

Dorset Healthcare University NHS Foundation Trust

RDY

Urgent care services

Quality Report

Sentinel House, 4-6 Nuffield Road
Nuffield Industrial Estate
Poole
Dorset
BH17 0RB
Tel: 01202 584301 and 01305 24500
Website: www.dorsethealthcare.nhs.uk

Date of inspection visit: 15-17 March 2016
Date of publication: 07/09/2016

Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RDYX8	WEYMOUTH COMMUNITY HOSPITAL		
RDYY6	PORTLAND HOSPITAL		
RDYY4	YEATMAN HOSPITAL,SHERBORNE		
RDYX4	BLANDFORD COMMUNITY HOSPITAL		
RDYFE	VICTORIA HOSPITAL, WIMBORNE		

This report describes our judgement of the quality of care provided within this core service by Dorset Healthcare University NHS Foundation 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 Dorset Healthcare University NHS Foundation Trust. and these are brought together to inform our overall judgement of Dorset Healthcare University NHS Foundation Trust.

Summary of findings

Ratings

Overall rating for the service		Good	●
Are services safe?		Good	●
Are services effective?		Good	●
Are services caring?		Good	●
Are services responsive?		Good	●
Are services well-led?		Good	●

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	5
Background to the service	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
What people who use the provider say	6
Areas for improvement	7

Detailed findings from this inspection

The five questions we ask about core services and what we found	8
---	---

Summary of findings

Overall summary

Overall rating for this core service Good

We conducted this inspection following serious concerns found during our inspection in June 2015. We were pleased to note significant improvements in urgent care services provided by Dorset Healthcare University NHS Foundation Trust at Minor Injury Units (MIUs). We have now rated these services as “Good” because:

- The trust encouraged staff to report incidents. They received feedback from incidents and there was evidence of learning and changes in practice in response to incidents. Staff managed medicines safely. Storage of medicines was secure and Patient Group Directives were current and appropriately authorised. Appropriately trained staff assessed patients in a timely manner to reduce risks to their health and wellbeing. This was known as triage process or triage assessment. Staff checked emergency equipment daily to ensure it was in working order.
- Staff followed trust infection prevention and control practices. Nurses and emergency care practitioners providing the care and treatment completed patient records accurately. Staffing numbers and skills were sufficient to staff the MIUs safely and the trust had discontinued the practice of staff working alone. All staff completed mandatory training and had a good understanding about the actions to take to safeguard vulnerable adults and children.
- Staff had updated the MIU policies in line with national clinical guidelines which ensured patients received care and treatment that followed relevant national best practice guidance. The trust had introduced an audit programme to monitor patient outcomes, staff adherence to trust policies and to support improvement of patient outcomes. Staff

completed training relevant to their roles and received supervision and appraisals which ensured patients received treatment from staff who had the relevant skills and knowledge.

- MIU services responded to the needs of the local population. In the event of an MIU having to close, staff followed procedures that ensured that patients were directed to appropriate health care facilities. Staff had a good understanding about meeting the needs of people with a learning disability and patients living with dementia. There was evidence the service responded and made changes to the service in response to complaints.
- Governance processes reviewed performance, risks, incidents, complaints and audits and provided opportunity for staff views to be heard and trust wide information to be communicated to staff. Clinical leadership was present in all units and at a senior management level. The overarching senior professional lead supported the MIU service to make required changes and develop the service as well as support staff to have their views and opinions heard by the trust board.

However;

- MIU services were not meeting the trust’s target of 95% of all patients receiving initial assessment within 15 minutes of arrival at the unit. It was not clear whether consideration had been made of the needs of the local population with regard to opening times at Portland MIU.
- There was no clarity for staff as to whether paediatric equipment should be on emergency trolleys.
- Recruitment was not completed to ensure there was no lone working in all units during their opening hours.

Summary of findings

Background to the service

Dorset Healthcare University NHS Foundation Trust provides urgent care services through eight minor injury units (MIUs) across Dorset. The units are based at the community hospitals, serving market towns and rural areas across all areas of Dorset.

The MIUs provide a service for patients with minor health problems and injuries from accidents that are not serious and not likely to be life threatening. The MIUs are nurse led.

All eight MIUs have a variety of opening hours and some are open at weekends and bank holidays. As part of the inspection we visited five of the eight MIUs. These were Portland, Weymouth, Sherborne, Blandford and Wimborne MIUs.

Our inspection team

Team leader: Gary Risdale, Inspection Manager, CQC

The team that inspected urgent care services comprised two CQC inspectors and an assistant inspector.

Why we carried out this inspection

We carried out this focussed short notice announced inspection to review the progress the trust had made following our comprehensive inspection in June 2015. In

that report we rated three key questions for urgent care services as requires improvement. We rated the key question of Safe as Inadequate. We published the report from the comprehensive inspection in October 2015.

How we carried out this inspection

We undertook a focussed inspection of the areas where we had identified the need for improvement. We only reinspected the key questions that we had rated as requires improvement and this report details our findings related to;

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

Before the inspection visit, we reviewed information that we held about these services.

During the inspection visit, the inspection team:

- visited five minor injury units
- spoke with 24 staff who worked within the service, such as emergency nurse practitioners, nurses, emergency care practitioners, healthcare assistants, receptionists and senior managers.
- observed how people were being cared for
- reviewed 10 patient records of people using the services
- spoke with 10 patients and three relatives who were using services.

What people who use the provider say

We spoke with 10 patients and three relatives during the inspection at various locations. All spoke highly of the

Summary of findings

service provided. They said they had been seen quickly. However, one patient, who made frequent visits to Weymouth MIU said the amount of time it took to be seen by a member of staff could be variable.

Areas for improvement

Action the provider MUST or SHOULD take to improve

- The trust should provide clear information to staff about whether paediatric equipment should be available on emergency trolleys.
- The trust should ensure all units have the relevant information so staff have assurance all equipment is appropriately maintained and safe to use.
- The trust should continue their recruitment process to achieve their target to have a receptionist on duty at all times when MIUs are open.
- The trust should continue to make improvements towards meeting the target of 95% of patients triaged within 15 minutes of arrival at the MIU.
- The trust should consider reviewing whether the opening times of Portland MIU meet the requirements of the local population.

Dorset Healthcare University NHS Foundation Trust

Urgent care services

Detailed findings from this inspection

Good



Are services safe?

By safe, we mean that people are protected from abuse

By safe, we mean that people are protected from abuse and avoidable harm.

We rated safe as good because:

- Staff were confident about reporting incidents and they received feedback from reported incidents. There was evidence of learning and changes in practice in response to incidents.
- Staff were up to date with safeguarding vulnerable adults and children training. They had a good understanding of processes to be followed to protect adults and children from abuse.
- Staff managed medicines safely. Medicines were stored securely and all Patient Group Directives were in date and signed by all staff who used them.
- Staff checked emergency equipment daily to ensure it was ready to use.
- Patient assessment and treatment records were completed by nurses and emergency care practitioners. They were clear and detailed.
- Infection prevention and control procedures were followed and audited.
- Staffing numbers were sufficient to staff the MIUs safely. The trust had introduced a policy of no planned lone working and agency staff were not used. All staff completed mandatory training.

- All MIUs had a triage process. An appropriately trained nurse or ECP assessed all patients to identify if the patient was suitable to wait for treatment or needed treatment urgently.

However:

- There was no clarity for staff as to whether paediatric equipment should be on emergency trolleys.
- Portable appliance testing was not always completed in a timely manner.
- Staff on MIUs had difficulties in receiving assurance that all equipment was serviced in line with manufacturer's and recommended guidelines and that all equipment had a service schedule in place.
- The trust had not completed recruitment to ensure there was no planned lone working in all units during their opening hours.

Detailed findings

Safety performance

- There were no identified concerns with safety performance at the inspection in June 2015. The inspection in March 2016 indicated no change with this.

Incident reporting, learning and improvement

Are services safe?

- At the inspection in June 2015, staff working on some of the units were unsure how to report incidents on the electronic system and could not give us examples on what they would report as an incident. At the inspection in March 2016 all staff we spoke with knew how to report incidents on the trust's electronic reporting system and knew the type of incidents that needed to be reported.
- Staff confirmed feedback was provided from reported incidents. This included incidents reported locally and feedback from incidents occurring across the MIUs and the trust. Staff gave an example of how reported incidents had supported improvements in equipment provision. Mistakes in Xray interpretation resulting in missed diagnosis of fractures had been reported via the incident reporting system. Investigations into the reasons for this had identified poor resolution of screens had a contributory factor. As a result high resolution screens were being implemented across the trust to reduce the risk of missed fracture diagnosis.

Safeguarding

- At the inspection in July 2015 not all staff were up to date with safeguarding training. Some staff at that time did not know about, or respond appropriately, to child protection flags on the electronic patient records system.
- Following that inspection the trust developed an action plan that detailed all clinical staff must attend safeguarding vulnerable adults level 2 training and safeguarding children level 3 training by 30 June 2016. Trust records, dated 13 March 2016, showed all MIU staff had completed safeguarding adults level 2 training and 25 of 35 clinical staff had attended level 3 child safeguarding training. The records showed the remaining 10 members of staff were booked to attend level 3 child safeguarding training. This meant all staff would complete the required safeguarding training by the target date of 30 June 2016.
- All staff we spoke with demonstrated a good understanding about safeguarding vulnerable adults and children. Staff described occasions when they had made adult and children safeguarding alerts to the appropriate authority. Staff demonstrated, in conversations, a good understanding of vulnerable groups of people in the local areas.
- Discussions with staff, including reception staff, showed they understood the flag system used on the electronic

records to identify patients where there were child protection concerns. The flag system informed the triage assessment process, where a member of staff prioritised which order patients were seen.

- Information was available for staff in all units about how to access support for patients who had suffered domestic violence and abuse.

Medicines

- At the inspection in June 2015 we found inconsistencies in the safety of medicines management across all the MIUs. In some units staff did not store medicines securely, with medicines left on work surfaces that could be accessed by patients. During the March 2016 inspection we saw staff stored all medicines in secured cupboards in all the MIUs we inspected.
- At the inspection in June 2015 we found the Patient Group Directives (PGDs) used by staff were not all in date. PGDs are the legal arrangements for nurses to administer medicines to their patients during treatment that would otherwise require a prescription. At the March 2016 inspection we found that PGDs on the trust intranet and copies in the units were current. They had all been authorised by relevant trust staff. Nurses and emergency care practitioners had signed each PGD to evidence they understood their responsibilities when administering that specific medicine and were authorised as competent to administer those medicines.
- Staff in June 2015 described concerns they did not have any dedicated pharmacist support for the MIUs. At this inspection staff spoke positively about the support they received from the pharmacist team. They had a team of pharmacists they could access for advice and support.

Environment and equipment

- At the inspection in June 2015 we found resuscitation equipment was not always regularly checked or fit for use. There was no standardisation across the MIUs for the trolleys that held emergency equipment. Documented evidence at that time failed to provide assurance that staff checked emergency equipment weekly. Not all trolleys or emergency medicine packs were tamper proof. This meant it could not be assured essential equipment and medicines were immediately available in the event of an emergency situation.
- The trust action plan stated that all MIUs adopt the trust wide contents list for resuscitation trolleys. The trust's

Are services safe?

cardiopulmonary resuscitation policy dated November 2015, for review November 2017 detailed the equipment required on the emergency resuscitation trolley. We saw staff used the lists to identify the equipment required on the trolleys. Records showed staff checked the emergency trolleys daily.

- Staff expressed concerns that no paediatric equipment was included on the list and said they had been instructed by the trust to remove all paediatric emergency equipment from the trolleys. However, staff groups had made the decision to keep emergency airway equipment for children on the resuscitation trolley. This meant in the event of an acutely unwell child presenting at the unit they could maintain the child's airway whilst waiting for the emergency paramedic service to arrive.
- We raised this concern with the trust, who told us the policy did allow paediatric equipment to be present on the MIU emergency trolleys. However, the check lists provided with the emergency trolleys and being used by staff did not have paediatric equipment included on them.
- At the inspection in June 2015 we found portable appliance testing, equipment calibration and servicing was out of date at most of the MIUs. This meant that at that time staff were not assured the equipment was safe to use and the equipment provided accurate readings. The trust, in their action plan, told us all MIUs had developed locally held records identifying medical devices, dates of servicing and PAT testing. Also dates of competency based equipment training completed by staff members. The action plan detailed the records would be completed by 1 April 2016.
- At the inspection in March 2016 we saw locally held equipment registers that detailed equipment held in the unit, dates of servicing and PAT testing and dates that staff achieved competency in using the equipment. Not all equipment had dates for when it was last serviced or needed the next service. For example at Weymouth MIU staff had no assurance that six out of 23 items of equipment had been maintained or serviced in line with manufacturer's and national guidance or that there was a service schedule for that equipment. At Portland MIU there was no assurance that four of the fifteen items of equipment had been maintained or had a service schedule in place. Staff explained this was because they were waiting for that information to be provided from the trust's estates department. In some units, PAT

testing was not in date. However, records were kept to evidence that requests for service history and PAT testing had been made to the trust's estates department. This showed staff in the MIUs had taken appropriate action to gain assurance that all equipment was serviced in line with manufacturer's and national guidance.

Quality of records

- At the inspection in June 2015 we saw health care assistants made records in patients' electronic records about assessments and treatments with no evidence of authorisation or countersigning from nurses or emergency care practitioners. At the follow up inspection March 2016 there were no entries in patient records by HCAs about assessments or treatments. HCAs confirmed they did not enter details about assessments and treatments onto patient records. We observed nursing or emergency care practitioners completed patient records promptly after assessing and treating them.
- At the inspection in March 2016 we reviewed patient electronic records across the MIUs for a range of patient conditions and outcomes. All records were detailed and appropriately completed. Information included if the patient decided to attend MIU themselves or by whom they had been advised to attend. The records also detailed their past and present medical history, presenting signs and symptoms, the examination, diagnosis and treatment given to the patient as well as the advice given to them on discharge
- Records were held electronically and were password protected. Screen shields were provided and used. This prevented members of the public seeing details on the screen if they passed by the screen, thus ensuring patient confidentiality.

Cleanliness, infection control and hygiene

- At the inspection in June 2015 we found that most staff followed infection control practices. However, there was little evidence of auditing of the environment and staff practice to ensure infection control practices were followed consistently. The trust told us in their action plan they had developed a rolling programme for infection prevention and control audits. At the inspection in March 2016 we saw results from hand

Are services safe?

hygiene and cleaning audits were displayed on quality boards in public areas of the units. The audits showed 95% to 100% compliance with trust hand hygiene procedures across all MIUs.

- Staff had access to and used personal protective equipment such as gloves and aprons.
- All equipment we looked at was clean. In some units equipment had 'I am clean' labels on them, detailing the date and time they were last cleaned. Cleaning schedules were displayed. Records detailed cleaning had been carried out in line with the cleaning schedule.

Mandatory training

- The trust's mandatory training requirements for MIU staff included intermediate life support, paediatric life support, equality and diversity, fire safety, conflict resolution, infection prevention and control, information governance, moving and handling, safeguarding adults level 2 and safeguarding children level 3.
- At the inspection in June 2015 we found that overall the staff met the trust target of 85% compliance for completing mandatory training. However, this figure varied across the units, with some achieving above the target and some failing to reach the target. Since the last inspection the trust had increased the target for compliance with mandatory training to 95%. Data provided by the trust on 13 March 2016 showed that for nine of the 11 mandatory training topics 100% of staff had completed training within the required timescales. 94% of staff had completed moving and handling training and 93% had completed safeguarding children level 3 training. However, training was booked for these members of staff to achieve 100% compliance with all mandatory training by 9 June 2016.
- Discussion with staff confirmed they were allocated time to complete mandatory training.

Assessing and responding to patient risk

- At the inspection in June 2015 we found many patients presenting at the MIUs were not assessed by an appropriately trained registered nurse or emergency care practitioner to identify any risks and their suitability to wait for treatment. In some MIUs a healthcare assistant assessed patients. In some MIUs reception staff had been trained on how to flag an urgent patient to the nurse or emergency care practitioner. However this was

not consistent across all MIU sites. There were not always reception staff on duty and there was not a trust wide process or training for 'flagging' concerns. At the time of that inspection there were no formal processes in place to ensure all ambulance and all head injury attendees at a MIU were assessed by a qualified, registered professional within 15 minutes of arrival. This meant the service was not meeting national guidelines recommended by the College of Emergency Medicine. There was a risk that patients who needed to be attended to urgently were left waiting while their condition deteriorated. At that inspection, we saw in two of the MIUs patients waiting for over an hour before being initially assessed by a registered nurse or emergency care practitioner.

- Following that inspection the trust developed an action plan to ensure there was a formal system to ensure all patients attending a minor injuries unit received timely clinical assessment in line with national guidance. During the inspection in March 2016 we saw changes had been introduced in MIUs to ensure appropriately trained staff assessed patients in a timely manner. Receptionist cover was provided at the same time as the opening hours of the MIU. However, in some units, such as Sherborne MIU, the receptionist post was still being recruited into. This meant for that unit there was no receptionist cover between 3pm and 6pm on weekdays and at weekends between 10am and 4pm.
- All reception areas had a red flag flow chart that supported reception staff to identify patients who needed to be seen immediately by MIU staff. We saw receptionist staff followed this process when a patient presented experiencing chest pain. Staff immediately took the patient through to the unit where they were assessed and treated by a registered nurse and emergency care practitioner. Receptionist staff said they were confident with following the red flag system and had received instruction in the use of it.
- Individual MIUs had developed their own triage processes. This was because the MIUs were of varying sizes, with varying numbers of staff. At Weymouth MIU, a registered nurse or emergency care practitioner was allocated to triage activities between the hours of 10am to 6pm. There was a room allocated for triage purposes. Outside these hours one of the two members of qualified staff on duty triaged patients. In the smaller units triage processes were in place to ensure patients were assessed by a suitably qualified member of staff in

Are services safe?

a timely manner. We saw this in action at Blandford and Wimborne MIUs, where the nurse spoke to and briefly assessed the patient in a confidential manner in the waiting area prior to a full assessment. HCAs told us they did not triage patients.

- The trust monitored the time taken from the patient presenting at reception to the time they were triaged. They had set a target of 95% of patients to be triaged within 15 minutes. The data provided for January and February 2016 showed they were not yet meeting this target, with the exception of Yeatman Hospital in Sherborne in January 2016. However, senior managers explained the monitoring process was new and they were working with the IT department to ensure data collection resulted in an accurate reflection of the work carried out in the MIUs.
- Patients we spoke with during the inspection explained they had been seen quickly by staff in the unit. However, one patient who had frequently attended the MIU at Weymouth said they had experienced variable waiting times previously, ranging from 15 minutes to two hours.
- Immediate life support (ILS) and paediatric life support (PLS) training was mandatory for nurses and emergency care practitioners working in MIUs. At the time of the inspection in June 2015, staff at Wimborne and Shaftesbury MIUs had met the target of 85% compliance with this training. At that time only 33% of staff at Blandford MIU and 67% of staff at Sherborne, Swanage and Bridport had completed this training. This meant at that time it could not be assured that staff had updated skills to attend to life threatening urgent situations.
- Following the inspection the trust set a target for all nurses and emergency nurse practitioners working in MIU to attend ILS and PLS training every year. The trust detailed target dates of 30 June 2016 for all staff to complete ILS training and 31 March 2016 for all staff to complete PLS training. Trust data showed these targets would be met. Discussions with staff confirmed there was a rolling programme for attending ILS and PLS training.

Staffing levels and caseload

- At the inspection in June 2015 we found there were staff shortages across the service. Some units were staffed by lone workers and on occasions agency staff were lone working without adequate support or induction. We assessed this as posing risks to both patients and staff. These concerns were raised with the trust at the time of the inspection.
- The trust developed an action plan which included reviewing skill mix and lone working arrangements across the MIUs. As a result all MIUs developed their own lone working standard operating procedure and actions were taken to reduce the occurrence of lone working. When we spoke with staff on MIUs, they said the greatest change since the last inspection was the reduction in lone working. Staff told us the trust had introduced a policy of no planned lone working and that in the last few weeks lone working had been abolished. In some units, such as Portland and Sherborne, receptionist hours had been increased to ensure there was always a receptionist on duty when there was just one nurse or emergency care practitioner on duty. However, at the time of the inspection recruitment into these posts was ongoing. Senior managers said arrangements were still being finalised to ensure cover was available at Portland MIU when the receptionist was on leave. However, the nurse who predominantly worked at Portland had developed effective relationships with the hospital ward staff to ensure support was available when needed.

Managing anticipated risks

- There were no identified concerns with managing anticipated risks at the inspection in June 2015. The inspection in March 2016 indicated no change with this.

Major incident awareness and training

- There were no identified concerns with major incident awareness and training at the inspection in June 2015. The inspection in March 2016 indicated no change with this.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

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.

We rated effective as good because:

- Staff could access policies and procedures that were updated and in line with national guidance.
- The trust had introduced an audit programme to monitor patient outcomes and staff adherence to trust policies.
- Staff accessed and received training appropriate to their role. There were suitable arrangements in place for supervision and appraisal of staff.

Detailed findings

Evidence based care and treatment

- At this follow up inspection we found staff could access guidance that supported them to provide evidenced based care and treatment.
- At the previous inspection in June 2015 we found patients were at risk of receiving care and treatment that was not in line with current guidance as policies and procedures were not all reviewed and updated. Following that inspection the trust produced an action plan detailing all protocols would be reviewed and updated in line with national guidance by 31 March 2016. At the time of our inspection in March 2016 a total of 11 protocols had been reviewed, updated and made available on the intranet. The trust told us by email on 31 March 2016 that all protocols had been updated and loaded onto their intranet.
- At the previous inspection in June 2015 some members of staff did not know where to access the policies and procedures on the trust's intranet. At this inspection in March 2016 all staff we asked knew how to access the protocols on the intranet.

Pain relief

- There were no identified concerns with pain relief at the inspection in June 2015. The inspection in March 2016 indicated no change with this.

Technology and telemedicine

- The only concern identified at the previous inspection in June 2015 was that some staff did not know where to locate policies and procedures on the trust's intranet. We found at the inspection in March 2016 all staff knew where to access these documents on the intranet.

Patient outcomes

- At the inspection in June 2015, we found there was little auditing of adherence to guidance or monitoring of patient outcomes. The trust action plan included development of a local audit programme for MIUs, to include auditing of infection control practices, cleaning schedules, lone working, timely patient assessment, medicines safety, deteriorating patients, patient feedback, record keeping, clinical supervision, clinical outcomes and Xray audits. We were told the audit programme would be in place by 31 April 2016. On the units we inspected in March 2016, we saw some auditing was occurring. This included audits of notes and infection control practices. Staff commented that auditing of notes was helpful in identifying areas that needed improving with their note taking and management of patient records.
- Following the inspection in June 2015 the trust started monitoring patient attendances at the MIUs. The information was presented in the form of a dashboard that all MIU staff could access. We were advised by the trust that, in partnership with the IT department, the data collection was still being refined to ensure it accurately reflected patients' experiences.
- Monitoring included total number of attendances at the MIUs, planned and unplanned follow up appointments, percentage of patients triaged within 15 minutes of arrival at the unit, length of time to treatment and clinical reasons for presenting to the unit.

Competent staff

- At the inspection in June 2015 we found there was variation in the experience and skills of staff employed in the MIUs and the required qualifications and competency checks for their roles were not clear. At the

Are services effective?

inspection in March 2016 the trust provided information that showed all nurses and emergency care practitioners had or were in the process of completing training relevant to their MIU role. We saw all staff completed competency checks which demonstrated they had the skills and knowledge to provide appropriate and safe care to patients attending the MIU and to work the equipment in the unit.

- To enhance and develop the skills of staff the trust had developed joint working between Weymouth MIU and the emergency department (ED) at Dorset County Hospital. The trust had successfully introduced a voluntary programme of three month secondments for Weymouth MIU staff to work at Dorset County Hospital and ED staff to work at Weymouth. Joint study days with Weymouth MIU Dorset County Hospital ED staff had been introduced.
- Staff commented that since the inspection in June 2015 access to training had improved. They said funding was no longer a barrier to accessing training and sufficient time was allocated for attending and completing training.
- At the inspection in June 2015, we found not all staff were having an annual appraisal. The trust action plan detailed that all staff would receive an annual motivational appraisal by 31 March 2016. Data provided by the trust indicated they were on target to achieve this. Staff we spoke with said they found the new format of the motivational appraisal supported them to identify and plan their development goals.
- At the inspection in June 2016 we found there was a lack of consistency around the provision and recording of clinical supervision for staff. The trust told us

discussions had been held to support staff identify what needed to be recorded as clinical supervision. Staff in the units we inspected confirmed they received clinical supervision and we saw records that demonstrated clinical supervision occurred.

Multi-disciplinary working and coordinated care pathways

- There were no identified concerns with multi-disciplinary working and coordinated care pathways at the inspection in June 2015. The inspection in March 2016 indicated no change with this.

Referral, transfer, discharge and transition

- There were no identified concerns with referral, transfer, discharge and transition at the inspection in June 2015. The inspection in March 2016 indicated no change with this.

Access to information

- At the inspection in June 2015 some staff told us about poor IT connectivity which resulted in issues accessing the intranet and discharging patients from the electronic record system. This was not expressed by staff as a problem during the inspection in March 2016.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- There were no identified concerns with Consent, Mental Capacity Act and Deprivation of Liberty Safeguards at the inspection in June 2015. The inspection in March 2016 indicated no change with this.

Are services caring?

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

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

Not inspected – see previous report published in October 2015 where this was rated Good.

Detailed findings

Compassionate care

- There were no identified concerns with compassionate care at the inspection in June 2015. The inspection in March 2016 indicated no change with this.

Understanding and involvement of patients and those close to them

- There were no identified concerns with understanding and involvement of patients and those close to them at the inspection in June 2015. The inspection in March 2016 indicated no change with this.

Emotional support

- There were no identified concerns with emotional support at the inspection in June 2015. The inspection in March 2016 indicated no change with this.

Are services responsive to people's needs?

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

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

We rated responsive as good because:

- Service specification policies defined the service provided at each location.
- The trust had a programme to improve signs to the MIUs.
- Triage and assessment processes ensured that patients received treatment in a timely manner appropriate to their clinical conditions.
- Staff followed procedures were if MIUs had to close to ensure members of the public were directed to appropriate health care facilities.
- Staff had a good understanding about meeting the needs of people with a learning disability and patients living with dementia
- Staff responded to complaints. There was evidence of learning and improvements to the service in response to complaints.

However:

- The trust was not meeting its target of all patients receiving triage assessment within 15 minutes of arrival at the unit.
- It was not clear whether consideration had been made of the needs of the local population with regard to opening times at Portland MIU.

Planning and delivering services which meet people's needs

- At the inspection in June 2015 we were told the MIU service specification policy, that expired in 2013, was in the process of being reviewed. At the inspection in March 2016, we saw there was a trust wide service specification held in each MIU.
- At the inspection in June 2015 we found some MIUs were poorly signposted not only in the hospitals, but in the towns. This meant there was a risk that units were difficult for patients to locate. Following the inspection the trust told us they were reviewing both internal and external signs to MIUs and would make improvements where required. At the inspection in March 2016 the trust told us there had been some delays as a result of

getting planning permission to change signage. However, they told us Swanage hospital had new signage identifying the opening hours of the MIU and that Wimborne MIU had been relocated which included new signage. We inspected Wimborne MIU and found the signage to the unit to be clear, informative and easy to follow.

- At the inspection in June 2015, we found the treatment area in Wimborne MIU too small to work effectively and safely. Following the inspection the MIU at Wimborne had been relocated into a new building at the hospital. We inspected the Wimborne MIU and found there to be sufficient space for staff to provide care and treatment in a safe and dignified manner.
- At the inspection in June 2015 we found most reception areas in the MIUs did not allow confidential conversations to take place. In their action plan, the trust said reception areas in all MIUs would be reviewed with regard to providing privacy and confidentiality. The trust told us each unit was implementing an approach to maintaining patient privacy and confidentiality. At Weymouth and Portland MIUs the waiting areas had been reconfigured, with a privacy line at the reception area to reduce the risk of conversations being overheard. We were told when new units were built or unit's redesigned confidentiality at the reception area would be considered. At Wimborne MIU we saw the new reception area had been designed to provide confidentiality for patients when booking into the unit.

Equality and diversity

- At the inspection in June 2015 we found access to MIUs and frequently used departments, such as Xray, were not easily accessible for patients with mobility difficulties. This included car parks located a distance away from the MIU entrance or Xray departments located a distance away from the MIU. Following the inspection the trust action plan, told us when units were rebuilt or relocated access to the unit and supporting facilities was considered. We saw car parking and Xray facilities were easily accessible at Wimborne MIU which had been relocated since the June 2015 inspection.

Meeting the needs of people in vulnerable circumstances



Are services responsive to people's needs?

- At the inspection in June 2015 we found there was little staff awareness about the needs of people with a learning disability or how to involve patients living with dementia with their care and treatment. Staff had not received any training about people with a learning disability and not all staff had completed training about supporting patients living with dementia.
- At the inspection in March 2016 staff told us they had completed work book training for dementia and viewed presentation slides about learning disability. The clinical lead at Weymouth told us they were in discussion with local learning disability support groups to get their views on any improvements that could be made in the department to meet the needs of people with a learning disability. Conversations with staff at the units we inspected showed they had a good understanding about how to meet the needs of people with a learning disability or those living with dementia. This included involving carers and relatives and adapting practices to meet patients' individual needs.

Access to the right care at the right time

- At the inspection in June 2015 we found patients waited varying lengths of time before having an initial triage assessment of their condition, with some patients waiting over an hour for initial assessment. This meant there was a risk patients did not receive treatment in an appropriate timely manner. Following that inspection the trust developed an action plan to ensure there was a formal system to ensure all patients attending a minor injuries unit received timely clinical assessment in line with national guidance. Individual MIUs had developed their own triage processes to support staff to triage patients within the trust target of 15 minutes of arrival at the unit.
- The trust monitored the time taken from the patient presenting at reception to the time they were triaged. They had set a target of 95% of patients to be triaged within 15 minutes. Data showed that although this target was not being met, improvements were made towards meeting the targets between the period October 2015 to February 2016.
- Staff told us that at Portland MIU there was often an increase in patient attendance just as or just after the unit closed. Information and a phone (free of charge)

were available for patients to contact other MIUs, their GP services or the emergency services. There was no evidence that staff had made an assessment of the times the MIU service was most requested by the local population, so it was difficult to know whether the service responded to their needs in providing access to care at the right time.

- At the inspection in June 2015 we found some MIUs were sometimes closed due to staff shortages. We were told by the trust on 15 March 2016 that in the last six months there had only been one unit closure on 25 September 2016 at Blandford Hospital. However discussions with staff at Sherborne MIU indicated there had been occasions in the last six months when there had been insufficient staff resulting in the unit having to close. Staff said that in these circumstances they worked closely with the MIU at Shaftesbury, moving staff between the two units to ensure at least one unit remained open to provide a MIU service to the local population.
- Staff at Blandford MIU spoke about incidents when unusually high numbers of patients arriving at the unit had meant they had to close to new patients until all patients had been seen and treated. In all units there were procedures to follow to alert local health care providers that the units were closing so members of the public were redirected to the most appropriate health care facility.

Learning from complaints and concerns

- At the inspection in June 2015 we found there was not always evidence of learning and action taken as a result of complaints. At the inspection in March 2016 the trust told us there had been five formal complaints received about MIU services in the last twelve months. A summary for the complaints and the actions taken in response to the complaint showed appropriate actions and learning across all MIUs occurred.
- Staff working in the MIUs told us about changes that had occurred as a result of informal complaints and comments. One example was the provision of a separate children's waiting area at Weymouth MIU after patients had complained about children's toys spreading out across the waiting area.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

We rated well-led as good because:

- MIU staff understood the trust's vision for MIU services to become a part of integrated care services in Dorset.
- Governance processes supported identification and management of risks. Governance processes also provided opportunity for trust wide information to be communicated to staff and for audit results to be reviewed and acted on.
- Staff felt able to voice their views. They felt the trust listened and respected their views and opinions. They felt the trust now understood MIU services and the skills of MIU staff.
- Clinical leadership was present in all units. Staff spoke highly of the support received from local leadership and from the senior professional MIU lead. Staff attributed the improvements in MIU services to having an overarching senior member of staff leading MIU services across the trust.

Service vision and strategy

- At the inspection in June 2015 we found staff were unclear about the vision and strategy for MIU services. At that time they were aware of the clinical services review being undertaken across Dorset by commissioners but did not feel informed or consulted. At the inspection in March 2016 we found staff had an understanding of the Clinical Services Review, what stage it was at and an understanding that at some stage it might affect the development of MIU services.
- All staff were aware that the trust's vision for MIU services was as part of integrated care working in collaboration with emergency and primary care services.

Governance, risk management and quality measurement

- At the inspection in June 2015 we found governance frameworks did not always operate effectively for MIU services. There were insufficient processes for identifying, assessing and managing risks. At that time staff did not know what was detailed on the risk register. At the inspection in March 2016, we found staff knew how to access the risk register and knew what risks were detailed on it. Staff showed us how to access the risk register and identify their unit's entries on the risk register. The risk register was a trust wide risk register, which could be drilled down to location and unit level. Staff at each unit could make entries onto the risk register. We saw there were separate entries for the MIUs at Bridport, Blandford, Wimborne and Weymouth, as well as trust wide entries that related to MIU services.
- Conversations with staff evidenced entries on the risk register reflected their perception of risks to the service. These included risks associated with lone working, managing work load in relation to increased attendances at one of the MIUs and triage of patients. The risk register detailed actions taken to mitigate risks and ongoing plans to further mitigate the risks. These details accurately reflected information staff told us about how the risks were managed.
- At the inspection in June 2015 we found there was a lack of governance structure for the MIU departments. At that time MIU departments fed into the location's governance processes and in some locations, because of lone working practices, this did not always happen. This meant MIU staff did not always get opportunity to feed into and receive feedback from governance meetings. Following that inspection, the part time professional MIU lead instigated monthly Minor Injury Professional Practice Group meetings. These provided opportunity to receive feedback and feed into the trust's governance processes about issues specific to minor injuries services, as well as providing a forum for review and plans for development of the service. We reviewed an agenda for one of these meetings. This showed results from audits, future audit programmes, learning from incidents, staff training needs, learning from complaints and feedback from clinical leads meetings was discussed.

Are services well-led?

- The service leads from each unit, when possible, continued to attend location led governance meetings. Where this was not possible the site matron ensured information from the MIU was included at the meeting and that the MIU lead received records of the meetings. Each unit had differing methods of cascading information from these meetings. This ranged from unit meetings, email information, information folders, during one to one and group supervision meetings.

Leadership of this service

- At the inspection in June 2015 we found there was a lack of overarching leadership for the MIU services across the trust. Staff felt this had a negative impact on communication between units and teams, with units working in silos, rather than as a MIU service. We were told at that time a retired senior nurse had recently been appointed as a professional MIU lead for two days a week on a fixed term contract. Their plan was to integrate the units by providing leadership and communication. All staff we spoke to during the March 2016 inspection spoke highly of the professional lead, commenting on the positive changes that had been made since they were appointed to the position. One member of staff described the professional lead as being “our voice”. They explained this was because the trust listened when the professional lead raised the issue of lone working, which resulted in lone working being stopped, increased communications which meant staff felt connected with the trust and the other MIUs and increased opportunities for training. The trust had identified the benefits of overarching leadership of the MIUs and was recruiting a full time band 8a professional lead for the MIUs.
- At the inspection in June 2015 we found there was variable and insufficient clinical leadership in many of the MIUs. There was inconsistency in the banding of staff leading the units. Some units had a band 7 to lead the unit, others had no staff allocated to lead the unit, with a band 6 taking an informal role of leading the unit. Some staff working on the units were not sure to whom they were accountable and who was actually in charge of the MIU. The trust action plan stated that a band 7 clinical lead would be identified for each MIU by 31 March 2016. At the time of the inspection in March 2016, all MIUs had an appointed band 7 to lead the unit with the exception of Sherborne MIU where the band 7 support was provided by Shaftesbury MIU. When we

spoke with staff at Sherborne MIU they commented they felt well supported by the band 7 lead at Shaftesbury. There was evidence of cross working between Shaftesbury and Sherborne MIUs to keep both, or at the minimum, one of the two units open at times of staff shortages. At the larger Weymouth MIU, staff arranged the rota so there was a band 7 member of staff leading the shift at all times.

Culture within this service

- There were no identified concerns with culture within this service at the inspection in June 2015. The inspection in March 2016 indicated no change with this.

Public engagement

- There were no identified concerns with public engagement at the inspection in June 2015. The inspection in March 2016 indicated no change with this.

Staff engagement

- At the inspection in June 2015 we found there was variation in how well staff felt able to raise their views, with several feeling the trust was not listening to their concerns about staffing levels and lone working. Following this inspection the trust told us monthly team meetings with robust agendas and staff meetings for all teams would support staff to raise their views with the trust. They told us staff would be involved in the actions plans developed as a result of the CQC inspection and would be involved in any service developments.
- Staff we spoke with during the March 2016 inspection told us they believed the trust now had a greater understanding of the MIU service and the staff skills. Most staff felt the trust were now listening to their views and were acting on them. Most staff felt this was as a result of the trust employing an overarching professional lead for MIU services and as a result of the previous CQC inspection. Staff at Wimborne MIU confirmed they were consulted and their views were taken into account about the design of the new MIU build. Staff at Weymouth MIU spoke about their involvement in the successful bid to deliver an urgent care service from the location and their ongoing involvement in the development and implementation of the service. However, staff at Sherborne MIU did not feel the trust had fully considered their wish to employ an extra HCA who could perform receptionist and care duties, rather than a receptionist.

Are services well-led?

Innovation, improvement and sustainability

- There were no identified concerns with innovation, improvement and sustainability at the inspection in June 2015. The inspection in March 2016 indicated no change with this.