

# Market Harborough Minor Injury Unit

## Quality Report

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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 Market Harborough Minor Injury Unit on 17th January 2017. We inspected the service provided by Market Harborough and Bosworth Partnership, Monday to Friday 8.30am to 5pm.

Overall Market Harborough Minor Injury Unit is rated as good.

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

- Market Harborough and Bosworth partnership had a governance framework in place with systems and processes in place to support the delivery of their strategy.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Market Harborough Minor Injury Unit had an effective system in place to safeguard adults and children from abuse.
- Overall risks to patients were assessed and well managed.
- Patients' care needs were assessed and delivered in a timely way according to need.
- 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.
- Patients 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.
- Market Harborough Minor Injury Unit 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 facilities which were well equipped to treat patients and meet their needs.
- 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.

# Summary of findings

- 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 system for significant events and ensure meeting minutes include discussions and decisions made.
- Review the current triage protocol to ensure it provides staff with sufficient guidance when patients attend the minor injury unit.
- Ensure that audits carried out evidence where the improvements were made, implemented and monitored.
- Review the frequency of nurse meetings for clinical supervision to ensure they take place on a regular basis.
- Continue to monitor risk assessments undertaken by NHS Property Services to ensure the actions and remedial work has been carried out.

**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?

Market Harborough Minor Injury Unit is rated as good for providing safe services.

Good



- There was a system in place for recording, reporting and learning from significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Lessons were shared to make sure action was taken to improve safety in the service.
- The practice had an effective system for dealing with safety alerts.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- There were effective arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.
- When things went wrong patients were informed in keeping with the Duty of Candour. They were given an explanation based on facts, an apology if appropriate and, wherever possible, a summary of learning from the event in the preferred method of communication by the patient. They were told about any actions to improve processes to prevent the same thing happening again.
- 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.

### Are services effective?

Market Harborough Minor Injury Unit is rated as good for providing effective services.

Good



- Staff provided urgent care to walk-in patients based on current evidence based guidance and patient needs were met in a timely way.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- A system for quality improvement, including clinical audit was in place.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

# Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

Market Harborough Minor Injury Unit is rated as good for providing caring services.

- Feedback from the large majority of patients through our comment cards and collected by the provider was very positive.
- 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 Market Harborough Minor Injury Unit.

Good



## Are services responsive to people's needs?

Market Harborough Minor Injury Unit is rated as good for providing responsive services.

- The Minor Injury Service provided by Market Harborough and Bosworth Partnership was tailored to meet the needs of the individual patient and were delivered in a way to ensure flexibility choice and continuity of care. Patients could access the service in a way and time to suit them.
- The service had facilities which were well equipped to treat patients and meet their needs.
- The service had systems in place to ensure patients received care and treatment in a timely way.
- 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.

Good



## Are services well-led?

Market Harborough Minor Injury Unit is rated as good for being well-led.

Good



# Summary of findings

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. 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. Market Harborough and Bosworth Partnership had a number of policies and procedures to govern activity and held regular governance meetings.
- Market Harborough and Bosworth Partnership who ran the Market Harborough Minor Injury Unit had 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.
- On the day of the inspection we saw that high standards were promoted and owned by all staff.
- Quarterly meetings at the minor injury unit were well documented with a set agenda for discussion.
- 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 had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- 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.

# Summary of findings

## What people who use the service say

We looked at various sources of feedback received from patients about the minor injury unit.

The practice had gathered feedback from patients through patient surveys, Friends and Family Testing (FFT), NHS Choices and complaints received. From June to December 2016 the practice had nine responses in which all would recommend the minor injury unit to family and friends.

NHS Choices feedback had 10 reviews in total from March to December 2016. We found that the practice had responded to each review. Nine were very positive about

the service received. One was negative and we found that the provider had responded and put a plan in place for the member of staff to update on infection control procedures.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 7 comment cards which were all positive about the standard of care received. Patients expressed their appreciation of the minor injury facility at Market Harborough Hospital and said it provided an essential service. They described the minor injury unit as excellent and a prompt service. Staff were helpful, polite, considerate, caring, professional and friendly.

## Areas for improvement

### Action the service SHOULD take to improve

- Continue to embed the system for significant events and ensure meeting minutes include discussions and decisions made.
- Review the current triage protocol to ensure it provides staff with sufficient guidance when patients attend the minor injury unit.
- Ensure that audits carried out evidence where the improvements were made, implemented and monitored.
- Review the frequency of nurse meetings for clinical supervision to ensure they take place on a regular basis.
- Continue to monitor risk assessments undertaken by NHS Property Services to ensure the actions and remedial work has been carried out.

# Market Harborough 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 included a GP specialist adviser and a practice nurse specialist adviser.

## Background to Market Harborough Minor Injury Unit

Market Harborough Minor Injury Unit (MHMIU) is part of The Market Harborough and Bosworth Partnership. It is located in Market Harborough District Hospital.

The unit's services are commissioned by East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG).

The minor injuries unit provided a service which was available to patients registered with any GP. The minor injury unit have a set criteria of injuries and illnesses which has been agreed with the ELRCCG.

At the Minor Injury Unit the service is provided by one unit manager, one deputy manager (both of whom are independent nurse prescribers, 4 emergency nurse practitioners, one health care assistant and two receptionists.

The Market Harborough and Bosworth Partnership is a General Practice Partnership open to all patients living within the boundaries of Market Harborough Medical Centre and Husbands Bosworth Surgery. It has three locations registered with the Care Quality Commission (CQC).

Market Harborough Medical Centre, 67, Coventry Road, Market Harborough, Leicestershire, LE16 9BX.

Husbands Bosworth Surgery, Kilworth Road, Husbands Bosworth, LE17 6JZ.

Minor Injuries Unit, Market Harborough and District Hospital, 58, Coventry Road, Market Harborough, Leicestershire, LE16 9DD.

The location we inspected on 17 January 2017 was Minor Injuries Unit, Market Harborough and District Hospital, 58, Coventry Road, Market Harborough, Leicestershire, LE16 9DD. This is located within Market Harborough District Hospital.

Market Harborough Minor Injuries Unit was open between 8.30am and 5pm Monday to Friday excluding weekends. It is a walk in service and no appointments are required. We were told by the management team that this service would move to St Luke's Hospital in March 2017 but would continue to be run by Market Harborough and Bosworth Partnership.

Market Harborough and Bosworth Partnership had a website [www.marketharboroughmedicalcentre.co.uk/](http://www.marketharboroughmedicalcentre.co.uk/) which we found had an easy layout for patients to use. It enabled patients to find out a wealth of information about the healthcare services provided by the partnership at all of its registered locations.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided for Leicester City, Leicestershire and Rutland by Vocare Ltd and the 111

# Detailed findings

service is provided by Derbyshire Health United. There were arrangements in place for services to be provided when the practice is closed and these are displayed on the practice website.

## 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 practice and asked other organisations to share what they knew.

We carried out an announced visit on 17 January 2017.

During our visit we:

- Spoke with a range of staff.

- Observed how patients were being cared for.
- 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?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- The Market Harborough and Bosworth Partnership had implemented a new system for the reporting, recording, investigation and analysis of significant events at all of their three locations since March 2016. We looked at significant event reporting at the Minor Injury Unit and found that they had only one significant event reported in the last 12 months. We found it had been reported, recorded and thoroughly investigated. We saw that Market Harborough and Bosworth Partnership reviewed and discussed all significant events for the three locations on a monthly basis. Actions had been reviewed at the initial review and further reviewed at the monthly meeting. We found three incidents in meeting minutes of 21 April 2016 which fitted the SEA criteria set out in the practice policy. We also found it was difficult to track discussions that had taken place from the minutes we reviewed. We spoke with the management team who agreed to add further detail in future meeting minutes. For example, when they had reviewed an event and made the decision to discuss as a near miss and not a significant event.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the 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, an apology where appropriate and were told about any actions to improve processes to prevent the same thing happening again.
- Market Harborough and Bosworth Partnership carried out a thorough analysis of the significant events and ensured that learning from them was disseminated to staff and embedded in policy and processes.
- We saw that the Market Harborough and Bosworth Partnership had an effective system in place for dealing

with patient safety alerts. This included dissemination to the Market Harborough Minor Injury Unit. There was a safety alerts policy in place which had been reviewed in June 2016. We saw evidence of alerts that had been actioned as necessary and where appropriate been discussed at meetings. For example in regard to emergency hormones and the use of and saw that the necessary action had been taken and this had been documented where appropriate.

### Overview of safety systems and processes

The service had clearly defined and embedded systems, processes and services 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. GPs and emergency nurse practitioners were trained to child safeguarding level 3.
- A notice in the waiting room 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. There was an infection control protocol in place and staff had received up to date training. Minor Injury staff had named responsibility for different areas. Cleaning schedules were in place for specific equipment used by the minor injury staff. For example, stethoscopes, blood pressure monitor, pulse oximeter and tympanic thermometer. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

## Are services safe?

- There was a system in place to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidance e.g. automatic defibrillator, blood pressure monitoring machines and thermometers.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references and qualifications. Further information in regard to registration with the appropriate professional body, appropriate indemnity and the appropriate checks through the Disclosure and Barring Service was available within a separate file.

### Medicines Management

- There was a named GP responsible for the minor injury unit who supported the unit manager on a day to day basis as required.
- Medicines were kept safely. Medicines were stored in secure cupboards that met legal requirements. We observed that the stores were kept clean and in a neat and orderly manner. Staff told us that they checked the stock and expiry dates on a monthly basis. We saw that all the medicines we viewed during the inspection were in date. However we found that one item of stock was not on the stocklist. We brought this to the attention of the unit manager who immediately rectified the stock list to ensure it was correct.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Two of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines. Although staff we spoke with told us they received good supervision and support from the medical staff for this extended role we saw that they had not received any formal supervision since 22 June 2016.
- Qualified staff used Patient Group Directions (PGD) to supply or administer medicines without prescriptions. PGDs provide a legal framework which allowed some registered health care professional to supply and/or administer specified medicines, such as painkillers to a predefined group of patients without them having to see a doctor.
- In May 2016 we saw audit of antimicrobials (antibiotics) supplied through a patient group directive (PGD) was carried out to ensure the continued safe and appropriate supply of antimicrobials through a PGD.

The audit showed good compliance with both the PGD criteria and appropriate antibiotic use. We saw information in the waiting room for patients in the use of antimicrobials and the minor injury unit staff had signed up to be antibiotic guardians.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- The property in which Market Harborough Minor Injury Unit occupied a number of rooms located within Market Harborough District Hospital. It was shared with other services and was maintained by NHS property services. We saw evidence that maintenance was undertaken as required, for example legionella and fire safety systems. There was a process in place for staff to report any faults or problems and they confirmed that most issues were dealt with in a timely manner.
- There were procedures in place for monitoring and managing risks to patient and staff safety. Risk assessments had been completed by Market Harborough and Bosworth Partnership and each risk was rated and mitigated.
- NHS Property Services had risk assessments in place to monitor safety of the premises such as fire and legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings). We found that remedial actions had been identified for both. On the day of the inspection the management team were not aware if these had been completed. Since the inspection they had sent further information to confirm completion of these actions.
- A fire drill took place at the Market Harborough and District Hospital on 7 June 2016. The minor injury unit manager and staff took the lead.
- There was a system in place to ensure patients received appropriate clinical assessment by appropriately qualified clinical staff within 15 minutes of presenting at the minor injury unit. Staff told us that, in general, patients were seen in turn. However, reception staff had been told to alert a senior member of staff for anyone who presented with symptoms that may indicate that more urgent care or treatment was necessary.
- 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.

## Are services safe?

- 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 minor injury unit was staffed by emergency nurse practitioners, health care assistants and reception staff. In the event of staffing shortfalls staff from the minor illness unit at Market Harborough Medical Centre would support the team to meet expected demand.

### **Arrangements to deal with emergencies and major incidents**

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

- There was a system to alert staff to any emergency. The minor injury unit had a triage protocol for when patients arrived. On the day of the inspection we were not assured the current triage provided staff with sufficient guidance to ensure patient safety in the event of an emergency and asked the management team to review it.
- 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 masks.
- Emergency medicines were easily accessible and all staff knew of their location. All the medicines we checked were in date and stored securely. However we found that a medicine was in the cupboard which was not included on the stock check list. We spoke with the management team. Since the inspection the unit manager has updated the list to ensure that it contained all the stock within the medicine cupboard.
- The service had a comprehensive Disaster handling and business continuity recovery protocol in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for 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. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example, Sepsis and bronchiolitis in children. The unit manager 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 so there was no need to refer to a GP although advice could be sought from orthopaedic surgeons at the local NHS trust. 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.
- The health care assistants who undertook baseline observations when patients arrived at the service had been trained to recognise normal values and vital signs, which enabled them to escalate concerns to nursing team.

### Management, monitoring and improving outcomes for people

There was evidence of quality improvement including clinical audit. There had been four clinical audits completed in the last two years, one of these were completed audits We saw that these had been discussed at the quarterly team meeting but further information was required to evidence where the improvements made were implemented and monitored.

- The service participated in local audits, national benchmarking, accreditation and peer review.
- We looked at three audits completed in 2016 which showed the unit manager monitored the quality of patient records. The audit had been carried out on a

random 30 records and follow-up notes. Actions had been put in place, for example, in the recording of consent and the last audit in August 2016 demonstrated 100% compliance.

- Market Harborough Minor Injury Unit carried out regular nurse peer reviews. Peer review in nursing is described as the process by which practicing registered nurses systematically access, monitor, and make judgments about the quality of nursing care provided by peers as measured against professional standards of practice. In minutes of meetings we reviewed we saw that these had been discussed and actions put in place where appropriate.

### Effective staffing

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

- Market Harborough and Bosworth Partnership had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. 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. There were systems in place for clinical supervision of staff. We saw evidence that staff had very good support from their manager who was the clinical lead nurse.
- We saw there were systems in place to annually appraise all levels of staff.
- There was a process in place to assess the training needs of all staff and this was conducted on a yearly basis.
- We looked at the training records held in the minor injury unit. We found that staff had been provided with regular mandatory training through a variety of face to face or e-learning modules, for example, safeguarding, fire safety awareness, basic life support and information governance. Infection control, manual handling, equality and diversity and chaperoning.

# Are services effective?

(for example, treatment is effective)

- The minor injury unit could also demonstrate how they ensured role-specific training and updating for relevant staff. For example, update training on patients who have sustained burns, revalidation with the Nursing and Midwifery Council, Advanced Nurse Practitioners (ANP) who undertook this role were signed off as competent and had received appropriate training in clinical assessment. There was evidence that HCAs had undertaken specific training for each aspect of their role and had been assessed as competent.
- Records showed that all six emergency nurse practitioners were trained in both minor injury and minor illness.
- Staff involved in handling medicines received training appropriate to their role. It was noted in minutes of the 10 January 2017 that a further nurse prescribing clinical supervision session would be planned but no date had been agreed.
- The provider worked collaboratively with the NHS 111 providers and out-of-hours provider in their area, Vocare and Derbyshire Health United.
- The provider worked collaboratively with other services. Patients who could be more appropriately seen by their registered GP or an emergency department were referred. If patients needed specialist care, Market Harborough Minor Injury Unit could refer to specialties within an acute hospital. For example orthopaedic services. Staff also described a positive relationship with health visitors, school nurses, 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. If the patient was registered with Market Harborough and Bosworth Partnership the information was immediately available. If a patient was registered at another practice the notes would be sent by post to be received the next day.

## Coordinating patient care and information sharing

- We looked at a selection of patient records of treatments and consultations. These were kept electronically and contained information about each patient's medical history, what the examination involved and a record of any treatment. The records also contained information and advice which staff had given to the patient during their appointment. For example, advice on ways to self-treat, how to manage pain and advice on side effects and symptoms of infection. These records demonstrated that patients were kept informed about their care, support and treatment.
- The patient's own GP were informed of any contact their patient had had with this service, We were told that this was provided by 8am the next day and meant GPs were aware of any issues which may have needed following-up and ensure continuity of care.
- The service shared relevant information with other services in a timely way, for example when referring patients to other services.

## Consent to care and treatment

Before patients received any care or treatment at the Market Harborough Minor Injury Unit staff sought patients' consent in line with legislation and guidance.

We checked a number of patient's records and found that consent had been obtained. The unit manager had carried out three audits on patients records in 2016 where consent had been obtained.

- 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.

# 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. However, we noted, that a third room, used when the unit was busy only had a curtain in place.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

During our inspection we were particularly impressed with the interpersonal skills of the staff. We saw people were treated as individuals and staff spoke to patients in a kind and sensitive manner.

Comment cards we reviewed aligned with these views. They were all positive about the standard of care received. They described the minor injury unit as excellent and a prompt service. Staff were helpful, polite, considerate, caring, professional and friendly.

The minor injury unit had carried out its own patient survey but no date had been identified on the report we reviewed on the day of the inspection.

The minor injury unit had gained 44 responses.

- 86% of those who responded were seen within 15 minutes. 23% were seen between 15 to 30 minutes. 7% were seen within 30 to 60 minutes and 4% within one hour.

### Care planning and involvement in decisions about care and treatment

Comments Cards we reviewed told us they felt involved in decision making about the care and treatment they received. They also told us they received prompt treatment and diagnosis and 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.

- 89% of those patients who responded to the minor injury unit patient survey said they were treated with dignity and respect.
- 93% of patients who responded said they were dealt with appropriately with the reason they visited the minor injury unit.

Patients who had provided feedback on the NHS Choices website were also complimentary about the staff and service provided. They said that it was a great service, the emergency nurse practitioners were professional, courteous and welcoming whilst providing great care.

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

- Staff told us that they could access translation services for patients who did not have English as a first language.
- There were various information leaflets in the waiting area. These included information on antibiotics and self-help groups in the area.
- The minor injury unit had facilities for people with hearing impairment, for example, a hearing aid loop in the clinical area.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The Minor Injury Service provided by Market Harborough and Bosworth Partnership was tailored to meet the needs of the individual patient and were delivered in a way to ensure flexibility choice and continuity of care. Patients could access the service in a way and time to suit them.

It provided a walk in service with no appointment needed and the service was available between the hours of 8.30am to 5pm Monday to Friday which excluded bank holidays. Staff told us that, in general, patients were seen in turn. However, reception staff had been told to alert a senior member of staff for anyone who presented with symptoms that may indicate that more urgent care or treatment was necessary.

- The rooms used by the Market Harborough Minor Injuries Unit were free from clutter and provided a secure environment for treating patients. We observed that the decoration of the rooms was in need of repair but the unit would move to a purpose built location in March 2017.
- Emergency nurse practitioners saw simple fractures and fracture clinics were held in the building in order to reduce the number of patients having to travel to the local NHS trust for simple fractures. This benefitted patients from the local community as well as visitors to the area.
- Waiting times and delays were minimal and managed appropriately if they did occur. The service consistently exceeded targets in the time spent in the minor injury unit and time people waited for treatment. The Department of Health target was to see and discharge patients within four hours. They consistently achieved 98%.
- A further national target was how long patients waited for treatment to begin. The national target was a median of below 60 minutes. The minor injury unit consistently achieved this target.
- Access to language services were available to staff. Interpreters could be requested and patients could make use of this service on the phone. However we did not see any information which informed patients that this service was available.
- There were accessible facilities and a hearing loop available in the clinical areas.

### Access to the service

Market Harborough Minor Injuries Unit was open between 8.30am and 5pm Monday to Friday excluding weekends. They provided a walk in service and no appointments are required.

Feedback received from patients from the CQC comment cards told us that they were seen in a timely manner on most occasions. An audit undertaken by the Unit Manager told us that 98% of patients were seen within one hour of arrival.

The minor injury unit had carried out its own patient survey but no date had been identified on the report we reviewed on the day of the inspection.

The minor injury unit had gained 44 responses.

- 86% of those who responded were seen within 15 minutes. 23% were seen between 15 to 30 minutes. 7% were seen within 30 to 60 minutes and 4% at one hour.

### Listening and learning from concerns and complaints

Market Harborough and Bosworth partnership 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.
- We saw that information was available to help patients understand the complaints system e.g. posters displayed and market Harborough and Bosworth partnership practice leaflet and website.
- We looked at four complaints received in the last 12 months. We found these were satisfactorily handled and dealt with in a timely way with openness and transparency.
- Lessons were learnt from individual concerns and complaints. Actions were taken as a result to improve the quality of care. For example, reissue new guidelines in regard to dressing changes, updates on mental capacity awareness and infection control.

# 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

Market Harborough and Bosworth Partnership provided the Market Harborough Minor Injury Service. At the time of the inspection it was located within Market Harborough and District Hospital. We were told by the management team that this service would move to St Luke's Hospital in Market Harborough in March 2017 where it would integrate with the minor illness team to provide one minor injury and minor illness service.

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

- The service had a mission statement to provide the best possible care in a timely and individualised manner.
- The service had a strategy and supporting business plans in place 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.
- There was a clear and consistent system in place for reporting, recording and monitoring significant events, incidents and accidents. The lead GPs for this area are continuing to fine tune the system to ensure that it remains effective and appropriate to the needs of the service.
- We found that the practice had an effective system for dealing with safety alerts.
- There was a structured and effective approach in place for dealing with safeguarding.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- The practice had a number of systems in place to make sure that the partnership assessed and monitored the delivery of treatment. This included audits of patient records, peer reviews, clinical supervision and clinical governance systems like infection control.
- We viewed a 2016 report which showed that the unit manager monitored the number of patients who had attended the minor injury unit and whether they were seen in a timely manner.
- Practice specific policies were implemented and were available to all staff. We looked at 15 policies and all had been reviewed in 2016. However we found that they did not include a section where amendments were documented or a review date set.
- Quarterly meetings at the minor injury unit were well documented with a set agenda for discussion.
- The provider had a good understanding of their performance. For example, patient waiting times. These were discussed at senior management. Performance was shared with staff and the local clinical commissioning group as part of contract monitoring arrangements.

### Leadership and culture

On the day of inspection the management team of the Market Harborough Minor Injury Unit 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.

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 things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The GP partners 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.

# Are services well-led?

Good 

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

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

- The minor injury unit was managed on a day to day basis by a unit manager. Staff told us the manager was approachable and supportive. From our discussions with staff it was clear they provided each other with informal support and enjoyed working in this unit.
- There was a service specific framework between the East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG) and Market Harborough and Bosworth Partnership which set standards for the service to follow. Its aim was to avoid admission to Accident and Emergency and provide care closer to home. Data was provided to show they were meeting the targets. This was used by the ELCCCG to monitor how the service met patient's needs.
- We saw that the unit manager met monthly with the senior management team at Market Harborough and Bosworth Partnership. We were told and we saw that there were arrangements in place to ensure the staff were kept informed and up-to-date. This included verbal feedback and on notice boards in the unit staff room.
- Minor Injury Unit meetings were held every four months. We reviewed minutes of meetings which were held quarterly and found they were very detailed and followed a set agenda. We saw that minutes of meetings were made available to all staff for information.
- 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. In meeting

minutes we reviewed we saw that the nursing staff did not get time to attend many meetings in person. We spoke with the management team who told us that information was informally feedback to all staff.

## 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, family and friends testing (FFT), NHS Choices and complaints received. For example, update on infection control and hand hygiene. We saw that feedback was shared with staff at their quarterly unit meeting.
- The service had gathered feedback from staff through staff meetings, appraisals and informal discussions.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We saw that staff were unable to regularly attend meetings held at the Market Harborough Medical Centre because they were a small team. Communication with other staff members and managers was by email or phone and this system seemed to work well.
- Staff told us they felt involved and engaged to improve how the service was run.
- We saw a display of information of positive patient compliments which staff had received over the previous months.