse. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- There were enough staff to ensure a safe service was offered.
- Risks to patients were mostly assessed and well managed. While action was taken to address concerns regarding infection prevention and control (IPC), a documented IPC audit of the environment had not been completed to facilitate the service effectively monitoring compliance. We did see that monthly audits of hand hygiene were completed and documented.
- The service's recruitment processes were thorough and pre-employment checks for new recruits included proof of identification, references, qualifications, registration with the appropriate professional body, suitable indemnity and the appropriate checks through the Disclosure and Barring Service (DBS; these 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).

Are services effective?

The service is rated as good for providing effective services.

Good



- The service was consistently meeting Local Quality Requirements (performance standards) for GP out of hours services to ensure patient needs were met in a timely way.

Summary of findings

- Clinical audits had been commenced, but second cycles not yet completed in order to fully evaluate quality improvement as a result.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Not all staff had had an appraisal. Outstanding appraisal meetings with staff were being arranged over the month following our visit. A comprehensive clinical training needs analysis had been undertaken with work underway to improve monitoring and recording of role specific training.
- Clinicians provided urgent care to walk-in patients based on current evidence-based guidance.
- Staff worked with other healthcare professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The service is rated as good for providing caring services.

- Feedback from all patients through our comment cards and collected by the provider was very positive. Patients were extremely complimentary of the care and treatment offered.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients were kept informed with regard to their care and treatment throughout their visit to the minor injury unit service.

Good



Are services responsive to people's needs?

The service is rated as good for providing responsive services.

- Service staff reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified.
- The service had previously engaged in pilot projects whereby clinical provision had been broadened to incorporate treatment of minor illness over winter months. This had resulted in 244 patients attending the unit for this reason, helping to alleviate pressure on other local urgent care services and accident and emergency departments.
- The service had good facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- The service had systems in place to ensure patients received care and treatment in a timely way and according to the urgency of need. Over the previous 12 months the average waiting time for patients from arrival to consultation was 17 minutes. Patient feedback we received comprehensively confirmed patients were happy with the efficiency of the service offered.
- Information about how to complain was available and easy to understand and evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The service had a number of policies and procedures to govern activity and the provider held regular governance meetings at senior management team level.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- A more structured programme of service-level meetings was being implemented in order to streamline and formalise information cascaded to staff.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty.
- The service proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels, and the service was proactive in contributing to the local health economy.

Good



Summary of findings

What people who use the service say

We looked at various sources of feedback received from patients about the minor injury service they received. Patient feedback was obtained by the provider on an ongoing basis and included in their contract monitoring reports. Data from the provider for the period of July and August 2017 showed that the service had gathered feedback from a total of 215 patients over the two months:

- 99.5% of patients felt the manner in which the clinician introduced themselves was either excellent or good.
- 99.5% of patients felt the time given to them by the clinician was either excellent or good.
- 99.5% of patients felt the way in which the clinician explained tests or treatments was either excellent or good.
- 99.5% of patients felt the way in which the clinician treated them with privacy and dignity was either excellent or good.
- 99.5% of patients felt the clinician was either excellent or good at taking their problems seriously.

- 99.5% of patients felt the clinician was either excellent or good at making them feel reassured.
- 100% of patients said they would be either extremely likely or likely to recommend the service to their friends and family.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all wholly positive about the standard of care received. Comments on the cards described a professional, efficient and caring service. Patients complimented staff for putting them at ease and offering reassurance and told us they were seen and offered treatment in a timely manner.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They told us of previous visits to the service and described being seen promptly by a clinician.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Continue to embed the new meeting framework to enable shared discussion of significant event analysis (SEAs), peer review and quality improvement.
- Complete and document a formal infection prevention and control audit of the environment in order to effectively monitor compliance with relevant protocols.
- Second cycle clinical audits should be completed to monitor the effectiveness of improvements made to care and treatment practices.
- The planned programme of staff appraisals should be completed.

Rossendale Minor Injury Unit

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist adviser.

Background to Rossendale Minor Injury Unit

Rossendale Minor Injury Unit is located on the ground floor of Rossendale Primary Health Care Centre (Baccup Road, Rawtenstall, BB4 7PL). The unit shares the premises with other services such as GP practices, out-patient physiotherapy, Rossendale Hospice, podiatry, x-ray, a treatment room and a pharmacy. The premises includes ample parking space for patients, with designated disabled spaces, and is serviced by main roads with good public transport links.

The minor injury unit has been run by the provider PDS Medical (Ltd) since April 2015, and sits within the company's urgent care business unit. PDS Medical (Ltd) is a subsidiary company of Fylde Coast Medical Services Ltd, which is a not for profit social enterprise. The organisation provides a range of other planned care, urgent care and dental services across locations throughout the North of England.

Rossendale Minor Injury Unit is a nurse led walk in centre for people with minor injuries, serving the people of Rossendale and surrounding areas of Pennine Lancashire. The unit is accessible by the general public for the treatment of minor injuries, including sprains, strains, fractures, cuts and grazes, bruises and minor head injuries (where no loss of consciousness has occurred), foreign bodies, bites and stings.

The service is open from 8am until 8pm, seven days a week, 365 days a year.

The service is staffed by two emergency nurse practitioners, an emergency care practitioner, a physiotherapist, four healthcare assistants (who also worked as receptionists for some of the time) and two reception staff. The service is managed by the service manager. The service has been engaged in recent recruitment activity, and an additional member of nursing staff is due to commence employment at the unit two working days after our inspection visit.

Three of the clinicians are qualified non-medical prescribers.

The staff at the unit are supported by a broader management structure within the provider organisation.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 28 September 2017. During our visit we:

Detailed findings

- Spoke with a range of staff including the head of the urgent care business unit, human resources manager, training and development manager, service manager, two nurse practitioners (one of whom was the clinical lead for the unit), a receptionist and a healthcare assistant and spoke with patients who used the service.
- Observed how receptionists interacted with patients, carers and family members.
- Inspected the premises and looked at cleanliness and the arrangements in place to manage the risks associated with healthcare related infections.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

Please note that when referring to information throughout this report, for example any reference to Local Quality Requirements data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. However, our findings did indicate there was scope for the system to be refined to ensure more formalised feedback from events was given to staff in order to maximise learning.

- Staff told us they would inform the service manager of any incidents and there was a recording form available on the service's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, an explanation based on facts, and an apology where appropriate.
- From the documented examples we reviewed, we saw the service carried out a thorough analysis of the significant events. We did find however, that feedback to staff regarding the outcome of these analyses was informal in nature and therefore the cascade of any resulting learning was not always thorough. Staff we spoke to found it difficult to describe any changes to practice that had resulted from learning from significant events or near misses. We were also given examples of near misses that had been raised by staff, but no feedback regarding any learning outcomes had been disseminated. The service manager told us they hoped to implement a more structured programme of staff meetings moving forward which would facilitate more formalised feedback and discussion with staff following such events.

We reviewed safety records, incident reports and patient safety alerts. We saw evidence that action was taken to improve safety in the service. For example, we saw that action had been taken in line with the organisation's human resources and disciplinary procedures following an incident whereby documented processes around appropriate use of a patient group direction (PGD; a document to govern the supply of medicines by trained staff without a prescription) had not been followed.

We reviewed another example whereby after an incident occurring at the minor injury unit, the provider had identified the need for staff across all of its sites to be given training around wound care. We saw minutes from the provider's clinical governance committee meeting in October 2016 confirming agreement of this learning outcome. While we were informed that this training had taken place on 13 June 2017, no members of staff from the minor injury unit had attended the session. The provider informed us following our inspection visit that this had prompted it to review the way in which it approached wound care training. The training and development lead for the organisation confirmed that one HCA from each of the provider's sites would be identified as wound care lead, and sent on wound care training offered by a local university. The training course identified was scheduled for November 2017.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The nursing staff were trained to child safeguarding level 3. Clinical staff were able to discuss safeguarding referral processes in detail with members of the inspection team.
- Notices in the waiting area and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control lead.

Are services safe?

There was an infection control protocol in place and staff had received up to date training. We saw that monthly hand hygiene audits were completed and documented by the service. However, when we asked to view any infection prevention and control (IPC) audits that had been completed with respect of the premises, staff informed us that one had not been completed. We did see evidence that IPC issues were monitored and improvements made where concerns were identified, but this was done informally with no documented audit trail to demonstrate the process. For example, the IPC lead for the service explained how the positioning of trolleys in one of the treatment rooms had meant the wall had been knocked, chipping the plaster. This issue had been raised and dealt with and a plastic fascia had been fitted to this part of the wall within the last few weeks. A regular, documented audit of IPC issues relating to the environment would facilitate the service's ability to monitor its own compliance with protocol and would ensure any issues were less likely to be overlooked and were rectified in a timely manner.

- There was a system in place to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidance, for example annual servicing of fridges including calibration where relevant.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body, suitable indemnity and the appropriate checks through the Disclosure and Barring Service.

Medicines Management

- The arrangements for managing medicines at the service, including emergency medicines and vaccines, kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The service carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) medicines management team, to ensure prescribing was in accordance with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) were used by nurses / paramedics to supply or administer medicines without a prescription. Staff we spoke with and documentation

we reviewed demonstrated the service understood the purpose of the 44 PGDs in use. These had all recently been reviewed and the head of the urgent care business unit informed us they were in the process of updating their ratification in accordance with the Medicines and Healthcare products Regulatory Agency guidance.

- Processes were in place for checking medicines and all the medicines we checked during the inspection were stored securely and in date.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in areas accessible to all staff that identified local health and safety representatives. The service had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Clinical equipment that required calibration was calibrated according to the manufacturer's guidance. During our inspection there was some confusion as to whether clinical equipment had been calibrated in August 2017. Following the inspection, the provider confirmed that due to an error on a contractor's part, equipment had not been calibrated since August 2016. On realising this the provider took immediate action to ensure updated calibration was undertaken, and provided confirmation that this had taken place on 5 October 2017.
- The service had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (legionella is a term for a bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The inspection team saw evidence that the rota system was effective in ensuring that there were enough staff on duty to meet expected demand. We reviewed a sample of rotas and the service shared data with us demonstrating it was achieving key performance indicators relating to patient waiting times.

Are services safe?

Arrangements to deal with emergencies and major incidents

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

- There was an effective system to alert staff to any emergency.
- All staff received annual basic life support training, including use of an automated external defibrillator.

- The service had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for suppliers and contractors as well as key members of staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The service had systems in place to keep all clinical staff up to date; once received, any updates to NICE guidance was disseminated by email via the service manager. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- There was some evidence demonstrating how the service monitored that these guidelines were followed, for example through audits that were in the process of being completed. However, there was no formalised provision in place to facilitate clinicians' peer discussion of these to reinforce them being embedded into practice.

Management, monitoring and improving outcomes for people

The provider ensured it regularly reported its compliance with a set of local quality requirements (LQRs). These LQRs were used to show the service was safe, clinically effective and responsive. The provider was required to report monthly to the clinical commissioning group (CCG) on its performance against standards which included response times to arrivals via ambulance, whether initial assessments happened within the required timescales, seeking patient feedback and actions taken to improve quality.

Information given to us by the provider, including data from their most recent monthly quality reports to the CCG indicated:

- In July 2017 the average waiting time for patients before initial assessment was completed was 20 minutes. For August 2017 this time was 21 minutes.
- 100% of patients were seen for initial assessment within 30 minutes.

- Over the previous 12 months, 79% of patients were seen for consultation within one hour of arrival, 98% within two hours and 99.8% within three hours. Two patients waited over four hours.
- In July 2017, the patient's clinical details were communicated with the patient's GP by 8am the next working day on 94% of occasions, while in August 2017 this figure was 93%.

There was evidence of quality improvement including clinical audit.

- Three audits were shared with us that had been initiated recently (between July and September 2017). However, these were all single cycle audits and were yet to be repeated to ensure any changes to practice as a result were effective. We noted that while changes or action had been implemented following completion of records reviews, these changes had not always been specifically documented as part of the audit write-up. For example, following a review of animal bite injuries presenting at the service between February and July 2017, it was identified that in 22% of cases, the patient's tetanus status had not been documented, with 6 of these patients being deemed as having 'high risk' injuries. As a result, the service displayed posters in clinical rooms to remind staff to ascertain details of a patient's tetanus status, and a further data collection to re-audit was planned for six months' time. However, these changes had not been recorded as part of the audit documentation.
- The service participated in local audits, national benchmarking and peer review.
- Findings were used by the organisation to improve services. For example, recent action taken as a result of an audit of management of burn injuries included the service's protocol being updated and an email reminder being sent to clinicians to highlight the need for these patients to be offered an appropriate review.

Information about patients' outcomes was used to make improvements. For example, after an audit of antibiotic prescribing highlighted concerns with prescribing trends, we were shown evidence that individual cases were reviewed to ensure patients had been safety-netted appropriately, and that a further programme of internal audit in this area set up in order to more closely monitor the appropriate prescribing was undertaken.

Are services effective?

(for example, treatment is effective)

The service was able to demonstrate how it had historically been proactive in supporting the local health economy in order to improve services available to patients during times of winter pressure. Between December 2015 and May 2016 the service supported the CCG's winter planning arrangements by engaging in a pilot to offer treatment of minor illness in an effort to offer increased patient choice and reduce pressure on neighbouring unplanned care services. The service offered minor illness treatment to a total of 244 patients over this period, who would otherwise have had to attend elsewhere. This additional service was offered with no additional funding in place. We were told this service was not offered through the winter of 2016 as staffing capacity at the minor injury unit would not allow it, however management staff hoped with the provision of additional clinical hours now secured that the service could be offered again for the upcoming winter months.

Effective staffing

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

- The service had an induction programme for all newly appointed staff. This was split into two parts with one led by the provider's human resources team and the other locally led by the service manager and lead clinician. It covered such topics as safeguarding, health and safety, confidentiality and information governance. New staff were also supported to work alongside other staff and their performance was regularly reviewed during their induction period.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. For example, training for all newly appointed clinical staff was arranged around the management of same day consultations; they were booked onto a course offered by a local university. There was evidence that HCAs had undertaken specific training for their role and had been assessed as competent.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, and clinical supervision. Staff told us that access to informal clinical supervision had improved since the appointment of the lead clinician for the unit. However, we were also told by staff that access to protected time to further formalise such

arrangements would aid in streamlining information sharing, best practice and feedback from clinical audits. Management staff informed us that the intention was for staff to receive annual appraisals. However, it was acknowledged that due to the transition of a new service manager being appointed earlier in the year a systematic approach to annual appraisal was not yet fully embedded. We saw evidence that three staff members had received appraisals in the previous 12 months. Staff we spoke with who had recently had an appraisal meeting told us they found it a useful experience. Service management informed us that the remaining appraisals would be completed over the following month.

- We were told by the provider's training and development lead that a comprehensive clinical training needs analysis had been completed over the summer months for each site, including the minor injury unit whereby the provider had engaged with clinicians employed to identify any perceived gaps in role-specific training provision. The organisation had since drafted a clinical skills passport document, with the intention being to better record and track role-specific training needs and completed training.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Staff involved in handling medicines received training appropriate to their role.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system.

- This included access to required 'special notes' which detailed information provided by the person's GP. This helped the minor injury unit's staff in understanding a person's need.
- The service shared relevant information with other services in a timely way, for example when referring patients to other services.
- The provider worked collaboratively with other services. Patients who could be more appropriately seen by their

Are services effective?

(for example, treatment is effective)

registered GP or an emergency department were referred. If patients needed specialist care, the out-of-hours service could refer to specialties within the hospital. Staff also described a positive relationship with the mental health and district nursing team if they needed support.

- The service worked with other service providers to meet patients' needs and manage patients with complex needs. It sent out of hours notes to the registered GP services electronically by 8am the next morning. The provider monitored performance against this and reported results on a monthly basis to the local CCG.

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

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

Consent to care and treatment

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All 44 of the patient Care Quality Commission comment cards we received were wholly positive about the service experienced. Patients said they felt the service offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients complimented staff for putting them at ease and offering reassurance. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The provider engaged in monthly quality reporting to the local CCG. One element of these reports included gaining patient feedback via a satisfaction survey and reporting on the results. Results from the provider's own surveys carried out in July and August 2017 showed:

- 99.5% of patients felt the manner in which the clinician introduced themselves was either excellent or good.
- 99.5% of patients felt the way in which the clinician treated them with privacy and dignity was either excellent or good.

- 99.5% of patients felt the clinician was either excellent or good at taking their problems seriously.
- 99.5% of patients felt the clinician was either excellent or good at making them feel reassured.

These results were mirrored by the feedback given to us by two patients we spoke to during our inspection visit. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the provider's own survey carried out in July and August 2017 showed:

- 99.5% of patients felt the way in which the clinician explained tests or treatments was either excellent or good.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available informing patients how to raise a complaint.
- We saw that a hearing loop was available to aid patients with hearing difficulties, and there was a notice displayed in the patient waiting area promoting this fact. However, not all reception staff we spoke with were aware of this facility.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified. The provider supported other services at times of increased pressure. The service was able to demonstrate how it had historically been proactive in supporting the local health economy in order to improve services available to patients during times of winter pressure and therefore higher demand. Between December 2015 and May 2016 the service supported the CCG's winter planning arrangements by engaging in a pilot to offer treatment of minor illness in an effort to offer increased patient choice and reduce pressure on neighbouring unplanned care services. The service offered minor illness treatment to a total of 244 patients over this period, who would otherwise have had to attend elsewhere. This additional service was offered with no additional funding in place. We were told this additional service was not offered through the winter of 2016 as staffing capacity at the minor injury unit would not allow it, however management staff hoped with the provision of additional clinical hours now secured that the service could be offered again for the upcoming winter months.

There were accessible facilities, a hearing loop and translation services available. Other reasonable adjustments were also made and action was taken to remove barriers when patients found it hard to use or access services. The facilities were suitable for patients experiencing mobility difficulties and parents with young children.

Access to the service

The service was open from 8am until 8pm, seven days a week, 365 days a year. It operated as a 'walk-in' service so patients were not required to book appointments in advance.

Feedback received from patients from the CQC comment cards and from the Local Quality Requirements reported indicated that in the vast majority of cases patients were seen in a timely way. Of the 44 comment cards we received, 14 of them made specific reference to the service offered being efficient and extremely quick. Two of the cards detailed how the patients had been seen and were on their

way home again within 15 minutes of arrival, with their issues satisfactorily dealt with, while a third card described being seen by a clinician within five minutes of arrival on their previous three visits to the service.

The provider's data returns to the CCG demonstrated consistent performance against local quality requirements relating to access. Over the previous 12 months:

- Average waiting time to consultation was 17 minutes.
- 98% of patients were discharged within two hours of arrival at the service.
- 99% of patients were discharged within four hours of arrival at the service.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with the NHS England guidance and their contractual obligations.
- There was a designated responsible person who co-ordinated the handling of all complaints in the service.
- We saw that information was available to help patients understand the complaints system. A complaints leaflet was available in the patient waiting area which described the procedure in detail. We did note that the complaints leaflet available to patients was dated as being updated in June 2014, and referred to 'Coastal Healthcare Ltd.' Other content in the leaflet was appropriate.

We looked at the two complaints received by the service in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. Patients were offered an appropriate apology when necessary. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and action was taken as a result to improve the quality of care. For example, we saw that clinical training needs and supervision were addressed following the outcome of one complaint. We noted that verbal as well as written complaints were appropriately recorded and documented, and that patients were informed of any action taken to improve care as a result. We also saw evidence that learning from complaints was shared with other

Are services responsive to people's needs?

(for example, to feedback?)

stakeholders to ensure any outcome was comprehensive in addressing issues; for example we saw that the service liaised with local GP practices as necessary in relation to concerns raised.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The service had devised a set of values by consulting with staff employed to ensure they incorporated their views. Staff we spoke with were aware of these.
- The service had a robust strategy and supporting business plans that reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Service specific policies were implemented and were available to all staff.
- The provider had a good understanding of their performance against Local Quality Requirements. These were discussed at senior management and board level. Performance was shared with staff and the local clinical commissioning group (CCG) as part of contract monitoring arrangements.
- A programme of clinical and internal audit was used to monitor quality and to make improvements. However, the audits shared with us had only recently been commenced and so had not been reviewed at the time of our visit to demonstrate the impact on quality improvement.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, for areas such as infection prevention and control, specifically with regards to the premises and environment, there was scope for more formalised recording of this process.
- Regular and clearly documented governance meetings were held by the provider at senior management level, dealing with issues arising at all the provider's registered locations. We saw a range of meeting minutes providing

a clear audit trail of the issues discussed and decisions reached, for example around significant events, complaints, audits and other governance arrangements. It was less clearly evidenced how feedback from these meetings was cascaded down to staff working at the minor injury unit.

- There was not an established structure of service specific meetings in place; the management team discussed with us how the nature of shift patterns and the small composition of the staff team had been a barrier to embedding regular meetings into practice. Information from senior management-level meetings was cascaded through the service and clinical leads, and this was largely done verbally or via email, with limited documentary evidence available during our inspection. Our discussions with some staff did highlight a feeling that feedback they received following issues that had been raised was not always consistent or thorough.
- The service lead informed us that more regular team meetings at a service specific level were planned, and we saw evidence that work was on going achieve this with a healthcare assistants team meeting held at the end of August. Minutes we viewed from this meeting documented that more regular whole team meetings would be welcomed by staff and that these would be arranged on a bi-monthly basis in the future.

Leadership and culture

On the day of inspection the provider of the service demonstrated they had the experience, capacity and capability to run the service and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the clinical and service leads were approachable and always took the time to listen to all members of staff. We were told by staff that they felt clinical support available had increased notably since the appointment of the unit's clinical lead nurse in February 2017.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

Are services well-led?

Good 

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

things go wrong with care and treatment). The provider encouraged a culture of openness and honesty. The service had systems in place to ensure that when things went wrong with care and treatment:

- The service gave affected people an explanation based on facts and an apology where appropriate, in compliance with the NHS England guidance on handling complaints.
- The service kept written records of verbal interactions as well as written correspondence.

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

- There were arrangements in place to ensure the staff were kept informed and up-to-date, although these were not always formalised. The service had begun to implement more structured team meetings in order to formalise communication and cascade information to staff and provide a thorough audit trail of what feedback had been given to whom.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the service and clinical lead. Staff had the opportunity to contribute to the development of the service.

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

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

- The service had gathered feedback from patients through surveys and complaints received. For example, 215 patients had completed surveys on their experience of the service throughout July and August 2017, with overwhelming positive feedback given.

- The service had gathered feedback from staff through regular web-based surveys and meetings. Staff survey results were collated on a weekly basis by the provider's human resources team and results circulated to the senior management teams for information. Staff told us they felt involved and engaged to improve how the service was run. Employees were able to give us numerous examples where changes had been implemented by the provider following staff feedback being received. For example, we saw that following a healthcare assistants' meeting in August, feedback was gathered from staff around the rota and shift patterns. We saw evidence that following the conclusion of this discussion, the rota for October had been updated to reflect staff working pattern preferences. The staff we spoke to told us they felt this was a positive change.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. The service team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, between December 2015 and May 2016 the service supported the CCG's winter planning arrangements by engaging in a pilot to offer treatment of minor illness in an effort to offer increased patient choice and reduce pressure on neighbouring unplanned care services. The provider shared testimonies with us from local stakeholders such as the CCG which highlighted the high regard in which the provider was held and the strong collaborative working relationships it had contributed to engineering with other local health and social care providers. They confirmed that the provider was proactive in contributing to the development of services and care pathways in the local area and sharing best practice from work undertaken at its other registered locations.

We spoke to staff who told us how the provider had supported them in developing new skills and progression into new roles.

The service had recently appointed a nurse practitioner in order to increase clinical capacity at the minor injury unit.