This report describes our judgement of the quality of care provided within this core service by Northern Devon Healthcare NHS Trust. 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 Northern Devon Healthcare NHS Trust and these are brought together to inform our overall judgement of Northern Devon Healthcare NHS Trust.
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Overall summary

The service was safe. Sometimes there were not always sufficient staff available to keep the minor injuries units (MIUs) open at the advertised times. Safeguarding and incident reporting mechanisms were well established. Staff were aware of and felt able to report incidents.

The service was effective. Policies, procedures and guidelines for providing treatment and care were in line with national good practice guidance. Patient outcomes were monitored from patient feedback and incidents.

The services provided were caring. People who used services told us they were treated with dignity and respect. Clinicians were skilled and knowledgeable. Staff used language that was compassionate, clear and simple, without the use of jargon. People were complimentary about the MIU staff and valued the service they received.

The service was responsive. Patients did need to wait for treatment when units were busy, but the waiting times were well managed. Literature was available to meet patients’ needs and was made available in a number of languages. People who used services were given information about how to access help out of hours. Teams worked in collaboration and there were many examples of positive working relationships. In one unit, there was only one trained minor injury and illness nurse within the hospital and the unit closed when they were not on duty. The decision to close any unit was made by the duty manager after risk-assessing the situation and would inform the police, ambulance, local GP surgeries, hospitals and pharmacies. The unit staff placed the closed signage and redirection information on the MIU doors.

Leadership in some units required improvement. Staff said there was an ‘open’ culture and they were encouraged to report incidents. Some staff felt involved and well supported; however, some staff told us they had not received supervision or guidance from their immediate manager.
Summary of findings

Background to the service

We visited the Minor Injuries Units (MIUs) based at eight hospital sites in Bideford, Exmouth, Honiton, Mortonhampsted, Okehampton, Ottery St Mary, Sidmouth and Tiverton and District. They were mostly purpose-built facilities and provided non-serious, minor injury care for adults and for children over three years of age.

Our inspection team

Our inspection team was led by:

Chair: Jan Filochwski recently retired Chief Executive from Great Ormond Street Hospital for Children NHS Foundation Trust

Team Leader: Mary Cridge, Care Quality Commission (CQC)

The inspection teams included CQC inspectors, specialist advisers in community nursing, a palliative care specialist nurse, a rehabilitation therapist, Allied Healthcare professionals, a sexual health nurse, community matrons and a GP.

Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot community health services inspection programme. The trust is an aspirant Foundation trust.

How we carried out this inspection

To get to the heart of the care that people who use this service experienced of care, we always ask the following five questions of every service and provider:

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

Before visiting, we reviewed a range of information we held about the core service and asked other organisations to share what they knew. We carried out an announced visit on 2, 3 and 4 July 2014. During the visit, we held focus groups with a range of staff who worked within the service, such as nurses, doctors and therapists. We talked with people who used the service. We observed how people were being cared for and talked with carers and/or family members, reviewing the care or treatment records of people who used the service. These individuals shared their views and experiences of the core service. We carried out an unannounced visit on 7 and 8 July 2014.

At the Listening Events, people told us that they appreciated having Minor Injury Units in Devon. People said that the large distances, the remoteness of some areas and the rural road network meant that they valued having services closer to their homes. People said that this was also important to help with the pressure on services caused by the influx of tourists in the summer months.

People we spoke to during the inspection were pleased with the service that they had received.
By safe, we mean that people are protected from abuse

Summary
Policies were in place to ensure the safety of patients. Staff were aware of how to report an incident and received feedback when an incident was investigated. Learning from incidents was shared within team meetings.

We saw that professionals worked together to ensure the needs of patients were met. The physical health needs of patients were assessed, monitored and treated to ensure people’s health and wellbeing. Staff received all of the training they needed to safely support patients. Staff had been trained and were aware of how to respond in order to safeguard patients.

Staff were skilled and knowledgeable in responding to people’s individual needs and preferences for treatment. However, there was not always sufficient staff within the minor injuries units (MIUs).

Incidents, reporting and learning

- Staff members said they had access to the trust safety alerts and resources on the intranet. Staff understood how incidents were reported and investigated. Learning from incidents was shared within team meetings and in individual supervision sessions between staff and their managers.
- Staff had received training on the incident reporting system used by the trust. When an incident was reported, staff said they received feedback on the investigation by email, their manager or the unit lead. Staff were able to opt out from feedback if they chose to.

Cleanliness, infection control and hygiene

- Most of the MIUs we visited had been purpose-built. They were clean, bright and well maintained. One older unit had been refurbished as part of general hospital improvement paid for by the League of Friends charitable organisation. There were cleaning schedules in each unit we visited and these had been completed daily by nursing staff.
- Staff were informed of any potential outbreaks of any infectious disease, or illness through the trust daily memo system on the intranet. We saw notices advising patients or visitors with diarrhoea and vomiting not to
come into the hospital, wherever possible. Patients with suspected infectious diseases were identified at point of triage, which was carried out shortly after they arrived. Most units we saw had single-room facilities which could be used to assess and treat potentially infectious patients. This helped to minimise the risk of cross-contamination and the spread of infection.

- Hand-hygiene notices were in all waiting areas and inside public entrance doors. However, no hand sanitising gel was available until you entered wards or MIU departments. We saw staff washing their hands and using antibacterial gel between patients. Personal protective equipment (gloves and aprons) were available for staff to use. The senior staff were performing infection-control audits.

**Maintenance of environment and equipment**

- All units we visited had a good stock of well-maintained equipment and each had manuals, cleaning and maintenance logs. Staff said it was every person’s responsibility to log and report faulty equipment. There was a system in place to log and report faults with medical electronics. Staff told us they had experienced delays in getting equipment back in a timely fashion, since the medical electronics department had moved to North Devon from Exeter.

**Medicines**

- All medicines were stored correctly and safely. Most staff had been working within patient group directions (PGD’s) and could administer, or supply, certain agreed medicines. For example, mild to moderate pain relief or antibiotics, without having to call a doctor. Some staff were non-clinical prescribers, which meant they had the training and ability to prescribe a range of medicines.
- Stocks of medicines were checked daily in all departments by two nurses. Discrepancies were logged and reported to the line manager for investigation. All medicine storage, dispensing and ordering was done in accordance within the trust’s medicines management policy, which was being followed in all units inspected.

**Safeguarding**

- All staff had received mandatory safeguarding training for adults and children and knew about the relevant trust-wide policies relating to safeguarding. Staff were aware of how to report safeguarding concerns.
- The safeguarding policy was seen and available in all departments with contact numbers to escalate concerns. Safeguarding guidance was also available to staff from the identified safeguarding and MIU lead nurse based in Barnstaple. Staff were aware of the safeguarding lead, but could also escalate any minor concerns to the senior person on duty at the time.

**Records**

- There was good record keeping across all units. Written records of patient assessments were within the records seen.
- We saw evidence of managers undertaking monthly audits of samples of patient records. If there were any areas of concern, findings were fed back to individual staff to help improve and uphold record-keeping standards throughout the team. Staff said that the feedback was appreciated and used as a learning opportunity to improve the content and quality of their notes.

**Lone working**

- There was a lone-working policy in place. Only one unit we inspected was manned by one member of staff alone during mornings. However, due to sickness, staff in other units reported working alone on some shifts. We saw that staff had raised concerns in writing when they were the only member of staff on duty.
- Although all MIU departments were based within hospitals, staff had found some wards could not be contacted urgently if there was an incident. As a result, emergency buzzers, which rang in the closest ward and reception areas, had been installed.

**Adaptation of safety systems for care in different settings**

- All nursing staff had been appropriately trained in minor injury and minor illness care. Some nurses had attained higher qualifications as nurse and advanced nurse practitioners. All healthcare assistants (HCAs) were trained to National Vocational Qualification (NVQ) level 3, or the new Qualifications and Credit Framework (QCF) equivalent.
Assessing and responding to patient risk

- All patients during the day were seen on arrival by a receptionist and, if they were obviously in need of urgent care or treatment, the receptionist alerted nursing staff immediately.
- All patients were risk assessed by nursing staff at the point of triage. We observed the triage nurse take a brief medical history, identify the patient’s condition or injury and the priority of treatment required.

Staffing levels and caseload

- There were agreed staffing levels across all units that varied depending on expected patient attendance. Staff told us that staffing levels had been reduced and where colleagues had left the service, they had not been replaced.
- Data supplied from the trust showed that staffing levels in Exmouth, Tiverton and Honiton hospitals MIU were two full-time equivalents below that agreed and staff in the urgent care nursing team were two full-time equivalents below that agreed.
- Unit managers told us it was hard to recruit to MIU, due to the level of training required. In some units staff had frequently been unable to leave the department, or take their breaks, due to being the only trained member of staff on duty. This had been reported as an incident and staff had written letters of complaint to their line managers.
- In one unit, we were told by staff their staffing levels were under review with the intention of a reduction. We saw evidence that from the date of the announcement, in January 2014, the unit’s sickness levels among staff had more than doubled. This information was corroborated by the unit’s electronic rota and sickness levels for the past twelve months. Staff told us they felt continuously under pressure and felt their sickness levels had increased as a result.
- Staff told us waiting times reflected low staffing levels and, in some cases, patients were waiting up to four hours to be seen. However, complaints about MIU services were not related to the time patients waited to see staff.
- We saw waiting times clearly written on white boards in waiting areas for patients to see.

Deprivation of Liberty safeguards

- Staff had received mandatory training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff we spoke with were aware of the Deprivation of Liberty Safeguards policies and procedures.
- We saw the initial patient booking forms being used contained prompts on questions to be asked. This included whether the person had the capacity under the Mental Capacity Act 2005 to consent to treatment.

Managing anticipated risks

- Most of the staff spoken with were aware of anticipated risk to the unit. We saw evidence in one unit of staff contingency plans being developed for the upcoming folk festival week in the town. Staff members had agreed to work extra shifts on their days off to help cover.
- Staff had access to the violent patient register and received daily emails from the trust with alerts to potential problematic patients. This meant that, if an identified patient did attend an MIU, staff could choose to have a second person in attendance to raise help, if required.

Major Incident Awareness

- None of the staff we spoke with could show us a major incident plan for their unit, but informed us they were aware of there being one for the hospital in general. We were told that any major incident was escalated to the MIU lead or manager on call who then performed all necessary procedures. There were, however, evacuation plan procedures in place and we were told that the emergency procedure was behind the reception desk in each unit.
Are Minor Injuries Units 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
Policies, procedures and treatment guidelines were in line with National Institute for Health and Care Excellence (NICE) guidelines and best practice. Treatment was provided in accordance with best practice. Patients were assessed for their level of pain and provided appropriate pain relief. Patient outcomes were assessed through patient satisfaction surveys and incidents. The service was audited and performance information was made available to staff.

Staff had received appropriate training to provide care within an MIU. Support was available from local acute hospitals and good relationships were reported.

Evidence based care and treatment
• All policies and procedures seen made reference to, and were in line with, National Institute for Health and Care Excellence (NICE) guidelines. Agreed treatment plans and policies were in place and easily accessible to all staff to follow.
• There were examples of good evidence-based practice and changes in practice as a result of incidents arising. One example of this was staff had researched dressings sticking to wounds and causing skin trauma when removed. Dressings used in the units were changed as a result of the research.

Pain relief
• Staff assessed patients for their levels of pain during the triage process in all units. Appropriate pain score tools for both adults and children were in place. Pain relief medication was administered, as required, under patient group directions (PGDs).

Nutrition and hydration
• All units had a good range of intravenous fluids available. Staff told us there were policies in place to deal with dehydration. No food was available for patients within any MIUs visited. However, we did see a vending machine in one waiting area.

Patient outcomes
• Patient outcomes were assessed in some units where there were patient suggestion boxes, satisfaction questionnaires and incidents.

Performance information
• The trust had a range of audit systems and performance targets in place, which monitored team performance, although these were not visible to the public in any of the MIUs we inspected. We saw evidence that feedback on performance and targets was being discussed at staff meetings within some units.

Competent staff
• All staff told us they were appropriately trained to work within the minor injuries units. Nurses had completed a minor injury and minor illness care qualification to diploma and/or degree-level. Some staff had completed nurse practitioner and advanced nurse practitioner courses and some were independent non-clinical prescribers. All healthcare assistants had been trained to National Vocational Qualification (NVQ) level 3 or the new Qualifications and Credit Framework (QCF) equivalent.
• The training database showed that all mandatory training had been completed as required. Two staff members told us that, on occasion, they had paid for their own career development training because no funding had been available.

Use of equipment and facilities
• There was an appropriate amount of equipment seen across all departments. All staff had been appropriately trained in the use of each piece of equipment used.
• Some units had been purpose built after consultation with staff, patients and stakeholders.

Telemedicine
• Telemedicine was not in use in any of the minor injury units visited.
Multi-disciplinary working and working with others

- There was effective multidisciplinary teamwork. Staff had close links with midwives, physiotherapists, social services, local and out of hours GPs.

- Staff told us they worked collaboratively with other professionals. This included the wards and other health teams. Staff said there were good working relationships between the MIUs, the local acute hospitals, and other health and social services who could always be contacted for advice.
Are Minor Injuries Units caring?

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

**Summary**
Staff were caring and showed compassion to the patients. Staff ensured patients were safely assessed and had the treatment they needed. Patients were treated with dignity and respect. They told us that staff listened to them and respected their wishes.

**Compassionate care**
- Patients we spoke with were positive about the care, treatment and support they received. Relatives and patients told us that they relied upon services provided locally because the nearest acute hospital was a long way to travel.
- The majority of staff we observed provided compassionate treatment and advice.

**Dignity and respect**
- We saw that, in all units, treatment was provided in private rooms to maintain the privacy and dignity of patients. Staff had diversity training and could demonstrate how to maintain patients’ privacy and dignity. We saw staff treating patients with respect.

**Patient understanding and involvement**
- Leaflets were available in multiple languages, via the trust’s intranet. A translation service was available if required.
- Patients were offered choices and treatment options. For example, where a patient had an uncomplicated fracture they could choose to have a half plaster applied for comfort and return the following day to attend a fracture clinic or go straight to an acute hospital.

**Emotional support**
- There were bereavement counselling leaflets and various support groups advertised within reception areas and waiting rooms.

**Promotion of self-care**
- Patients were given discharge leaflets and/or advice on health promotion topics, such as smoking cessation. All care was consented to and aftercare agreed to verbally and documented. Where follow-up appointments were required to monitor treatment and progress, these had been made and clearly documented.
Are Minor Injuries Units responsive to people’s needs?

By responsive, we mean that services are organised so that they meet people’s needs.

Summary
There was a planned approach to treatment within the service. Plans were in place to manage staffing shortages between units and to cover seasonal fluxes in attendance.

Patients knew how to make a complaint and told us that when they had done so, action had been taken to resolve these and make improvements.

Service planning and delivery to meet the needs of different people
- There were policies and procedures in place to support staff in providing care to patients and cater for patients’ needs within all the MIUs we inspected.
- Literature was available to meet patients’ needs and was made available in a number of languages.
- Where there were staffing shortfalls in units there were plans in place to cover shifts. The level of training required to work within the department meant all staffing shortfalls were covered internally or from other minor injury departments. Seasonal highs and lows, due to winter pressures and summer influx, was covered in the same way.

Access to the Right Care at the Right Time
- Acutely unwell patients who attended the MIU after initial nurse assessment were either seen by the duty GP (providing cover for the MIU from their surgery), or the out-of-hours GP service based in some of the units. If more urgent care was deemed appropriate, the patient was sent to an acute hospital. In some cases, the duty doctor could admit patients straight into a community hospital bed.
- In one unit, there was only one trained minor injury and illness nurse within the hospital and the unit closed when they were not on duty. The decision to close any unit was made by the duty manager after risk-assessing the situation. If the decision was made to close, the duty manager followed the procedure and informed the police, ambulance, local GP surgeries, hospitals and pharmacies. The unit staff placed the closed signage and redirection information on the MIU doors. Staff knew how to escalate unsafe staffing levels.

Flexible community services
- The MIUs visited had a variety of opening hours. Some opened on weekday mornings only, while others opened daily between 8am and 10pm. All opening hours were clearly written, either on the outer hospital doors, or inside hospital entrances on noticeboards. The boards gave clear redirection information, with contact phone numbers if the unit was closed.

Complaints Handling and Learning from Feedback
- Patients who used the service told us that they knew how to make a complaint and felt able to do so if they needed to. There were systems in place to learn from complaints.
- Patient information on how to make a complaint was clearly visible throughout the reception and waiting areas within most units. One patient, who was unhappy about the amount of time they had been waiting for treatment in a MIU, was given a Patient Advice and Liaison Service form to complete.
- Most departments had examples of how they had learned from patient complaints and showed us improvements they had made to the service as a result. For example, a trip hazard was identified in the car park at one unit. It was rectified the next day.
- Staff told us that most complaints were shared and fed back to staff either via their line manager or Patient Advice and Liaison Service.
Are Minor Injuries Units 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
Some staff were well supported. However, staff at Honiton, Tiverton and Okehampton minor injury units reported there was no guidance, support or leadership from their managers.

There was an ‘open’ culture within the service and staff knew how to raise concerns. Staff felt they were encouraged to report incidents.

Vision and strategy for this service
- Most staff understood the trust aims and objectives regarding performance and learning. However, they were unaware of any specific strategy being in place for the service.
- Team meetings focused on team objectives and direction, ensuring services were patient-centred.

Leadership of this service
- We found that some MIUs were well-led. Some staff told us that they felt supported and were encouraged to share concerns and ideas. Staff told us that MIU leads, matrons and team managers were supportive and accessible. Staff felt listened to and concerns were acted on by the senior management team. However, staff in three MIUs (Honiton, Tiverton and Okehampton) told us they received no leadership or guidance from their unit manager and felt unsupported as a team. We raised the issue with one of the matrons, who told us they were unaware of how the staff felt. The matron said they would take action and discuss the issues with staff and offer additional support.
- Staff told us they had the opportunity to reflect on any performance or learning outcomes in management supervision. We saw some regular team audits were undertaken to monitor quality.

Culture within this service
- Staff reported the culture of the service was open and they knew how to raise concerns. They were aware of the whistleblowing procedure and how to use it. Staff told us they were encouraged to report incidents.
- Most staff told us they would not wish to work anywhere else and were extremely proud of the service they delivered.
- We saw staff were passionate about their work and showed compassion for patients.

Innovation, improvement and sustainability
- Although there was a feeling of uncertainty in some units regarding the sustainability of the service, staff had a positive attitude. An extended training programme for healthcare assistants was being developed by a member of staff as part of their master’s degree programme.