

# Exmouth Community Hospital

## Quality Report

Exmouth Hospital,  
Claremont Grove,  
Exmouth  
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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 the Exmouth Minor Injury Unit (MIU), located within Exmouth Community Hospital on 20 March 2017. Overall the service is rated as good.

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

- During 2016 the local health economy was under immense pressure. Demand at local Accident and Emergency services in the region was high. However, the Exmouth Community Minor Injuries Unit (MIU) was at risk of closure due to budgetary cuts and reorganisation in the region. Claremont Medical practice engaged with the local Clinical Commissioning Group to takeover the MIU with the aim of driving further improvements for the community of Exmouth addressing the additional demands on local services.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.

- The MIU had clearly defined and embedded systems to minimise risks to patient safety.
- Patients are protected by a strong comprehensive safety system, and a focus on

openness, transparency and learning when things go wrong. Staff routinely carried out extensive follow up of any safeguarding referrals made, safeguarding the individual and negating any potential risk of information not being shared appropriately across all agencies involved.

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Feedback we received from patients showed that they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Patients individual needs were central to the planning and delivery of tailored services. We saw examples of this. For example, staff were receiving additional training to provide an advanced level care for patients with bone fractures to be treated at the MIU.
- The centre had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The unit proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the MIU complied with these requirements.

There was one area where the provider should

Display notices in the waiting room that advised patients that chaperones were available if required.

**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?

The Minor Injuries Unit is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The unit had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Staff routinely carried out extensive follow up of any safeguarding referrals made.
- The unit had adequate arrangements to respond to emergencies and major incidents.

Good



### Are services effective?

The minor injuries unit is rated as good for providing effective services.

- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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?

The minor injuries unit is rated as good for providing caring services.

- Feedback from patients through our comment cards and collected by the provider was very positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



# Summary of findings

## Are services responsive to people's needs?

The minor injuries unit is rated as good for providing responsive services.

- The provider reviewed the needs of its local population and engaged with the NHS England area team and local clinical commissioning groups to secure improvements to services where these were identified. Patients were seen on a walk in basis without need for prior booking of appointments.
- The service had systems in place to ensure patients received care and treatment in a timely way and according to the urgency of need.
- Information about how to complain was available and easy to understand and evidence showed the provider responded quickly to issues raised. Learning from complaints was shared with staff.

Good



## Are services well-led?

The minor injuries unit is rated as good for being well-led.

- The provider 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 MIU had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The MIU had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The unit proactively sought feedback from staff and patients and we saw examples where this feedback had been acted on.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority.

Good



# Summary of findings

## What people who use the service say

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive

about the standard of care received. Patients told us that staff were kind, very caring and showed a genuine concern for their welfare. Feedback further informed us that the staff were calm, supportive and informative.

## Areas for improvement

### **Action the service SHOULD take to improve**

Display notices in the waiting room that advised patients that chaperones were available if required.

# Exmouth Community Hospital

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, and a second CQC inspector.

## Background to Exmouth Community Hospital

The management of the Minor Injury Unit (MIU) was taken over by the GP partners of the Claremont Medical Practice in November 2016 and provides care to the population of Exmouth and county areas. It is commissioned by the NHS New Devon Commissioning Group (CCG). The MIU was commissioned to provide care to the local population of 36000 patients annually and this number can double in the holiday season (April- Sept) every year.

As a GP Practice Partnership, each Partner is ultimately responsible for the overall running, finance and clinical governance of the Exmouth MIU. The risks and responsibilities involved in providing the service including clinical safety and liability, medicine and stock management, IT system provision and maintenance in addition to the HR issues related to TUPE of the MIU staff are borne equally amongst the Partnership.

The unit itself is nurse led, by staff employed by the Claremont Practice, and provides assessment and treatment for urgent health conditions such as: minor burns and scalds, minor illnesses, eye injuries and skin infections to suspected broken bones, sprains and strains.

The unit has x-ray services on site and is staffed primarily by nurse practitioners and health care assistants. Staff can access GP clinical opinion from the Claremont Medical Centre, the provider which is located next door, in the more complex cases. When the Medical Centre is closed the staff gain advice from the GP led out of hours service. The clinical team are supported by a management and administrative team.

There is parking outside the centre including dedicated spaces for people with a disability. All treatment and care is provided on a ground floor of the hospital. The MIU is open between 8am and 10pm 365 days a year and no appointment is required. Outside of these hours patients are directed to the NHS 111 service.

The service operated from

Exmouth Hospital,

Claremont Grove,

Exmouth

EX8 2JN

## 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.

# Detailed findings

## How we carried out this inspection

We carried out an announced visit on 20 March 2017. During our visit we:

- Spoke with a range of staff including two GPs, five nurses and one healthcare assistant.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed 24 comment cards where patients and members of the public shared their views and experiences of the service.

- Looked at information the minor injuries unit used to deliver care and treatment plans.

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 a system for reporting and recording significant events.

- Staff told us they would inform the nurse manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form was accessible to staff on the computer system and 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).
- From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The senior nurse practitioner attended these meetings and then provided feedback and learning points to the nurses on the MIU. The minor injury unit (MIU) carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the MIU reviewed the care of a patient who had been prescribed a non steroidal anti inflammatory medicine. Current practice indicated gastric protection medicine should normally be prescribed with the anti inflammatory medicine to reduce the risk of gastric bleeding, but had not been. Prescribing protocols were reviewed with nurse prescribers at the unit raising awareness of their scope of practice and when to refer prescribing responsibility back to a patients own GP.
- The unit also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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 patients welfare. There was a lead nurse for safeguarding. The lead GP verified the safeguarding lead GP partner at Claremont Medical Practice would also provide support to the lead nurse. We discussed two examples of recent safeguarding referrals made to MASH (Multi Agency Safeguarding Hub) for children and young people. Staff carried out extensive follow up of these referrals, for example in one case ensuring out of area professionals supporting a young person had access to information to promote the safety of the young person. In doing this, staff had averted a breakdown in information sharing occurring between all the agencies involved in safeguarding the young person.
- The MIU was a nurse led unit, with two named GP partners at Claremont Medical Practice next door having governance oversight. Four nurses interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GP partners responsible for oversight of the MIU and all of the nurses were trained to child protection or child safeguarding level three.
- There were no notices in the waiting room which advised patients that chaperones were available if required. Staff told us that patients usually arrived with a companion. If a chaperone was required a second nurse would be used. 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 minor injury unit maintained appropriate standards of cleanliness and hygiene.

- There was a named nurse responsible for the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was a comprehensive IPC protocol and staff had received up to date training. Monthly IPC audits were undertaken, which included assessment of hand hygiene competency for all staff.

## Are services safe?

Audits seen included those over a three month period from January to March 2017, the MIU had consistently achieved 97% compliance which was above the 95% target set by the CCG to achieve. We saw evidence that action was taken to address any improvements identified as a result. The MIU had agreements in place with an acute NHS Trust for all cleaning services, which were retained when the provider changed in November 2016. The lead nurse continued to work with key contacts at the NHS Trust about any issues relating to cleaning standards.

The arrangements for managing medicines, including emergency medicines in the MIU minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- We checked that medicines storage was in line with the latest guidance. Medicines were stored securely there was a system in place to check expiry dates and medicines we checked were all in date. Fridge temperatures were monitored by thermometers and regular temperatures had been recorded correctly. Systems were in place to ensure emergency medicines were available and in date.
- The unit held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had standard operating procedures in place that set out how controlled drugs were managed in accordance with the law and NHS England regulations. These included auditing and monitoring arrangements, and mechanisms for reporting and investigating discrepancies.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. All of the nurses held the Independent Prescriber qualification and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff at Claremont Medical Practice for this extended role. Patient Group Directions had been adopted by the MIU to allow nurses to administer medicines in line with legislation.
- Medical gasses, for example oxygen and entonox were supplied through the hospital NHS Trust and staff had received training on their use. These were in date and were regularly checked by staff.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff area which identified local health and safety representatives.
- The minor injuries unit had service level agreements in place for the maintenance of fire, electrical and clinical equipment to be carried out by estates staff at the NHS Trust. The NHS fire officer had updated fire risk assessments and had carried out regular fire drills. All electrical equipment was checked in to ensure the equipment was safe to use and clinical equipment was also checked in November 2016 to ensure it was working properly.
- 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 practice had adequate arrangements to respond to emergencies and major incidents.

- Records showed all of the nurses had received annual basic life support training and there were emergency medicines available in the treatment room. For example, these included those for the treatment of cardiac arrest, meningitis, anaphylaxis and hypoglycaemia. Records showed staff had successfully treated a patient with symptoms of an allergic reaction until emergency services could arrive to transfer them to the accident and emergency department.
- The MIU had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the unit and all staff knew of their location. All the medicines we checked were in date and stored securely.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The Minor Injuries Unit (MIU) had systems to keep all clinical staff up to date. Staff had access to evidence based guidance from NICE and used this information to deliver care and treatment that met patients needs. For example, all of the nursing staff had completed a training course about the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) promoting patient safety when x-rays were undertaken to diagnose suspected bone fractures.
- The MIU monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, systems were in place demonstrating staff followed the national guidelines regarding maintaining a log of x-rays undertaken for each patient, recording the initial findings, details of the reviewer and a records of the actions taken.
- Nursing staff had access to clinical pathways for treating specific conditions in addition to their skills and knowledge. Clinical pathways are often used in urgent care services where they enable staff to follow a set protocol, for example when assessing a head injury.
- Triage of patients attending the MIU was undertaken by nursing staff. For example, patients were asked to rate their level of pain if they were experiencing this. There was a clinical assessment protocol, which nursing staff followed for prioritising patients with high risk symptoms, such as chest pain, shortness of breath or severe blood loss.

### Management, monitoring and improving outcomes for people

There was evidence of quality improvement including clinical audit:

The unit had been under the leadership of the Claremont Medical Practice since 1 November 2016 and three audits were currently in progress to manage improvement.

- The first was the use of Patient Group Directions (PGDs) used by the nurses in the nurse led Minor Injury Unit. These are clinical protocols used to recognise injuries and illnesses before initiating the correct treatment. When the practice took over the service from North Devon Healthcare Trust, it was agreed that the current suite of clinical protocols and PDGs would be reviewed and ratified for use by Claremont Medical Practice. A review of the use of these PGDs was underway, to identify which ones were used regularly and if any could be considered as redundant. Further PGDs expanding the scope of treatment delivered by the service were also under development.
- The providers are monitoring the supply of medicines used by the Minor Injury Unit as it is an essential part of its position in the urgent care as patients are arriving for immediate care, often out of hours when pharmacies are not available. Being a dispensing GP Practice, Claremont Medical Practice had been able to continue this service. Trained dispensers adhered to all medicine regulations when supplying and labelling medicines for use. Under the previous provider, the MIU staff were not asked to log the use of these medicines when being given to patients. The providers recognised this gap in the medicines supply governance and had initiated a system to not only log the issuing of a medicine but also what medicine was issued (including batch numbers and expiry dates). A clinical code system had been installed on the for nurses to record when discharging a patient with medicines. This code would be searched for to identify:
  - The providers are monitoring how often the MIU service issues medicines (proving how vital this element is to MIU service provision)
  - The providers are monitoring which medicines are issued most frequently
  - The providers are monitoring peaks in treatments issued depending on the time of year (eg anecdotal evidence suggested the service issued a lot of antihistamine in spring and summer, but more antibiotics for ear infections and throat infections in winter).

The GPs told us information gathered will assist in planning for service development with regards to the supply and stock management of medicines.

# Are services effective?

## (for example, treatment is effective)

- The providers were also monitoring the medicines issued by the nurse prescribers. Prescription pads for the nurse prescribers had previously been monitored, however, the actual medicines that they were issuing had not. Claremont Medical Practice had improved governance of this service to evidence how patient safety was delivered. Each time a nurse prescriber issued a prescription to a patient it would be accompanied by a code on the records. GPs told us they would then use this to carry out searches to monitor:
- What medicines are being prescribed – this could influence future PGD development and also any issues of safe prescribing
- Quantity of medicines – is it appropriate for an urgent care service?
- Who issued the prescription – is one practitioner more active than another in prescribing?
- What age was the patient – identifying when we are most likely to prescribe can help with reflective practice.
- What time and day of the week was this issued - to inform us whether this is more often accessed in out-of-hours.
- The learning needs of staff were identified through a system of individual appraisals, group supervision, meetings and reviews of the units development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. For example staff had identified their need for more extensive training in the treatment of burns and this had been arranged with the Bristol NHS Trust. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Staff could access GP clinical opinion from the Claremont Medical Centre, the provider which is located next door, in the more complex cases. When the Medical Centre was closed the staff gained advice from the GP led out of hours service.

GPs told us they planned to use the information gathered to ensure the MIU service is safe for patients, reflective of the services they provide and also responsive to the needs of the patients to develop the services for the future.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The MIU had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The MIU could demonstrate how they ensured role-specific training and updating for relevant staff. For example, within their scope of practice nurses were able to manage the treatment of patients with non complex fractures. A review of injuries patients were presenting with at the MIU highlighted an increasing need for more specialised interventions to immobilise limbs when a patient had a suspected bone fracture. A three day training course had been arranged for nursing staff with the specialist orthopaedic team was due to take place in May 2017.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. Some patients presenting at the MIU were registered with Claremont Medical Practice and staff had direct access to their patient records where the patient had given consent.

Staff worked together with other health and social care professionals to understand and meet the range and complexity of patients needs and to assess and plan ongoing care and treatment. For example, on the day of inspection we saw a patient was assessed by the MIU and an X-ray was required as they had a suspected bone fracture. The service arranged for an immediate X-ray at the diagnostic department based opposite the MIU. Following the X-ray the service received the results and the correct course of action was completed, which included referral to a fracture clinic for follow up.

Staff worked with other providers by sharing information when people moved between services and by providing summaries of care provided to patients GPs. The electronic record system enabled efficient communication with GP practices and other services.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

# Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

- Patient consent was obtained and recorded every time they presented at the MIU. The process for seeking consent was monitored through patient records audits.

## **Supporting patients to live healthier lives**

The MIU identified patients who may be in need of extra support and signposted them to relevant services. These included carers, homeless patients and those with sexual health needs. Patients were provided with information or signposted to relevant external services where necessary.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed all members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms and the treatment bay area to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The provider had policies regarding privacy, dignity and confidentiality which were accessible to staff.
- The reception layout ensured confidentiality to those patients at the reception desk, in addition to which, when reception staff knew patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

During the inspection, we observed several patients being triaged after they presented at the Minor Injuries Unit for assessment. Staff involved them in this, for example encouraging patients to self assess their level of pain using

a recognised tool to rate this. We observed staff did not appear rushed and were attentive to patients needs, making them comfortable and providing explanations whenever needed. Patient feedback from the comment cards we received was also positive and aligned with these views.

Children and young people were treated in an age-appropriate way and recognised as individuals. For example a treatment room with age appropriate furniture, toys and books was available. We observed staff providing treatment to a child giving reassurance to the child as well as the adult. Feedback from a parent on a comment card stated that their child was talked to directly and questions asked straight to the child rather than through the parent, which was really appreciated.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

### Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on Claremont Medical Practice website.

The practice used up to date information to give to patients following treatment. This was accessed from patient.co.uk and could be accessed in different languages and formats.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Claremont Medical Centre had been commissioned to deliver the Minor Injuries Unit at Exmouth Community Hospital since November 2016. The practice had worked with the local community to take over this responsibility when the unit had been threatened with closure. GP partners at Claremont Medical Centre understood its population profile and had used this understanding to meet the needs of its population, including the additional demands placed on the MIU during the summer months when visitors stayed in the area on holiday. For example, GP partners told us the usual population in the Exmouth area could double to 72,000 at the height of summer.

- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The MIU had considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- Treatments including suturing of simple lacerations and dressing to immediate injuries were provided where appropriate.
- X-ray services were available on site for the purposes of diagnosing and treating minor/moderate injuries.
- Staff told us access was available to all without discrimination. This included people from outside Exmouth and those without a registered address.
- There were facilities for patients with a disability including dedicated parking, accessible toilets and a lowered reception desk. Corridors and doors were accessible to patients using wheelchairs.
- The waiting area was large enough to accommodate patients with wheelchairs and prams still allowing access to consultation rooms.
- A separate treatment area for children was available with toys and height appropriate chairs.

### Access to the service

The MIU was open from 8am in the morning until 10pm each evening 365 days of the the year. Patients could access the service at any time within these hours and did not need to make an appointment.

When patients arrived at the hospital between 9am and 5pm, we saw the main hospital receptionist asked a set question "what brought you here today" and completed a brief set of safety questions (ruling out chest pain, shortness of breath and heavy blood loss) to help identify any patients with emergencies before alerting the staff in the MIU a patient had arrived using a bell system. The patient was then directed to the MIU reception to be triaged by a nurse. Patients were generally seen on a first come first served basis, but there was flexibility in the system so that patients with more serious injuries/ illness could be prioritised as they arrived. For example, children with a fever were prioritised for assessment to determine whether immediate transfer to the Accident and Emergency department was needed. The comments on comment cards we received stated the levels of satisfaction with access to the centre were very good.

### Listening and learning from concerns and complaints

The provider had a system for handling complaints and concerns arising in the MIU.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice and any complaints concerning the MIU would be discussed at the MIU staff weekly meetings.
- We saw that information was available to help patients understand the complaints system.

We looked at the one complaint received since the unit was taken over in November 2016. We found this was satisfactorily handled, dealt with in a timely way, and with openness and transparency. Lessons were learned and action was taken to as a result to improve the quality of care. For example, patients were triaged at the MIU reception desk, following this complaint all patients are now triaged within the department by nursing staff.

# 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

The Minor Injuries Unit (MIU) was run by Claremont Medical Practice and had a clear vision to deliver high quality care and promote good outcomes for patients. The MIU is a nurse led urgent care treatment centre at the centre of the seaside community providing year-round immediate care of minor injuries and illnesses. They provided a key bridge between primary and secondary care; dealing with immediate need for healthcare whilst avoiding unnecessary presentations to primary and secondary care services.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- Claremont Medical Practice had a clear strategy and supporting business plans for the MIU which reflected the vision and values and were regularly monitored.
- GP partners at Claremont Medical Practice were supporting staff at the MIU in transitioning from being employed by the NHS Trust to being employees of the practice. Staff told us this was a cultural shift in their practice, which was positively managed through their encouraged involvement in development of the MIU service.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure with the MIU being nurse led and that staff were aware of their own roles and responsibilities. Two GP partners from Claremont Medical Practice had lead roles with the MIU in terms of overall governance of the service. These GPs worked closely with the team of nurses led by a nurse manager. All of the nurses had lead roles in the MIU, for example safeguarding, infection prevention and control.
- The MIU had specific policies to facilitate safe working practices so that nurses worked within their scope of professional practice. At the point of takeover, Claremont Medical practice had reviewed these with the nursing team to ensure they were appropriate for the service being delivered. In addition to this, Claremont

Medical practice had generic policies in place covering subjects such as recruitment, appraisal and health and safety that were implemented and were available to all staff. Arrangements were in place to ensure these were updated and reviewed regularly.

- A comprehensive understanding of the performance of the practice was maintained. MIU meetings were held monthly which provided an opportunity for staff to learn about the performance of the service.
- A planned programme of continuous clinical and internal audit was to be used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions for example, infection control audits.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- The providers engaged with the Clinical Effectiveness and Medicines Optimisation team at the clinical commissioning group to ensure governance of PGDs (Patient Group Directions) were adhered to.

### Leadership and culture

On the day of inspection the lead GP partners from Claremont Medical practice demonstrated they had the experience, capacity and capability to run the MIU and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the MIU had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.



# Are services well-led?

Good 

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

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

- Staff told us regular team meetings were held at the MIU.
- Staff told us there was an open culture within the MIU and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for unit staff to view.
- Staff said they felt respected, valued and supported, particularly by the GP partners at Claremont Medical practice. All staff had been involved in early discussions about how to run and develop the MIU since the practice took over responsibility for it. GP partners were encouraging all members of staff to identify opportunities to improve the service delivered at the MIU.

## Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- the complaints and compliments received
- staff through, staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Being a new team for the Claremont Medical Practice, staff at the MIU were invited to join the GP practice staff for social events.
- Staff told us they felt involved and engaged to improve how the unit was run and develop new services.

## Continuous improvement

During 2016 the Exmouth Community Minor Injuries Unit (MIU) was at risk of closure due to budgetary cuts and reorganisation in the region. Claremont Medical practice engaged with the clinical commissioning group to takeover the MIU with the aim of driving further improvements for the community of Exmouth addressing the additional demands on local services.

There was a focus on continuous learning and improvement at all levels within the MIU. The unit team and GP partnership was forward thinking and developing innovative services for people living or visiting Exmouth. For example, the nurse led unit had been providing wound care for people in Exmouth. Nurses reported patients experienced successful wound healing, whilst also being able access this service closer to home. GP partners and the nurses of the MIU were in the process of formalising this specialist wound care/leg ulcer service, which was linked with tissue viability and vascular clinics at the Acute NHS Trust.

GP partners told us there were other areas in the process of development, including setting up an Exmouth community intravenous suite. For example, this would enable patients receiving palliative care to attend a local service when they needed blood transfusions .

IT services were being developed to deliver public messages through social media to advise patients of current waiting times at the minor injuries unit and the accident and emergency department at the Royal Devon and Exeter hospital. GP partners told us this would promote patients choice of where to attend for assessment and treatment and aimed to reduce waiting times in both departments.