

# Minor Injuries Unit

## Quality Report

St Luke's Treatment Centre  
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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 Minor Injury Unit on 5 September 2017. We inspected the service provided by Market Harborough and Bosworth Partnership, which operated from Monday to Friday 8.30am to 5pm. We did not inspect the minor injuries service operated by another provider that used the same premises from 5pm to 9.30pm daily and at weekends and bank holidays

Overall the 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.

- There was an effective system in place to safeguard adults and children from abuse.
- Risks to patients were assessed and well managed.
- Patients' care needs were assessed and delivered in a timely way according to need.
- Written protocols provided staff with sufficient guidance for staff when patients attend the minor injury unit.
- 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 not visible and some staff did not know how to access complaints information or the correct process for patients to follow if they wished to make a complaint.

# Summary of findings

- Staff at the 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.

The areas where the provider should make improvement are:

- Provide information about how to complain that was visible to patients and make all staff aware of the correct process.
- Display key patient information within the patient waiting area such as chaperoning advice, zero tolerance policy, translation services and health promotion material.

**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?

- 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 and an apology if appropriate.
- 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.

Good



### Are services effective?

- 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.
- 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.

Good



### Are services caring?

- Feedback from patients through CQC comment cards and collected by the provider was positive.

Good



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Apart from information on the practice website there was no information for patients about the services available to carers.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

Good



- The service was open to all and no appointment was necessary.
- 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 services and how to complain was not visible and some staff did not know how to access complaints information or the correct process for patients to follow if they wished to make a complaint.
- No complaints had been recorded since the service opened on 7 March 2017.

## Are services well-led?

Good



- 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. The provider had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider 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.
- Quarterly meetings for all minor injury unit staff and monthly meetings for nursing staff 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.

# Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

# 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 7 June to 5 September the practice had six FFT responses in which all would recommend the minor injury unit to family and friends.

NHS Choices feedback had one review during the same period. The review was positive.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. Patients said it provided a prompt and efficient service. They said staff were professional and knowledgeable and treated them with care and consideration.

The provider had carried out its own survey in August to which there had been 17 respondents. All had said they would be extremely likely to recommend the service to friends and family

## Areas for improvement

### Action the service SHOULD take to improve

- Provide information about how to complain that was visible to patients and make all staff aware of the correct process.
- Display key patient information within the patient waiting area such as chaperoning advice, zero tolerance policy, translation services and health promotion material.

# Minor Injuries 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, a practice manager specialist advisor and a practice nurse specialist adviser.

## Background to Minor Injuries Unit

The Minor Injury Unit is a service provided by The Market Harborough and Bosworth Partnership. It is located in St Luke's Treatment Centre at 33 Leicester Road, Market Harborough.

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

The minor injuries unit provides a service which was available to all patients, not just those registered with the provider GP partnership. The minor injury unit have a set criteria of injuries that they are able to treat which has been agreed with the ELRCCG. It is nurse led with GP support.

No appointment is necessary, it is a walk in service. The partnership have a branch surgery located on the same floor and adjacent to the minor injuries unit at which a GP was always present. They were available to provide support to the nurse practitioners staffing the unit if and as required.

The service is staffed by one unit manager, one deputy manager (both of whom are independent nurse prescribers), four nurse practitioners, one health care assistant/receptionist and one receptionist.

The location we inspected on 5 September 2017 was the Minor Injuries Unit, St Luke's Treatment Centre, 33 Leicester Road, Market Harborough, Leicestershire, LE16 9DD. The service had moved to this location on 7 March 2017, having been previously located within Market Harborough Hospital.

The service provided by The Market Harborough and Bosworth Partnership was available between 8.30am and 5pm Monday to Friday. From 5pm to 9pm weekdays and at weekends and bank holidays from 9am to 7pm a minor injuries and illness service operated from the same premises but through a different provider. This was not included as part of this inspection.

The Market Harborough and Bosworth Partnership website [www.marketharboroughmedicalcentre.co.uk](http://www.marketharboroughmedicalcentre.co.uk) had an easy layout for patients to use. It enabled patients to obtain information about the healthcare services provided by the partnership at all of its registered locations, including this one.

## 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.

We had previously inspected the service on 17 January 2017 when it was located at Market Harbough Hospital. On that occasion it was found to be good in all key questions and good overall.

# Detailed findings

This inspection on 5 September 2017 was carried out as it had moved to the new location.

## 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 5 September 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?

# 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 a system for the reporting, recording, investigation and analysis of significant events. We looked at the single significant event reporting at the Minor Injury Unit since 7 March 2017 and found that it had been reported, recorded and thoroughly investigated. We saw that the provider reviewed and discussed all significant events for all of its three locations on a monthly basis and we saw that the event at the minor injuries unit was due to be discussed at the meeting on 22 September.
- 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 that the provider had carried out a thorough analysis of significant events at their other locations and were informed that the process was identical at the minor injuries unit. There was a process that ensured learning from them was disseminated to staff and embedded in policy and processes.
- There was an effective system in place for dealing with patient safety alerts. 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. A pack containing the relevant alerts was included with meeting agendas and distributed prior to clinical and nurses meetings. Minutes of meetings demonstrated that the issues had been discussed.

### 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. A GP partner was the lead 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 nurse practitioners were trained to child safeguarding level three.
- There was no notice in the waiting room to advise patients that chaperones were available if required, but there was one in the treatment room. We were informed that the landlords of the building, NHS Property Services, had prohibited any notices being displayed on the internal walls of the building.
- 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. A nurse practitioner was the infection control lead. There was an infection control protocol in place and staff had received up to date training. Cleaning schedules were in place and there was regular contact between the unit manager and the cleaning contractors. An infection control audit had been completed and we saw evidence that action was taken to address any improvements required as a result.
- 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 three personnel files and found appropriate recruitment checks had been undertaken prior to employment. This included registration with the appropriate professional body, appropriate indemnity and the appropriate checks through the Disclosure and Barring Service.

### Medicines Management

## Are services safe?

- There was a GP in the adjoining branch surgery of the provider who supported the unit nurse practitioners on a day to day basis as required. There was always a GP present when the unit was open.
- 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.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Two of the nurse practitioners had qualified as independent prescribers and could therefore prescribe medicines.
- 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.
- 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. We saw there was a written protocol that reception staff followed to help ensure that this occurred.
- 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.
- 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 to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- The Minor Injury Unit occupied a number of rooms located within St Luke's Treatment Centre. 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 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).
- There was a system to alert staff to any emergency. The minor injury unit had a triage protocol for when patients arrived.
- 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.
- 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. The guidance was available on the desk top of all computers to allow reference by staff.
- The unit manager monitored that these guidelines were followed.
- The latest NICE guidance was circulated to staff prior to meetings.
- 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 three clinical audits completed in the last two years, two of these were completed audits and one was ongoing.

- We looked at the two completed audits. These were;
- A three cycle audit concerning the recording of verbal consent for examination which demonstrated 100% compliance when last completed in March 2017.

- A two cycle audit concerning knee injuries, to check adherence with the Ottawa Knee Rules and the appropriateness of x-rays. The conclusions were that the guidelines were being adhered to and that treatment was appropriate.

The service participated in local audits, national benchmarking, accreditation and peer review.

### Effective staffing

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

- There was 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. On every day four 10 minute appointment slots, spread throughout the surgery time, were set aside with the GP in the branch surgery of the provider to enable nurse practitioners to seek advice if required.
- We saw there were systems in place to annually appraise all levels of staff which included an assessment of staff training requirements.
- Records showed 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.
- Staff also received role-specific training and updating for relevant staff. For example, update training on patients who had sustained burns and revalidation with the Nursing and Midwifery Council.
- There was evidence that the HCA had undertaken specific training for each aspect of their role and had been assessed as competent.

# Are services effective?

(for example, treatment is effective)

- 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.

## Coordinating patient care and information sharing

- The patient's own GP were informed of any contact their patient had had with this service, and meant GPs were aware of any issues which may have needed following-up and ensure continuity of care. However as most of the patients seen at the unit were from the provider's own patient list, they were able to update those records directly.
- The service shared relevant information with other services in a timely way, for example when referring patients to other services.
- The provider worked collaboratively with the NHS 111 providers and out-of-hours provider in their area.
- 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, patients could be referred to specialties within an acute hospital.

- Staff described a positive relationship with health visitors, school nurses, mental health and district nursing team if they needed support, many of who were housed in the same building.

## Consent to care and treatment

- Before patients received any care or treatment staff sought patients' consent in line with legislation and guidance.
- The unit manager had carried out audits on patients records in 2016 and 2017 where consent had been obtained.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. All staff had received training in the Act. 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

Comment cards we received 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 in August 2017 to which there had been 17 respondents. All had stated that they were treated with dignity and respect by the nurses.

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

The views expressed on the comments cards we received indicated that patients received prompt treatment and diagnosis and felt listened to and supported by staff.

- 100% of patients who responded said the service dealt appropriately with the reason they visited the minor injury unit.

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. However there was no notice or signage indicating that translation services were available.

# 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 instructed to alert a senior member of staff about anyone who presented with symptoms that may indicate that more urgent care or treatment was necessary. We reviewed the written protocol in place to guide reception staff.

- The rooms used by the Minor Injuries Unit were free from clutter and provided a secure and safe environment for treating patients.
- 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. The unit had achieved 94% of patients within one hour and 100% within two hours.
- Access to language services were available to staff. Interpreters could be requested and patients could make use of this service on the phone. However there was no information which informed patients that this service was available.
- There were accessible facilities including a toilet suitable for wheelchair users, together with baby change and breast feeding facilities. That a breast feeding area was available was not communicated to patients in any way.

- The building had been designed and constructed to meet the needs of people with mobility difficulties including automatically opening outer doors and split height reception desk. We noted however that internal corridor doors, whilst wide enough to accommodate wheelchairs, baby buggies and mobility scooters did not have automatic doors. A patient using a mobility scooter commented to us about how difficult it was to get through the doors and did not understand why the building had not been constructed with this in mind.

### Access to the service

The Minor Injuries Unit was open between 8.30am and 5pm Monday to Friday. They provided a walk in service to all patients regardless of what, if any, GP practice they were registered with. There was no requirement to make an appointment.

From the opening of the service at its current location on 7 March 2017 to the 31 July 2017, 1808 patients had been treated by the service.

### Listening and learning from concerns and complaints

The provider 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.
- However there was no information displayed to help patients understand the complaints system. When we asked a member of staff about how they would handle a complaint they were unable to say other than they would tell the person to telephone the manager. They were not aware of any complaints information of leaflets that were available.
- There had not been any complaints about the service.

# 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

There was 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 provider had an effective system for dealing with safety alerts such as those issued by the Medicines and Healthcare Products Regulatory Authority (MHRA)
- 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.
- Practice specific policies were implemented and were available to all staff.
- The 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. Performance was shared with staff and the local clinical commissioning group as part of contract monitoring arrangements.

### Leadership and culture

The management team 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). 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.

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.
- There was a service specific framework between the East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG) and the provider 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.
- We saw that the unit manager met monthly with the senior management team of the provider. We were told and we saw that there were arrangements in place to ensure the staff were kept informed and up-to-date.

# Are services well-led?

Good 

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

- Minor Injury Unit meetings were held quarterly. We reviewed minutes of meetings and found they were very detailed and followed a set agenda. We saw that minutes of meetings were made available to all staff.
- 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.. We spoke with the management team who told us that information was fed back for those staff who could not attend meetings.

## **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 and NHS Choices.
- 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.
- Staff told us they felt involved and engaged to improve how the service was run.