Anglian Community Enterprise Community Interest Company (ACE CIC)

1-165291700

Urgent care services

Quality Report

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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)
1-289609440	Harwich Hospital	unit	CO12 4EX
1-289608590	Clacton Hospital	unit	CO15 1LH

This report describes our judgement of the quality of care provided within this core service by Anglian Community Enterprise Community Interest Company. 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 Anglian Community Enterprise Community Interest Company and these are brought together to inform our overall judgement of Anglian Community Enterprise Community Interest Company

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

Contents

Summary of findings

Overall summary

We rated urgent care services provided at ACE Minor Injuries Units (MIU) as good, because:

- Clinical areas were visibly clean and tidy and good infection control practices were in place and monitored.
- Staff completed patient records in full with all the relevant clinical information, consent, treatment, and discharge recorded.
- Staff knew the requirements of Duty of Candour and able to explain these.
- All staff were up to date with their appraisals and mandatory training levels.
- Clinical guidelines used in both MIUs followed the most recent best practice guidance.
- Patients' care and treatment was planned and delivered in line with current evidence based guidance and standards
- Staff were qualified and had the skills they needed to carry out their roles effectively.
- The service exceeded targets in respect of time spent in MIUs and the time patients waited for treatment.
- The hospital had a clear statement of vision and values, driven by quality and safety.
- Unit managers had the experience, capacity and capability to lead the services and prioritised safe, high quality, compassionate care.
- Staff satisfaction was high. Staff said they were encouraged and supported to develop.

However:

- Staff did not always record medicine fridge temperatures in the MIUs in line with policy and there was no formal process for escalating concerns when a fridge was outside defined temperatures.

Summary of findings

Background to the service

ACE Minor injuries units are based at Clacton Hospital and the Fryatt Hospital, Harwich. The Minor Injuries Units is a nurse-led service. ACE promote the Minor Injuries Units as often being a-quicker alternative to attending Accident and Emergency departments for patients with less serious or minor injuries. Both MIUs provide treatment for a range of minor injuries and illnesses, including; wounds, sprains, strains, minor dislocations suspected fractures, removal of foreign bodies, burns and scalds, bites and stings.

Both MIUs operated as a walk in service. A Nurse Practitioner assessed patients. Nurse Practitioners have completed specialist training and have advanced skills in the treatment of minor injuries; they are able to order and interpret X-rays, and prescribe treatments.

Between April 2016 and October 2016, Clacton MIU saw 19,200 patients at an average of 2,473 patients a month. Between April 2016 and October 2016 Harwich MIU saw 4,767 patients at an average of 681 patients a month.

Clacton and Harwich MIUs share the same nurse staffing, policies, procedures and the online record system.

During the inspection, we spoke with 18 members of staff including the Primary & Urgent Care Manager, the lead nurse for the minor injuries units, the clinical lead, Advanced Nurse Practitioners, registered nurses, healthcare assistants, student nurses, and 11 patients and relatives. We observed episodes of care and reviewed 13 patient care records.

Areas for improvement

Action the provider MUST or SHOULD take to improve

- The provider should consider reviewing the children's waiting areas to ensure they provide visual and audible separation from the adult waiting areas in line with intercollegiate standards for Children and Young People in Emergency Care settings.
- The provider should ensure medicines including are stored in line with provider policy at all times.
- The provider should ensure equipment is stored safely and in line with provider policy at all times.

Anglian Community Enterprise Community Interest Company (ACE CIC)

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 safe as good because;

- Clinical areas were visibly clean. Staff carried out infection control procedures, such as hand hygiene and the use of personal protective equipment.
- Staff knew how to report incidents using the electronic reporting database and could give examples of incidents they had reported.
- Staff were trained to safeguarding adults, children level two, and safeguarding children level three where appropriate. Staff could tell us what would cause a safeguarding concern and the process to raise a safeguarding referral.
- Nursing staff completed clinical notes appropriately with evidence of presenting complaint, completion of relevant medical history including medications, appropriate diagnosis, and an evidence-based treatment plan.
- Nursing staff were aware and able to explain their understanding of the requirements of duty of candour.

However;

- Staff did not always record medicine fridge temperatures in line with provider policy and there was no formal process for escalating concerns when the fridge was outside defined temperatures.

Incident reporting, learning and improvement

- The urgent care services reported no serious incidents or never events from January 2016 to November 2016. A serious incident can be identified as an incident where one or more patients, staff members, visitors or member of the public experience serious or permanent harm, alleged abuse or a service provision is threatened. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- Reporting systems were in place to ensure that incidents were reported and investigated. Staff reported incidents via the online system. Nursing staff explained the process and gave examples of reported incidents.
- Staff confirmed they received feedback around incidents and gave examples of action taken because of

a reported incident**.** Managers provided staff with feedback on incidents via email, and team meetings. Minutes from two team meetings showed incidents to be a regular item on the agenda.
- We reviewed one incident regarding the discharge of a patient with learning difficulties who had not received sufficient information on ongoing treatment for their injuries. The incident had been investigated, and lessons learned had been disseminated to MIU staff.

Duty of Candour

- Staff knew the requirements and could explain their understanding of the requirements of Duty of Candour. This was supported by policy and training sessions for staff. 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.
- A senior member of staff told us that evidence of duty of candour would be recorded in the patients electronic notes and that it could consist of a conversation with the patient or in a letter as part of a response to a formal complaint.

Safeguarding

- Data across both units showed 100% of staff had received safeguarding training. All staff we spoke with felt the training was sufficient and were aware of the provider's safeguarding policy.
- All nursing staff were trained to safeguarding adults level two and safeguarding children level three. All Advanced Nurse Practitioners were trained to safeguarding children level three.
- Advanced Nurse Practitioner (ANP) staff received monthly-protected children's safeguarding supervision sessions where they had supportive discussions with the children's safeguarding lead to discuss any concerns.
- The safeguarding team provided face to face safeguarding training.
- Staff told us that they could access the safeguarding team by telephone for advice and described effective working relationships with the local adult and children safeguarding teams and other healthcare professionals, such as social workers and community nursing staff.
- We spoke with five members of nursing staff about safeguarding. All were able to tell us under what circumstances they would make a safeguarding referral. Staff demonstrated knowledge of the safeguarding guidance, what to do and who to contact should a concern be raised.
- Staff were aware of the female genital mutilation (FGM) policy and of their responsibilities in relation to FGM and child sexual exploitation.
- The electronic patient record system incorporated a safeguarding checklist for adults and children. ANPs sent School nurses or health visitors copies of children's attendances directly from the electronic system. This ensured children had the necessary follow up.
- Information about the safeguarding lead, contact details and safeguarding flow charts were displayed on notice boards in both locations we visited. The flow chart demonstrated the local safeguarding process for staff to follow in the event of a safeguarding concern.

Medicines

- Patient Group Directions (PGD) were adopted by the service to allow nurses to administer medicines in line with legislation. A patient group direction allows some registered health professionals (such as nurses) to give specified medicines (such as painkillers) to a predefined group of patients without them having to see a doctor.
- Independent nurse prescribers were supported by twice-yearly prescribing updates and access to quarterly prescribing data. A recent forum had focussed on antibiotics to encourage prescribing in line with local antimicrobial guidelines.
- We found that medicine that required storage in a fridge was not being kept at safe temperatures at the minor injuries unit in Clacton. Staff had recorded temperatures at levels outside of the recommended range and this had not been reported to management. This meant no action had been taken to make sure the medicines were still safe to use
- This was raised with a manager at the time. A replacement fridge from an empty ward was sought, and the existing fridge replaced. The manager obtained advice from the pharmacy team in relation to the safety of medication that had been stored in the fridge to ensure any necessary medications were disposed of.
- The MIUs at both Clacton and Harwich did not keep any controlled drugs on the premises.

Good

Are services safe?

Environment and equipment

- Both MIUs we visited were well maintained, free from clutter and provided a secure environment for treating patients.
- Premises were fit for purpose; the design and layout of MIUs meant staff could observe waiting patients from reception and consulting rooms. This meant reception and clinical staff could identify if a patient's condition deteriorated or if a patient or visitors' behaviour put other people at risk. There were a suitable number of seats available in all units including if the units were extremely busy.
- We inspected two resuscitation trolleys, one at each location. Staff checked resuscitation trolleys daily for an intact seal and weekly for a fully equipment check. We saw evidence that staff completed checks in October, November and December 2016 (up to the inspection date) for trolleys we inspected.
- Children's waiting areas did not provide visual and audible separation from the adult waiting area at either location. This was not compliant with Intercollegiate Children and Young People in Emergency Care settings standards.
- There was no dedicated children's consultation room at either Clacton or Harwich MIU.
- Wheelchairs were available at both MIU locations for patient use.
- Firefighting equipment was readily available and in date with routine servicing at both locations.
- During the inspection, we found the medical storeroom and dirty utility doors wedged open and accessible to the public in Clacton MIU. Both rooms contained equipment such as hypodermic needles and disposable razors. This was raised with the manager at the time and appropriate action was taken including the fitting of a keypad lock to the medical storeroom.

Quality of records

- Both locations held and recorded Patient details on an electronic system.
- We reviewed 13 patient records across both locations. Staff completed clinical notes appropriately with evidence of presenting complaint, completion of relevant medical history including medications, appropriate diagnosis and an evidence based treatment plan.
- There was evidence of referrals to additional services including general practitioner (GP) services and the eye clinic.

Cleanliness, infection control and hygiene

- The provider completed monthly hand hygiene audits for MIU staff. In March 2016, there was 96% compliance with hand hygiene. This was displayed in the public waiting areas
- Waste was appropriately segregated with separate colour coded arrangements for general waste, clinical waste, and sharps (needles). Bins were clearly marked with foot pedal operation and were within safe fill limits.
- Cleaning was outsourced at Clacton MIU to a private company who managed the recording and quality assurance of the cleaning services provided.
- Health care assistants (HCAs) completed cleaning at Harwich MIU and we saw cleaning records signed at the end of each week by an ANP.
- Protective equipment, such as gloves and aprons, were available at Harwich and Clacton MIU and we observed staff using these appropriately. We also observed staff washing their hands between patients.
- Staff were 'bare below the elbow' to allow effective hand washing.

Mandatory training

- Mandatory training covered a range of topics, including fire safety, health and safety, basic life support, safeguarding, manual handling, infection control, information governance and conflict resolution.
- Team leads received notification when mandatory training was due for their team members.
- The provider target for mandatory training was 95%. At the time of our inspection, the service was 100% compliant for mandatory training.

Assessing and responding to patient risk

- Reception staff at Clacton and Harwich MIUs told us that if a patient presented with symptoms suggesting serious illness, such as chest pain, or serious injury, such as heavy bleeding, they would escort the patient immediately to a treatment area and summon the registered nurse. There was an emergency alarm easily accessible for the reception staff to summon immediate help if required.
- All administration staff had completed basic life support training as part of their mandatory training.

Good

Are services safe?

- Staff completed an electronic assessment record for each patient who attended the unit. This record included the recording of baseline observations. The MIUs used a nationally recognised early warning score tool for adults and a separate one for children to ensure staff were alerted to the need to escalate the management of a seriously injured, unwell or deteriorating patient. There was an assessment tool in place to identify sepsis (a potentially life threatening complication of infection).
- Patients were allocated a category at triage. The numbers ranged between one and five. One required immediate response and five was a non-urgent presentation to the unit.
- Each child was provided with an individual risk assessment. To ensure children received the appropriate treatment, when inputting into the electronic record, clinicians were prompted to answer a series of questions, which formed an individual risk assessment for that child.

Staffing levels and caseload

- The units were operating up to establishment for trained nursing and support staff with an appropriate skills mix to ensure patients were safe and received the right level of care.
- Staffing levels were based on a regular review of demand conducted by the MIU Manager throughout the year using the electronic patients recording system and the staffing rosters.
- MIU staffing consisted of Advanced Nurse Practitioners (ANPs), registered nurses, health care assistants and reception staff.
- There was an effective system in place for the induction of agency and bank staff. We spoke with agency staff that were employed at Clacton Hospital MIU during the inspection who told us they felt their induction was sufficient. We also saw completed agency induction checklists.
- Managers told us that MIU had one whole time ANP vacancy, which they did not recruit to as this gave them flexibility to cover the busy tourist influx that Clacton had as a seaside holiday resort over the summer months.
- The Harwich MIU was staffed by one lone working ANP for four out of the seven days a week. An ANP we spoke to onsite told us about the instant messaging service they used to keep in regular contact with reception staff and other ANP colleagues at Clacton for example for additional clinical opinion, and they valued this resource.

Managing anticipated risks

- There were panic alarms in each clinical room. The alarm sounded in the reception area as well as in the clinical areas. Reception staff confirmed that they were aware of the procedure if the alarm was triggered.
- All staff had access to online instant messenger through their computers to subtly alert clinicians or reception staff to concerns in MIU.
- The service had a list of agency or bank staff that would be able to be called in at short notice if there was an incident or a surge of activity at either unit. Staff were also able to work at either unit if required.

Major incident awareness and training (only include at core service level if variation or specific concerns)

- There was a documented major incident and business continuity plan across all units. This listed key risks, which could affect the provision of care and treatment, such as fire, loss of utilities or disruptions to staffing levels. Staff knew how to access this.
- A list of key contacts for use in an emergency was accessible to staff, such as the unit manager.

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 this service as good for effective because:

- Clinical guidelines used within both MIUs were based upon the most recent best practice guidance.
- MIU staff were trained appropriately so that patients had no delay in receiving x-ray interpretation for on-going treatment.
- Patients were discharged from MIU with information about how to manage their condition.
- Staff assessed patient pain appropriately at initial triage.
- Hospital performance data showed that re-attendance rates were below locally agreed thresholds.
- Experience was shared internally amongst staff teams to support learning.
- Staff who were in developmental posts reported feeling supported in their roles.
- Patient consent was recorded within narrative fields in the electronic patient record, which all clinical staff could access, as required with secure login

Evidence based care and treatment

- Bank and substantive staff could access clinical policies via the staff intranet.
- The National Institute of Health and Care Excellence (NICE) Clinical Skills and Knowledge of 'sore throat – acute: management of sore throat in primary care' guidance was on display on the staff notice board at Clacton MIU and was last reviewed in July 2015.
- The deteriorating patient policy referenced the latest Resuscitation Council guidelines from 2015, and the associated flowcharts were displayed in MIU resuscitation areas.
- X-ray services were available at both Clacton and Harwich MIUs. Senior ANP staff that were trained to review and analyse patient x-rays had the option to request a medical review by accident and emergency clinicians at local NHS hospitals if they required a second opinion. This meant that the patient had no delay in receiving their x-ray results and any on-going care.
- Patients seen within either of the MIUs were given the choice, if they needed any follow-up treatment for changes to dressings or plaster, of returning to the MIU, or alternatively seeking their own general practitioner advice.
- The service had many patient information leaflets in patient waiting areas at both MIU sites, and we observed ANP and healthcare assistant staff providing patients with information to take home with them about their condition.
- Managers told us that the patient information was available in a wide variety of languages, which clinicians could print off for patients to take home with them.
- Patients we spoke with had been given information to take home with them.

Pain relief

- We observed pain assessments being used. MIU staff used the pain assessment toolkit, which asked patients to determine their level of pain on a scale of zero to 10, with 10 being the most unbearable. Children's pain was assessed using an age appropriate tool where children were asked to point at faces to indicate their level of pain.
- Staff were able to administer oral pain relief, such as paracetamol, under Patient Group Directions.
- The Clacton MIU team had medical general practitioner support one day a month, and some of this time was taken conducting audits of patient's pain relief against six best practice audit standards with findings reported back to individual members of staff to help them improve.

Nutrition and hydration

- There were no vending machines available within the Clacton MIU patient waiting area, shared by children and adults, but there was a notice that reception staff could provide glasses of water on request. There was also a restaurant with vending machines located in a different part of the building.

Good

Are services effective?

- At the Harwich site, in the main patient waiting area there was a water cooler with disposable plastic cups available for patients to help themselves to, as well as three vending machines selling hot and cold drinks and snacks.

Patient outcomes

- Re-attendance rates at Clacton MIU were better than target thresholds of five per cent. Hospital performance data showed that between April and October 2016, 196 (1%) of the 19,200 patients' attending Clacton MIU had unplanned re-attendances to a local NHS accident and emergency department.
- Harwich MIU performed better than the target thresholds for patient re-attendance of five per cent. Performance data showed that between April and October 2016 83 (2%) of the 4,767patients' attending Harwich MIU had unplanned re-attendances to a local NHS accident and emergency department.

Competent staff

- One of the developmental staff nurse posts told us that they felt they had had a lot of support in relation to training and while proactively finding free courses specific to their area of interest, the MIU manager had supported them with study time to complete the course.
- Managers told us that if any performance issues were identified, then support would be offered by shadowing competent colleagues, followed by one-to-one support to work through competencies, with formal performance management being the last resource.
- Clacton MIU had a registered General Practitioner (GP) who was available for a day a month to provide clinical supervision and training to staff.
- Staff received an annual appraisal. Data seen at the inspection showed 100% of MIU staff had received an appraisal in the last 12 months

Multi-disciplinary working and coordinated care pathways

- The local general practitioner surgery doctors could access patients electronic records for patient who required on going care. Staff at both units, were in close contact with local GPs. GPs were sent discharge summaries of patient attendances at MIU.
- MIU staff reported good working relationships with radiographers with whom they could discuss results.
- Staff told there was effective working between physiotherapists and MIU, for example, patients were referred from the nurse led fracture clinic for physiotherapy if required.
- The unit had an effective working relationship with the GP out of hours service.

Referral, transfer, discharge and transition

- ANPs had direct online access to partner services to refer patients they had seen into appropriate services such as; orthopaedics for broken and fractured limbs, burns specialists, and local NHS paediatric services for specialist treatment.
- School nurses or health visitors were sent copies of children's' attendances directly from the electronic system, this ensured children had necessary follow up.
- Patients were given advice following treatment. This was both verbal advice and written guidance on what to expect with their condition, how to care for themselves and when to seek further help. We saw this was well documented in patients' records.
- We saw notices at the entrances to both units giving clear instructions to patients on how they could access immediate care and treatment when the units were closed, which included the GP out of hours service and local emergency departments.

Access to information

- MIU patient records were all electronic, which meant that MIU and GP staff could access records as required, using secure log in procedures.
- ANP staff working at both MIU's had access to x-ray images via secure log in to an electronic system. Images from the system could not be moved across to the electronic patient record but if a patient whose general practitioner did not have access to the same system network required an image, there was a system in place to transfer image copies on a disc.
- GPs were sent discharge summaries of patient attendances at MIU

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- In July 2016, Mental Capacity Act (MCA) training was recorded at 95% across all services, and in December 2016, MIU staff achieved 100% compliance with MCA and Deprivation of Liberty Safeguards (DoLS) training requirements.

Good

Are services effective?

- Staff had access to best practice policy guidance. MIUs had in place an MCA and DoLS policy for all clinical staff to access with process flowcharts and forms for completion.
- We observed MIU patient consultations with ANPs and saw examples of patient's providing 'implied consent' for example an ANP said to a patient with a sutured finger, "I will need to take a look at that", and the patient responded by offering their finger for review.
- Consent forms were not used, but narrative descriptions were recorded in the electronic patient record.
- Staff demonstrated understanding of the issues around consent and capacity for adults and children attending the units. Staff told us if they were unsure in any circumstances, they would seek guidance from senior staff or from the safeguarding lead.
- Nursing staff told us that DoLS was not used at Clacton, as the unit had no means of 'containing' a patient. If staff were concerned then they would contact the police for assistance.

Good

Are services caring?

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

Summary

We rated this service as good for caring because:

- Results from the NHS Friends and Family Test were consistently positive.
- Children were treated as individuals and spoken to directly by practitioners, rather than practitioners referring to parents or guardians.
- Patients we spoke with were able to raise any concerns they had at the time and receive the information they required.
- Staff shared X-ray images with the patient and provided thorough explanations on their diagnosis and treatment options.
- We observed staff giving patients informed choices over their treatment options.
- Patients spoke very highly of the care they received at both MIU sites.
- Staff showed respect for patients' privacy and dignity and we observed all staff interacting positively with patients.
- Staff supported patients' emotional needs. We observed two interactions with very nervous patients and saw that the nurse was supportive, and considerate to the patients' needs.

Compassionate care

- We spoke with 11 patients and relatives across both sites. Feedback from patients was consistently positive about the care provided. Patients told us they were cared for in a kind and compassionate manner by staff.
- We observed Advanced Nurse Practitioners (ANPs) providing care to children. ANPs provided care in a very professional manner, for example staff spoke directly to children rather than parents/guardians and asked the patient about their pain, and if they wanted any pain relief.
- Results from the friends and family tests showed that 96% of patients that used the service and responded to the questionnaire in the third quarter of 2016 would recommend the service to friends and family.
- We observed ten patient consultations and saw that staff treated patients in a caring way and that they respected their dignity and privacy. We observed all staff knocking on doors and waiting for a response from staff or patients before entering when patients were being treated in closed treatment rooms.
- During our inspection, all staff were courteous and polite to service users.
- Staff introduced themselves to patients and explained their job role.
- Chaperone notices were displayed in both MIU reception areas, A Health Care Assistant we spoke with told us that they were often requested to chaperone male and female patients undergoing intimate examinations. They confirmed that there was the option of male or female chaperones for patient support.
- An elderly patient we spoke with told us that they had been unable to gain access to see their general practitioner but were concerned about an injury. The patient told us that the receptionists at Harwich MIU had tried on the patients behalf to book a doctor's appointment, and when that was not possible had promised that the patient would be seen by MIU staff. The patient was very complimentary of the service and grateful for being seen.
- We observed an elderly patient requesting that the ANP did not touch the sensitive area close to their stitches. The ANP acknowledged the request and discussed pain relief and treatment options with the patient. We noted that the ANP did not touch the affected area as the patient had requested.

Understanding and involvement of patients and those close to them

- Patients and relatives told us they were involved and kept up to date with their care and treatment. They said the staff took time to make sure the patients and relatives understood the care and treatment and the options available.
- Staff respected patients' rights to make choices about their care. We observed staff speaking with patients clearly in a way they could understand.
- We observed an ANP explaining x-ray results to a child patient and their mother, and that the patient was given options about their treatment.

Good

Are services caring?

- We were assured that patients were able to access sufficient information about their care and understand what clinicians were telling them about their care. The MIU manager showed us translated leaflets on patient information that can be printed in many languages other than English.
- Patients we spoke with told us that they felt able to ask questions and raise any concerns within their consultation and they all told us that they felt confident to, and received appropriate feedback.
- Nursing staff we spoke gave us examples of when they had met with families and had cause for concern about an individual's safety. They told us that they would discuss this gently with the family and suggest that additional support from social care or a health visitor may be of benefit. Staff told us that if this was not received appropriately, nursing staff would escalate this to a safeguarding lead, and we witnessed this happening at the time of inspection.

Emotional support

- We observed staff providing reassurance and comfort to patients. Patients told us they were supported with their emotional needs.
- Our observations and discussions with patients confirmed staff were understanding, calm, reassuring and supportive.
- The provider's public facing website had pages for children and young people to signpost them to support and information about concerns or treatment they may be facing via hyperlinks for example,
- Play techniques were used to distract young children. A very young child returned to the waiting area carrying a teddy bear, which the mother said, was for the child and had been used as a distraction technique during the consultation.

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 responsive as good because:

- Staff worked with other teams and with the local acute hospital to improve patient flow and to make sure that patients received the right level of care in the right place.
- The service had access to a telephone translation service to assist people who did not speak or understand English.
- We saw evidence that staff referred patients to appropriate additional services including district nursing, the out of hospital team and social services.
- There was a robust process for handling complaints. Senior staff gave us examples of learning from complaints and we saw evidence that learning was shared with staff at team meetings.
- Patient information leaflets were available for a wide range of injuries and illness and in a variety of languages.

Planning and delivering services which meet people's needs

- At the time of our inspection, the commissioning of minor injuries services in the area was under public consultation.
- Patients told us they appreciated the short waiting times in comparison to local emergency departments.
- Seasonal fluctuations in activity, for example due to an increase in tourist activity over the summer were discussed and planned for at managers meetings, in conjunction with unit staff, and staff rotas arranged accordingly.
- Local people were aware of the service offered by the units and they were used appropriately with patients attending with suitable injuries and illnesses.
- There was a public and staff restaurant at the Clacton site, which was open daily from 8.30am to 2pm. There were three vending machines available next to and outside of the restaurant area.

Equality and diversity

- Access to language services was easily available to staff. Staff could request interpreters and patients used translators over the phone. One member of staff we spoke with had used the service and found it responsive.
- Guidance was available on how to access interpreting services on the provider intranet.
- Patient information leaflets were available for a wide range of injuries and illness. Hard copies were available in English. However, staff showed us that all leaflets could be downloaded in a range of languages.
- Both units we visited had hearing loop facilities for patients who had difficulty with hearing.
- Both units were wheelchair accessible and reception desks were of a suitable height to accommodate patients using a wheelchair. Disabled toilet facilities were available in all units. There was space within the fixed seated waiting area to accommodate a wheelchair. Wheelchairs were available for patients to use at both Clacton and Harwich hospital.

Meeting the needs of people in vulnerable circumstances

- A chaperone service was available for patients when required. Harwich and Clacton MIUs displayed information offering patients a chaperone in the reception area.
- All staff had received dementia awareness training and they were able to describe how they would ensure that patients would receive the appropriate care and after care for patients with dementia.
- Staff told us that the service had responded to concerns about patients attending due to domestic abuse by providing a partitioned waiting area in Clacton for patients meaning that they were not visible to passers-by outside the building

Access to the right care at the right time

- The MIU at Clacton is open 9am – 9pm every day including weekends and public holidays. X-ray is available at the Clacton MIU 9am - 5pm Monday to

Good

Are services responsive to people's needs?

Friday and 10am - 4pm at weekends and public holidays. The MIU at Fryatt Hospital Harwich is open 7 days a week 9am - 5pm. X-ray is available at the Harwich MIU Monday to Friday 8am - 12:30pm.

- Between April 2016 and October 2016, the average admit, transfer or discharge time was 2 hours 28 minutes Clacton MIU and 1 hour 50 minutes at Harwich MIU.
- The provider consistently achieved above the national target, which requires the number of patients who leave the units before being seen (by a clinical decision maker) to be less than 5% (recognised by the Department of Health as being an indicator that patients are dissatisfied with the length of time they have to wait). The proportion of patients who left before being seen in the period April 2016 to October 2016 was 2% at Clacton MIU and 1.4% at Harwich MIU.
- The reception desk at Clacton MIU displayed expected waiting time to be seen notification for patients and relatives, over three days of inspection this ranged from 15 mins to 1 hour. However, this was not always consistent with the waiting periods patients experienced, one patient reported waiting two and a half hours with no updates from reception staff.
- Staffing levels were increased during busy tourist periods to ensure that that delays in patients being seen was minimised.

Learning from complaints and concerns

- The unit had received six complaints in the 12 months up to our inspection. Staff told us that complaints were fully investigated and nurses involved were given feedback.
- Managers shared learning from complaints team meetings. Minutes from two team meetings were seen and evidenced that complaints were a regular agenda item.
- At Clacton MIU, the service had responded to a patient complaint via their use of a poster stating that a complainant had requested that the nurse in charge name was displayed for patients and relatives to be able to access. The poster stated that the service now had the daily shift leader named on the reception desk. We did not see evidence of this at the time of inspection.

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 this service as good for well led because:

- There was an effective governance framework in place. Quality, risks and performance issues for urgent care were monitored through Quality and Safety Assurance meetings
- There was a clear vision and set of values, which were linked to the overall organisational strategy.
- There was a high level of staff satisfaction. Staff said they were encouraged and supported to develop. Staff were proud of the teamwork within the units and felt supported by the management team.
- The service proactively engaged and involved staff through regular service meetings.

Leadership of this service

- The leadership team consisted of the MIU Manager and Integrated Care Manager who reported to the Assistant Director of Operations.
- Lines of delegation within both MIUs are that Health Care Assistant's and developmental roles report to Advanced Nurse Practitioner (ANPs), who in turn report to the MIU Manager and Integrated Care Manager.
- Senior team members such as the MIU Manager, Children's Safeguarding Lead, and Integrated Care Manager were visible and approachable in the MIU units and integrated with staff.
- Leaders encouraged appreciative, supportive relationships with staff. ANPs often come from very different backgrounds and therefore have different clinical experiences and specialities. Staff told us about an ANP who had been employed who had very specialist skills in putting shoulders back into sockets, and leaders had encouraged shared learning from this specialist experience to expand clinical skills.
- Staff told us about two members of staff who had progressed into clinical training posts following initial employment within the reception area at MIU.
- Clacton MIU had developmental posts for nurses wishing to ANPs. One registered nurse we spoke to told us that they felt supported and whilst they had been proactive in seeking additional specialist free training, their manager had approved their time off the rota to attend the training.

Service vision and strategy

- There was a clear vision and set of values, which were linked to the overall organisational strategy.
- The provider had a vision, commercial mission, social mission and values.
- The vision included innovation, quality value, and accessible services to all.
- Staff were able to articulate the provider vision and the values when asked.
- Staff did not describe a specific vision or strategy for how the MIUs linked into the provider or how they hoped to develop in the future.

Governance, risk management and quality measurement

- The Integrated Care Manager provided a monthly service summary report, which included vacancy levels, staffing issues, complaints, and risks, to the Assistant Director of Operations where this was reviewed at Director level. Service summaries were discussed at Quality and Safety Assurance meetings, with areas of concern or for commendation reported into the Quality Development Committee (QDC).
- The QDC can request more detailed investigations into issues, for example if there is an increase in pressure ulcers, which was a recent example that staff provided to us. The Integrated Care Manager can then be invited to the QDC to be challenged on any issues found in their area
- The provider had a corporate risk register that each individual service fed into. The service was currently working on having its own MIU risk register.

Culture within this service

- We found the culture within both MIUs to be supportive to patients and staff members. Examples included cross-cover provision for colleagues involved in safeguarding concerns to allow them space and time to

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accurately report, staff sharing clinical skills for knowledge growth, and excellent reception staff at Harwich who were dedicated to helping individual patients receive the assessment and treatment they required.

- Both substantive and agency staff who we spoke with told us that they enjoyed the working environment and felt able to escalate any concerns they had to the MIU Manager
- The September 2016 and November 2016 team minutes we reviewed reflected actions taken in response to training, complaints and incidents.

Public engagement

- A three monthly 'ACE matters' newsletters updating the public on projects was published and available to members of the public through the provider website.
- The MIU staff ask all patients to complete a patient survey once they have been assessed and treated. Perspex boxes full of completed surveys were on display on each reception desk. The administrative team leader collates the narrative from the feedback and produces a report for the MIU manager to review. The template format does not enable staff to easily identify themes and trends and currently does not show months or patient contact details, for example if the feedback looks like a complaint, to allow for local resolution

Staff engagement

- MIU team meetings are held every three months. We reviewed meeting notes from 9 September 2016 and 29 November 2016. Within the meetings incidents, risks and mandatory training were covered, the manager emailed these to all members of MIU.
- The provider holds monthly 'Friday forum' meetings which are open to all staff members both clinical and non-clinical to share learning and experiences in relation to issues such as record keeping, and quality improvement tools.

Innovation, improvement and sustainability

- At the time of our inspection, the local Clinical Commissioning Group was undertaking a review of urgent care services, which included consulting with the public. The review was due to conclude in May 2017. The focus of the review was to make improve urgent care services and make them more sustainable into the future.