

Cheshunt Minor Injuries Unit

Inspection report

King Arthur Court
Cheshunt
Waltham Cross
Hertfordshire
EN8 8XN

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Date of inspection visit: 11 July 2018

Date of publication: 22/08/2018

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Cheshunt Minor Injuries Unit on 11 July 2018 as part of our inspection programme.

At this inspection we found:

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

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a nurse specialist adviser.

Background to Cheshunt Minor Injuries Unit

- Cheshunt Minor Injuries Unit is provided by Haverstock Healthcare Limited. The registered manager of the service is K Watts.
- The services are commissioned by East and North Hertfordshire Clinical Commissioning Group (CCG).
- The address of the service is King Arthur Court, Cheshunt, Hertfordshire, EN8 8XN.
- The website address is www.cheshuntmiu.nhs.uk
- The service is registered with the CQC to provide the following regulated activities:
- Treatment of disease, disorder or injury.
- The minor injuries unit provides a walk-in service which is available to all patients. It is a nurse led service and sees approximately 2,000 patients a month. The service can treat a range of minor injuries from bites and stings to cuts and grazes. The service does not treat minor illnesses or children under one year of age. The service shares the premises with Cheshunt Community Hospital.
- The clinical staff members are employed by Central and North West London NHS Foundation Trust. These staff members are seconded to Haverstock Healthcare Limited, who directly employ the administrative staff members.
- The service team consists of one matron who is also the service manager, five emergency nurse practitioners, one emergency care practitioner, three emergency medical technicians, one lead administrator and three reception staff members.
- Cheshunt Minor Injuries Unit is open from 8am to 8pm daily, including weekends and bank holidays. The x-ray service is managed and provided by Alliance Medical and is open from 9am to 6pm daily.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The service conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and health and safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. The service carried out audits to ensure standards were met and children were safeguarded when attending the unit.
- The service carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand. The lead administrator role enabled the matron to provide cover during busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. Clinicians liaised with the local radiology department and also received input and advice from the accident and emergency department when required.

Are services safe?

Appropriate and safe use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, minimised risks. Medicines were provided by a local hospital and were kept safely. We observed that the stores were kept clean and in a neat and orderly manner. Detailed records were in place for all of the medicines stocked at the unit. We saw that all the medicines we viewed during the inspection were in date.
- Staff administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Processes were in place for checking medicines and staff kept accurate records of medicines. Qualified staff used Patient Group Directions (PGDs) to administer medicines without prescriptions. PGDs provide a legal framework which allowed some registered health care professionals to administer specified medicines, such as painkillers.

Track record on safety

The service had a good safety record.

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

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, the service carried out a review and learning exercise following a hand fracture which was missed. Learning from this had been shared with all clinical staff.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.
- The service took part in end to end reviews with other organisations. Learning was used to make improvements to the service. For example, the service reviewed how they communicated with patients, after a patient misunderstood the information provided by the service and attended the local urgent care centre instead of the A&E department.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The service monitored that these guidelines were followed.
- There were processes in place to oversee nurses' practice in relation to the interpretation of x-rays. Emergency Nurse Practitioners were trained to interpret x-rays and there were regular audits to ensure accuracy of interpreting x-rays. In addition, any x-rays in which the treatment was incorrect were investigated so learning could be identified.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. There was a system in place to identify frequent callers and patients with particular needs. We saw evidence to confirm guidance and protocols were in place to provide the appropriate support.
- Technology and equipment were used to improve treatment and to support patients' independence.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The service reported monthly to their clinical commissioning group (CCG) on their performance against a set of standards which included: length of time taken to provide treatment, overall time spent in the unit, redirection and re-attendance rates, and the number of missed fractures.

- Data provided by the service and the local CCG showed that the service was meeting its locally agreed targets.
- The service used key performance indicators (KPIs) that had been agreed with its clinical commissioning group to monitor their performance and improve outcomes for people. Performance data from June 2016 to April 2018, provided to us by the service, showed:
 - All of the patients who arrived at the service completed their treatment within four hours. This was better than the Department of Health target which was to see and discharge 95% of patients within four hours.
 - Approximately 1% of patients' x-rays were missed between 2017 and 2018. This was better than the local and national target of 5%.
 - Data from May 2018 showed the re-attendance rate within seven days was 1% (22 patients). This was better than the national target of 5%.
- The service used information about care and treatment to make improvements. For example, the local CCG undertook two quality visits in 2017 and had identified actions which the service had responded to. The service had reviewed their redirection policy and had taken steps to ensure waiting time was updated regularly in the waiting area.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, the service had undertaken an audit to assess performance in relation to the standards for recognising and assessing signs of sepsis. This audit was repeated and showed that the service was managing patients appropriately. This audit resulted in the service making improvements to how the service standardised their record keeping when considering sepsis.

Are services effective?

- The service had undertaken an audit on missed fractures to identify key themes and trends. This resulted in the service arranging additional training for clinicians on the assessment of x-rays for hands and wrists.
- Clinical staff carried out regular audits on how the service managed records, clinical notes, patient feedback, complaints, safety alerts, medicines management, infection control and health and safety.
- The service was actively involved in quality improvement activity.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The service had an induction programme for all newly appointed staff.
- The service ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The service understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The service provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The service could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together, and worked well with other organisations to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and senior members of the organisation, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services. Staff communicated promptly with patients registered GPs so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. There were established pathways for staff to follow to ensure callers were referred to other services for support as required. Where necessary, the service worked with patients to develop personal care plans that were shared with relevant agencies.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service. An electronic record of all consultations was sent to patients' own GPs.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments and transfers to other services.

Helping patients to live healthier lives

The service identified patients who may be in need of extra support.

- Risk factors, where identified, were highlighted to patients and their normal care services so additional support could be given.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Are services effective?

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

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

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Reception staff gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as those who had mental health needs. All staff members had received training on the Mental Capacity Act 2005 and equality, diversity and inclusion.
- All of the 32 patient Care Quality Commission comment cards we received were positive about the service experienced, including one which had mixed feedback. This was in line with the results of the NHS Friends and Family Test and other feedback received by the service.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available to help patients be involved in decisions about their care.
- Patients told us that 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.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times and recognised the importance of people's dignity and respect.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during consultations.
- 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 area to discuss their needs. The service also had confidentiality slips available to patients in the reception area.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The service understood the needs of its population and tailored services in response to those needs. The service engaged with commissioners to secure improvements to services where these were identified. For example, the service had engaged with commissioners and the new provider of the x-ray service. This had resulted in the opening hours of the x-ray service being extended on weekends and bank holidays.
- The provider improved services where possible in response to unmet needs.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service.
- The facilities and premises were appropriate for the services delivered. There were accessible facilities.
- The service made reasonable adjustments when people found it hard to access the service. For example, staff offered flexibility to patients with a learning disability or specific need.
- Access to language services were available to staff. Interpreters could be requested and patients could make use of this service on the phone.
- A hearing loop was available to assist communication with those patients with hearing impairment.
- The service was responsive to the needs of people in vulnerable circumstances.

Timely access to the service

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

- Patients were able to access care and treatment at a time to suit them. The service operated 365 days a year from 8am to 8pm daily, including weekends and bank holidays.
- Patients could access the service either as a walk-in patient, via the NHS 111 service or by referral from a healthcare professional. Patients did not need to book an appointment.
- Patients were generally seen on a first come first served basis, although the service had a system in place to facilitate prioritisation according to clinical need where more serious cases or young children could be prioritised as they arrived. The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need. This was carried out using a computer algorithm. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response. The receptionists informed patients about anticipated waiting times.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. Performance data from June 2016 to April 2018, provided to us by the service, showed:
 - All of the patients who arrived at the service completed their treatment within four hours. This was better than the Department of Health target which was to see and discharge 95% of patients within four hours.
 - The median patient waiting time in June 2018 was 48 minutes.
- Waiting times, delays and cancellations were minimal and managed appropriately. Where people were waiting a long time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited. The service consistently exceeded targets in the time spent in the minor injury unit and time people waited for treatment.
- The service engaged with people who were in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services.
- Patients with the most urgent needs had their care and treatment prioritised.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Are services responsive to people's needs?

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made a complaint compassionately.
- The complaint policy and procedures were in line with recognised guidance. Six complaints were received in the previous 12 months. We reviewed all six complaints and found that they were satisfactorily handled in a timely way.
- Issues were investigated across relevant services, and staff were able to feedback to other parts of the patient pathway where relevant.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, clinicians were reminded to follow clinical guidelines when conducting consultations and diagnosing patients.

Are services well-led?

We rated the service as good for leadership.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

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

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- The service displayed their mission statement and staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population and had a service development plan in place.
- The service monitored progress against delivery of the strategy and held regular governance meetings.
- The service ensured that staff who worked away from the main base felt engaged in the delivery of the service's vision and values.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

Are services well-led?

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally. The service had cultural and religious policies in place for both staff and patients.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

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

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The service had trained staff for major incidents and had plans in place which were reviewed on a regular basis.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

Are services well-led?

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice regularly collected and reviewed patient feedback. For example, the service had taken steps to ensure the opening times of the x-ray service was clearly displayed in the patient waiting area.
- Staff were able to describe to us the systems in place to give feedback. Patients were given comment slips and the service used the Friends and Family Test (FFT) to collect patient feedback. The service had received 856 FFT responses between January and March 2018. Data provided by the service showed 99% of respondents were either extremely likely or likely to recommend the service to friends and family. Approximately 95% of respondents rated the care and treatment they received as either good or excellent.
- The service encouraged feedback from staff and used this to make improvements to the service. For example, the service had reviewed and improved their template for recording medicine stock levels, following feedback from staff.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. The service regularly engaged with GPs and a local GP federation.