# Oxford Health NHS Foundation Trust

RNU

# Urgent care services

## Quality Report

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Date of inspection visit: 28-30 September &1-2 October 2015
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# 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) |
|---|---|---|---|
| RNUX3 | Abingdon Community Hospital | Minor Injuries Unit Emergency Multidisciplinary Unit | OX14 1AG |
| RNU28 | Townlands Community Hospital | Henley Minor Injuries Unit | RG9 2EB |
| RNUDJ | Wallingford Community Hospital | First Aid Unit | OX10 9DU |
| RNUDM | Witney Community Hospital | Witney Minor Injuries Unit Emergency Multidisciplinary Unti | OX28 6JJ |
| RNUCE | Bicester Community Hospital | First Aid Unit | OX26 6HT |

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

# Summary of findings

## Ratings

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

# Summary of findings

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# Summary of findings

## Overall summary

Overall this core service was rated as good. We found the services were 'good' for caring, effective, responsive and well led. We rated safe as 'requires improvement'.

Our key findings were:

- Emergency resuscitation equipment was not adequately managed with potential risks to patients. The facility for children was inadequate in Witney MIU and there was not enough seating in the waiting area for patients attending this unit.
- Medicines were not always managed safely to ensure emergency medicines were available and in date. The labelling of medicines for patients to take home was not in line with Medicines and Healthcare Products Regulatory Agency (MHRA) guidance.
- Patients were offered medication to control their pain. Patients said they received pain control when they needed. Children's pain was not always assessed and treated and no pain assessment tool was used.
- Staff had received safeguarding vulnerable adults and children training. The majority of staff were clear about their responsibilities and were aware of the support lines available to them. There was however a lack of understanding around domestic violence and the action to take.
- Staff provided care to patients based on national guidance, such as National Institute for Health and Clinical Excellence (NICE) guidelines.
- Multidisciplinary teams cared for patients in a coordinated way. Staff had good access to training and opportunities to undertake additional training for their roles.
- Patients presenting to MIU were assessed and in case of deteriorating conditions, appropriate action was taken. Patients were fully involved in their assessment and treatment process in order to meet their needs.
- Staff provided compassionate care and ensured that patients were treated with dignity and respect. Care and treatment was planned around the individual and their needs and wishes were taken into account. . The results of the NHS Friends and Family Test (FFT) showed that a higher than average number of patients would recommend the department.
- The trust has developed an innovative and successful delivery of urgent care such as the emergency multidisciplinary units (EMU) in Abingdon and Witney. There was evidence of service planning to meet local needs, including the services provided in Henley and the refurbishment of Townlands hospital.
- The EMU's were able to support local people with treatment so they were able to return home from hospital earlier, such as different infusions and administration of intravenous antibiotics.
- The service met the national emergency access target for 95% of patients to be admitted, transferred or discharged from the urgent care unit within four hours.
- Staff were positive about the local leadership of the service and felt supported by their immediate managers and they worked well together. Patients' feedback was gathered and used to improve the service.
- There were effective governance arrangements and staff felt supported by the local and trust's management teams.
- Lessons learnt from incidents and complaints were shared with staff.

# Summary of findings

## Background to the service

Oxford Health NHS Foundation Trust provided urgent care services through a combination of minor injuries unit (MIU) and First aid units. The MIUs were at Abingdon, Townlands Community Hospital and Witney Community Hospital. First aid units were at Wallingford Community Hospital and Bicester Community Hospital. These served the county of Oxfordshire and surrounding areas.

The units provided a service to adults and children who self-presented and did not need referral to an acute hospital. Treatment for a range of minor injuries and illnesses was available. This includes sprains, minor fractures, and minor burns, and minor head injuries, skin problems such as rashes, stings and minor eye conditions.

These MIUs were nurse-led by emergency nurse practitioners (ENPs) and emergency care paramedics (ECPs). ENPs are specially trained nurses who are able to treat patients with minor injuries. Patients who presented with serious injury or illness were stabilised if needed and transferred to the acute trust accident and emergency department.

The MIU at Abingdon provided nurse led care seven days a week from 10am to 10.30pm. There had an X-ray facility which provided a service Monday to Friday 9am to 6.30pm, Saturday – 10am to 6.30pm and Sunday – 10am to 5pm

The MIU at Witney hospital provided nurse led care sevendays a week, from 10am to 10.30pm and was supported by x-ray facilities. This service was available Monday to Friday 9am to 7.30pm.Saturday and Sunday from 10am to 7.30pm.

Townlands MIU provided nurse led care seven days a week from 9am to 8pm with X-ray facilities available from 9am to 8pm.

The First aid units at Wallingford and Bicester Community Hospitals were also nurse led. There were no X-ray facilities at the First Aid Units and patients were directed to other hospitals if they required X-rays. Wallingford First aid unit was open from 08:30am and 6:30 pm Monday to Friday excluding bank holidays.

Bicester First aid unit was open in the evening on weekdays from 6pm to 11pm and 8.30 am to 11 pm at weekends and bank holidays. We did not inspect this service.

The trust had two emergency multidisciplinary units (EMUs) one at Abingdon and the other at Witney. The EMUs had been developed to provide assessment and treatment for adults with sub-acute care needs locally. There was a multidisciplinary approach to care with inputs from medical, nursing staff and therapists. These units only treat patients following a referral from a GP or other healthcare professionals. The EMU in Abingdon was open 8am to 8pm Monday to Friday and 10 am to 4pm at weekends. At Witney, the EMU was open 10am to 8pm Monday to Friday

## Our inspection team

Our inspection team was led by:

**Chair:** Professor Jonathan Warren, Director of Nursing, East London NHS Foundation Trust

**Head of Inspection**: Natasha Sloman, Head of Inspection for Mental Health, Learning Disabilities

and Substance Misuse, Care Quality Commission

**Team Leader:** Lisa Cook, Inspection Manager, Care Quality Commission

The team of 36 who inspected the community services included CQC inspection managers and inspectors. They were supported by specialist advisors, including health visitors, a school nurse, a physiotherapist, an occupational therapist, district nurses, registered nurses, a paediatrician, a pharmacist, safeguarding leads, speech and language therapists, a consultant specialising in care of the elderly, an Advanced Nurse Practitioner - Urgent Care, an urgent care doctor, a palliative care consultant

# Summary of findings

and palliative care nurses. Two experts by experience who had used the service were also part of the team. The team was supported by an inspection planner and an analyst.

The team that inspected urgent care consisted of two inspectors and two specialist advisors. One of them was a doctor with interest in emergency care and a nursing manager in the community.

## Why we carried out this inspection

We inspected this core service as part of our comprehensive inspection programme of NHS trusts.

## How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

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

Before visiting Oxford Health NHS Foundation Trust, we reviewed a range of information we hold about the trust and asked other organisations to share what they knew. We carried out an announced visit on 29 and 30 September and 1, 2 and 3 October 2015

During our inspection

- We spoke with approximately 26 patients and their relatives
- We spoke with 22 members of staff including doctors, therapists, nurses and health care assistants.
- We observed interactions between patients and staff, considered the environment.
- Reviewed 19 care and associated records.
- We reviewed documentation from stakeholders and performance information from the trust.

## Good practice

- The virtual fracture clinic at Townlands hospital developed with Berkshire Healthcare Foundation Trust provided a good outcome for patients. A protocol had been developed which identified certain groups of patients with fractures or sprains who were treated and discharged by staff at the units. Patients X-rays were reviewed remotely by a radiologist and decisions made if patients needed to attend fracture clinic. This reduced and minimised unnecessary attendance to fracture clinics the following day.

## Areas for improvement

**Action the provider MUST or SHOULD take to improve**

**Action the hospital MUST take to improve**

- Resuscitation trolleys and equipment is checked in line with national guidance and that equipment is available and suitable for the purpose for which it is intended.
- Medicines supplied for patients to take home are correctly labelled

# Summary of findings

**Action the hospital SHOULD take to improve**

- All paper copies of expired trust policies, procedures and guidelines are removed from use.
- Ensure staff can access only current approved trust policies, procedures, guidelines and patient group directions
- Ensure equipment and medicines required in an emergency are tamper evident.
- Improve monitoring systems and take appropriate action to ensure that MIU premises and equipment are clean and infection control processes followed at Witney MIU.
- Staff's supervision programme is developed and staff receive support through supervision and practices are monitored.
- Ensure the facility for children using MIU and first aid units are fit for purpose and include adequate seating in the waiting area.

Oxford Health NHS Foundation Trust

# Urgent care services

**Detailed findings from this inspection**

Requires improvement

## Are services safe?

### By safe, we mean that people are protected from abuse

We rated safe as 'requires improvement'.

Medicines were not always managed safely to ensure emergency medicines were available and in date. Emergency resuscitation equipment was not all checked in line with the trust policy. We found three pieces of equipment had not been serviced which posed a risk these may not be safe to use.

There was a lack of facilities for children in the waiting area at Witney MIU where they waited with adults, which is not reflective of current guidance for managing the safety of children. There was a shared waiting area, which appeared cramped.

There was a process for safeguarding adults and children and this was mainly followed. Although, Although, there was not a consistent approach to management of referrals. A clear protocol for dealing with domestic abuse was not available in urgent care services.

Patients presenting to urgent care were assessed and escalation processes were followed to manage deteriorating patients. The environment in all the units was visibly clean and well maintained. Infection control procedures across the departments were mainly followed.

There were sufficient numbers of qualified staff employed to deliver care and treatment. Staff completed mandatory training. Patients' records were maintained and stored securely with restricted access.

**Incidents**

- Between September 2014 and August 2015 a total of 111 incidents were reported for the MIUs and EMUs.
- The NHS Safety Thermometer is a monthly snapshot audit of the prevalence of avoidable harms including new pressure ulcers, venous thromboembolism (VTE), and falls. Safety thermometer information provides a means of checking performance and is used alongside other measures to ensure improvement in patients' care. This information was not displayed in the units.
- Staff said they were encouraged to report incidents and used the trusts internal electronic reporting system to capture these.
- Lessons learned from incidents were reported via staff meetings and the trust quarterly news bulletin. Staff told us the trust sent an email based on key learning points from incidents weekly. Most staff said they received feedback on incidents they had reported. A learning programme had been developed regarding a type of fracture which could be hard to diagnose on X-rays, this was in response to learning from an incident.

Requires improvement

# Are services safe?

- The Duty of Candour legislation requires healthcare providers to disclose safety incidents that result in moderate or severe harm, or death. Any reportable or suspected patient safety incident falling within these categories must be investigated and reported to the patient, and any other 'relevant person', within 10 days. It states that providers should be open and transparent with people who use services. It sets out specific requirements when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, giving truthful information and an apology.
- The trust monitored duty of candour through their online incident reporting system. Senior staff were aware of their responsibilities in working with the duty of candour, but not all staff in clinical practice were aware of this.

**Cleanliness, infection control and hygiene**

- Policies and procedures had been developed for the control and management of the risk cross infection. The trust carried out regular audits to assess their compliance and action plans were developed to manage shortfalls. Posters had been developed following the last audit to remind patients and the public about hand washing.
- All areas of the emergency multidisciplinary units (EMUs) and MIUs, including bed and trolley spaces, treatment rooms, waiting rooms and offices were visibly clean and tidy. Hand sanitizer points were available as part of infection control measures for staff and visitors use.
- At Witney hospital, staff did not always follow good practice guidance for the prevention and spread of infection. The treatment trolleys were not cleaned between each patient and after use, putting patients at risk of cross infection.
- At Townlands, Abingdon and Wallingford urgent care units and EMUs staff followed strict infection control procedures, all trolley space areas and dressing trolleys were cleaned in between patients and disposable covers applied to trolleys to control the spread of infection.
- Staff used "I am clean "stickers in Abingdon and Witney EMUs. These informed staff that the equipment had been clean and was available for use, reducing the risks of cross infection.
- At all the units we observed staff followed the trust policy of 'bare below the elbow'. Personal protective equipment such as gloves and aprons were available and were used by staff as appropriate.
- Trust records showed between 75-91% staff's compliance with infection control training across urgent care services, the trust target was 90%. Senior staff said training was monitored and staff were sent reminders on a regular basis.
- Data from the infection control meeting report from July 2015 showed that all the units were meeting the trust cleaning audit target of 95%. Action plans had been developed where shortfalls had been identified. This covered audits of patient areas including equipment, furniture, flooring and waste management.
- At Townlands MIU the infection control audit carried out in August 2015 showed the unit had scored 86% and an action plan had been developed to address the areas of non- compliance. These included colour coding for equipment and access to designated hand wash basins in the domestic rooms to maintain infection control and prevention of cross infection. The fitting of hand washbasins was an on-going.
- At Abingdon MIU, an infection control audit in July 2015 identified that the flooring was not impermeable and chairs' fabrics were torn and posed infection control risks as they could not be adequately cleaned. Action had been taken and these had been replaced
- Patient-led assessments of the care environment (PLACE) scores for cleanliness for all community hospital sites were above (better than) the national average.
- Patients in the EMUs were provided and cared for in a clean and well maintained environment. There was a side room in each of these units which could be used to isolate patients as part of infection control procedures if needed or if patients/ relatives needed them.

**Environment and equipment**

- The resuscitation trolleys were not always maintained securely to minimise the risks of tampering. In Abingdon, the trolley had a locking facility; although the key was left in the lock. This meant unauthorised people could access the trolley. The risk of the key to the trolley being mislaid or lost had not been assessed, with significant risk that the resuscitation trolley and equipment may not be available for use if needed.
- The resuscitation trolleys in Witney, Wallingford and Henley MIUs and EMUs contained emergency drugs and

did not have a seal to make them tamper evident. There was a potential risk of tampering with drugs and equipment as these were accessible to patients and members of the public.

- The trust had recently produced an updated list of equipment to be available on the resuscitation trolley. These included three different sizes of oxygen masks. The trolleys we checked only had size five adult's oxygen mask. Across all the units staff said they were out of stock of sizes three and four masks. Feedback received from the trust was this was being addressed.
- Portable emergency oxygen trolleys were available close to the resuscitation trolleys. In the MIUs these cylinders were not set up with oxygen mask and tubing to ensure they were ready for use. This posed a potential risks to patients as there could be a delay if this was needed in an emergency. This was brought to staff's attention and remedial action was taken.
- There was a procedure for daily checking of the resuscitation equipment. This was not consistently adhered to from the records seen. We found on a number of occasions the daily checks had not been carried out in line with the trust internal procedure. This had the potential of placing patients at risks as emergency equipment may not be in working order and fit for purpose. At Abingdon hospital the daily checks had started within the last week prior to our inspection which we were told was in line with a change in trust policy.
- At Witney MIU, there was no separate facility in the unit for children. This meant children and adults waited in the same area. Parents told us this was not satisfactory particularly as they waited for over two and half hours in a 'cramped area'.
- In the waiting area, also used for outpatient clinics we saw patients had to stand up due to inadequate seating. Staff were not aware of any plan to develop facility for children in order to address this shortfall in care provision. A trolley bay was decorated for children, but this was constantly in use to treat adult patients. Children were observed receiving treatment in the clinical room and other areas.
- At Abingdon and Townlands urgent care units a small separate and basic facility was available for children.
- Most of the equipment and medical gasses in the MIUs and EMUs were maintained and routinely checked. In the EMU unit at Abingdon and Witney, we found three pieces of equipment including nebulisers, which had not been serviced in line with the trust policy. These had expired in July and August 2015 and may not be fit for use if required. A senior member of staff said this would be reported to estate management.
- Staff used equipment to undertake tests close to the patient, for example by the bedside such as blood tests. This benefited the patients as results were obtained quickly and allowed for immediate clinical management decisions to be made. Staff told us that the local pathology service supported them with quality assurance testing of the equipment to ensure this was fit to be used.
- The EMU at Abingdon was well maintained and consisted of five beds, a side room and three reclining chairs. The beds had remote control facilities with adjustable heights and also sitting positions which patients commented were "very comfortable".
- The EMUs at both Abingdon and Witney were well established with appropriate facilities including mobile hoist and disposable slings. Bariatric equipment could be accessed from the wards if required to meet the diverse needs of patients.

**Medicines**

- There were some emergency nurse practitioners (ENPs) in the MIUs and EMUs who were trained as nurse prescribers. This meant they were able to prescribe and administer certain medicines from an agreed list.
- Staff in the MIUs and first aid units administered the majority of medicines under patient group directions (PGDs). PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. This means the named medicines can be supplied and/ or administered, by named, authorised, registered health professional, to a pre-defined group of patients needing prophylaxis or treatment for a condition described in the PGD.
- The Human Medicines Regulations 2012 requires that a PGD must be signed by a doctor (or dentist) and a pharmacist. PGDs must also be signed on behalf of the authorising body, as set out in the legislation and patient group directions NICE guidelines MPG2
- There were a number of paper copies of these written instructions for medicines across the units, which had not been signed by the responsible person at the trust, in line with the trust policy.

Requires improvement

# Are services safe?

- The master copies of all the PGDs, which had been signed by the responsible person, were available on the clinical record system and the trust's intranet. We were told staff should refer to the clinical record system and the trust's intranet and paper versions should not have been held locally.
- The trust had reviewed the process for PGD development against the NICE guidelines MPG2 Patient Group Directions and the development and approval process had been amended. All PGDs were subject to authorisation and validation through a process involving the Non-Medical Prescribing Lead and the Drugs and Therapeutics Committee with final Trust authorisation from the Non-Medical Prescribing Lead, Chief Pharmacist, Director of Nursing and Medical Director.
- At Wallingford staff dispensed medicines to patients to take home as part of PGDs. The take home medicines packs did not comply with the labelling requirements for medicines supplied against a PGD and the trust's own documentation. This was because the staff were not able to add the patients' name and the date of dispensing.
- Staff told us they were unable to follow trust instructions or national guidance because they did not have sufficient labels.
- At Wallingford first aid unit, we found a pack of stock oral antibiotics which had expired in August 2015. Staff could not tell us of their process for stock checks. We were not assured there was a robust process for undertaking medicines stock checks at the service.
- The resuscitation trolley at Wallingford first aid unit contained a list of emergency medicines to be kept in case someone had an allergic reaction. The list included hydrocortisone sodium phosphate. When checked this was not in the box and staff could not tell us why this was missing. This posed a risk to patients, as this vital drug would not be available when required.
- At Wallingford that medication was stored at room temperature; the expiry date had not been reviewed when it was removed from the refrigerator as the drug life would be limited once removed from the fridge. This meant this may not be fit for purpose and available for patients in an emergency.
- All other medicines such as take home medicines were stored safely and securely with restricted access to the medicines cupboards. Prescription pads were locked away and the senior coordinator kept the keys. At Townlands urgent care unit all the serial numbers of these prescriptions pads were not recorded in line with current medicines management guidance for safety and auditing purposes. Senior staff told us the prescription pads were used by the out of hours' doctors and the records were not being fully completed.
- At Witney MIU doctors were responsible for prescribing medicines, which staff said, worked well. At all EMUs the doctors were responsible for prescribing all medicines on an individual basis.
- At Abingdon EMU, they had the support of a pharmacy technician twice a week to restock and check expiry dates of medicines in the drugs fridge and cupboard. This meant the stock level and medicines safety checks were maintained.
- The controlled drug cabinets were appropriate for storage of controlled drugs and staff followed their procedure for checking and dispensing controlled medicines, which included regular stock checks. Registers were reviewed were up-to-date.
- Staff had recently started to record the minimum and maximum temperature of the drug fridges to ensure medicines were stored according to manufacturer's guidelines and maintain the efficacy of medicines.

**Records**

- The trust was using a combination of electronic and paper records. Patients records in urgent care were held on the trust's electronic system which staff said had been newly implemented. Staff told us it took a long time for staff to navigate around the database to find information and to update records.
- Records for patients attending the EMUs were paper based and held securely. Staff said records were available at the point of care. We reviewed 13 records and found medical and nursing care records were detailed and legible. Medical staff in keeping with general medical council (GMC) guidance legibly documented the admission notes in EMUs. This included recording patient's concerns, details of any actions taken, information shared and decisions made relating to those concerns.
- The electronic system was password protected. We observed staff logged off the system when not using it. This helped to prevent unauthorised access and ensure secure storage of patients 'records.

Requires improvement

# Are services safe?

- A quality audit of care records had been undertaken in EMU. An action plan was developed to address shortfalls identified and there was a plan to re audit to monitor progress.

**Safeguarding**

- Staff confirmed they did not currently have a policy or guidelines to support patients who presented at MIUs or first aid units who may be victims of domestic abuse. The trust leads told us this was an area which needed developing. There was a risk patients would not be identified and be provided with access to support.
- A copy of the trust's domestic abuse policy was received after our inspection. The policy was approved in December 2010 and was due for revision in 2013. There was no evidence from the records or discussion with staff that this had been revised or was in use.
- Information from the trust's annual safeguarding adult and children report October 2014 showed named nurses for the trust attended the multi-agency risk assessment conferences (MARAC). These conferences are a forum where information is shared about high risk cases of domestic violence and abuse. Risk management plans can be put in place as a result of these conferences. None of the staff in the units were aware of this or had made any referrals to MARAC. Staff were not aware they could make safeguarding referrals to protect children of patients who may be victims of domestic abuse. Although, the trust's safeguarding children's policy did cover domestic violence and the child.
- At Townlands MIU we saw good evidence of staff following the safeguarding policy and action was taken to safeguard a child with suspected non- accidental injury. Referrals were made and this was followed up in line with safeguarding policy.
- At Witney MIU, we found there was inconsistency in the way safeguarding was managed. Assessments were not fully completed and vital information had not been recorded such as necessary contact details. Information of concern was not being followed up and no referral had been made following disclosure of concerns.
- There were safeguarding policies and guidelines for the protection of vulnerable adults and children. Safeguarding adults and children training was part of the trust's statutory and mandatory training programme.
- MIUs nursing staff were required to attend at a minimum, level two child safeguarding training. Trust data for March 2015 showed 88% of staff had completed level 1 adults and level 3 children safeguarding training. Staff in EMU had completed adult safeguarding training.
- The majority of staff were aware of what constituted abuse and the actions they would take and how to report issues to protect the safety of patients in vulnerable situations.
- Staff at Abingdon's urgent care and EMU told they had reported vulnerable adults at risk, including patients with mental health problems to the safeguarding team.

**Mandatory training**

- The trust's patient & personal safety training level 1 (PPST) was aligned to the core skills framework aiming to provide a consistent approach in delivering mandatory training. This included resuscitation, infection prevention and control, health and safety, moving and handling, prevention and management of aggression, information governance, safeguarding children and adults and equality and diversity.
- The trust policy was for staff working in MIUs to achieve level three training in immediate life support (ILS) for adults and children.
- At Abingdon EMU data from the trust for October 2015 showed 98% of staff had completed resuscitation training.
- The rates of mandatory training completed by staff differed across the units. At the MIUs and first aid units, this was 91%. EMU at Witney achieved 86% and EMU at Abingdon was 95% respectively and trust target of 100%. Staff said it was the lack of time that prevented them from completing these training and refreshers.
- All training was recorded on the trust intranet and staff and managers could track compliance.
- Medical staff attended mandatory training, which included child protection, safeguarding adults and children, manual handling, information governance, CPR (cardiopulmonary resuscitation) and management of anaphylactic shock training.

**Assessing and responding to patient risk**

- The management of deteriorating patients was managed effectively. In EMUs staff used "track and trigger", an adult escalation score and pathway for the management of deteriorating patients requiring urgent reviews.

Requires improvement

# Are services safe?

- When an ill patient presented at any of the urgent care units and staff were unable to accommodate the patient's needs. They were stabilised and redirected to a more appropriate care provider such as the local acute hospital accident and emergency unit.
- In EMUs there was a multi- disciplinary approach to assessment of risks. This included malnutrition universal screening tool (MUST), moving and handling, and fall risk assessments. Plans of care were developed to manage these risks. Assessments of the home's environment and referrals to other teams were made to ensure the safety of patients prior to discharge.
- An 'assess and treat' process was used to manage patients' seen in the MIU's and first aid units. The emergency nursing assistants (ENAs) were based in reception. They had face to face contact with patients and identified patients who presented as unwell and escalated them. These patients would be seen as priority by the ENPs for a formal assessment and treatment initiated.
- The EMUs provided effective care in supporting patients to receive care such as blood and platelets transfusions, intravenous antibiotic therapies as day care, reducing the need for them to be admitted into a hospital bed. Patients were complimentary about the care and support they received.
- There were no inpatient facilities in the EMUs and patients requiring an overnight stay were admitted to dedicated inpatient beds on the ward. This was for intensive short-term care for up to 72 hours. The nursing care component was transferred to the ward nurses. The medical support continued to be provided by doctors and therapists from EMUs for continuity in their care.
- Staff had access to the mental health teams for patients who required mental health input and advice.
- There was no assessment tool in place to identify sepsis (a potentially life threatening complication of infection).

### Nursing staffing

- There are nationally defined minimum safe staffing levels for day care wards. These include Safe Staffing: A Guide to Care Contact Time (NHS England, November 2014) and Direct Care Measurements (NHS England, January 2015).
- The trust used a safe staffing matrix to calculate their staffing levels. At Witney hospital, for example, they operated with a whole time equivalent (WTE) of 7.4 qualified practitioners and 3.0 unqualified.
- The unit was staffed with a multi-flexible team of registered nurses and paramedics. Emergency nursing assistants (ENA), who also carried out the MIU reception duties, supported them.
- At Witney MIU, the ENA undertook several duties, which took them away from the reception area such as application of a back slab for a patient. This meant that there were times when there was no one in the reception area to meet new patients or to monitor those waiting. This meant there was a risk of patients not being seen in a timely manner or if a patient's condition was to deteriorate, it may not be noticed.
- The MIUs provided care and treatment to children; however, there were no children's trained nurses in any of the MIUs. Staff were unsure of any guidance to access paediatric support. A senior staff told us staff should be contacting the inpatient children wards for advice and support.
- At Abingdon EMU, they were staffed with five registered nurses and three health care assistants through the day. They also had the support of therapists and medical cover. Staff were positive about working in the unit and told us they had adequate staff to provide safe care.
- Data from the trust showed staff sickness in MIU and EMUs were low. Bank staff and staff from other units covered staff's sickness. Agency staff had not been used in the last three months.

### Medical staffing

- The MIUs and first aid units were all nurse led and the GP out of hours' service ran from some of these services.
- The EMUs had a multi- disciplinary team approach and they had medical input throughout the opening hours. The EMUs at Abingdon has two medical staff, a GP trainee and the service of a gerontologist. Staff at Witney EMU, where mainly elderly patients were treated were able to access gerontology support from the medical staff on the ward.
- We observed staff handover at Abingdon's EMU. This was effectively managed and occurred at the beginning of shift with a multidisciplinary team approach. Information was shared in a respectful manner. Staff were fully engaged and provided updates about recent and on-going treatment and plans were discussed.

### Major incident awareness and training

- Staff followed the trust major incident contingency and local safety plan for fire safety and evacuation.

Good

# 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.

We rated effective as good.

National guidelines and best practice were used to provide evidence-based care and treatment. Service specification for the MIUs included the use of agreed care pathways and compliance with local clinical standards. Access to up to date clinical guidelines and current best practice and standards of care and patients' outcomes were monitored.

Staff were experienced, autonomous practitioners and maintained their clinical skills through developmental training. Appraisals of staff were completed. Supervision was not fully developed.

Patients' pain was mostly managed. However, there was no paediatric pain tool used for assessment of pain in children to ensure they were monitored and received appropriate pain control.

Staff liaised with colleagues at the main emergency departments and patients were appropriately discharged or transferred to an acute hospital department for their on-going care and treatment.

Patients' records were easily accessed using the trust electronic patient records system.

**Evidence-based care and treatment**

- Staff provided care and treatment to patients based on national guidance such as the National Institute for Health and Care Excellence (NICE). This included guidance for the care and treatment of minor head injury based on Canadian rule and NICE guideline CG176.
- The trust undertook a "red report "audit which looked at the number of fractures which had been misdiagnosed in 2014. The digit X-rays were among the highest numbers of missed fractures. Of the 12,400 X-rays taken 65 were confirmed as being misdiagnosed as no bony injury, which equates to 0.52%. This was addressed by further training for new practitioners. The trust planned to re-audit this in 2015 to ensure this training had been implemented by staff and improve patients' outcome.
- Staff followed guidance for assessment of burns. They had adopted the Lund and Browder chart, which takes into consideration the age of the child and the body surface area (BSA) affected in burns for children.
- In Abingdon MIU there were detailed information for the treatment for anaphylactic reaction, and fluid management to guide the staff and adherence to evidence based practices.

**Pain relief**

- Nurses administered pain relief through patient group directions (PGDs) unless they held an independent prescriber qualification. At Abingdon and Townlands MIUs patients said they had received appropriate pain relief and were positive about how their pain was managed.
- At Witney MIU a relative raised concerns about the pain relief for a child. Although they had received pain control when they first arrived, no pain assessment was undertaken to assess the efficacy of pain control administered. There were repeated requests for review and pain control which the parent felt was" ignored "and it took staff 25 minutes to provide subsequent pain relief.
- Staff in urgent care did not use any tool to assess children's pain. The trust used a recognised pain tool, the Abbey pain assessment tool, for people living with dementia, who were unable to express their level of pain. The lack of appropriate assessment of pain could lead to patients not receiving adequate pain control.

**Nutrition and hydration**

- Patients admitted to EMUs had their nutritional assessed using the malnutrition universal screening tool (MUST). Referrals and extra support such as fortified drinks were prescribed as needed.
- Staff also referred patients to the speech and language therapy (SLT) team for swallow assessments. Staff told us this assessment was not always timely due to high demands for this service which may impact on patients' care.

Good

# Are services effective?

- In EMUs patients were offered choices and hot meals were available to them. Hot and cold drinks were available at all times. Staff were available to provide support with meals as needed.
- In Witney MIU, there was inadequate facility for patients as the vending machine was empty; patients and relatives told us they could not access the canteen as this was being refurbished.
- In Townlands MIU, they were responsive to patients' needs and we noted hot drinks were provided.

**Patient outcomes**

- Doctors or the senior nurse co-coordinator took all referrals to the EMUs to ensure they met the admission criteria. There were clear protocols used which included a list of clinically inappropriate referrals such as under 18, trauma, chest pain, head injuries which would require acute management.
- The trust monitored the average waiting times for patients attending MIUs and first aid units. Between November 2014 to October 2015 they calculated the average waiting times from 0-60 minutes when patients first presented to the time they were treated. Abingdon achieved 49%, Witney 61%, Bicester 75%, Henley 82% and Wallingford 91%.
- There was no data available to demonstrate if the trust audited and reported on the time to assessment (triage) of patients arriving by ambulance.
- There were some audits on patient outcomes, for example, patient reported outcomes measures which looked at patients who had not been accepted for care at the EMUs and the decision making process. There was no data for this currently, as this was new and data was being collated.

**Competent staff**

- The trust had an induction programme for newly appointed staff that included health and safety, safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and undertook e-learning training modules.
- There was an appraisal programme for staff. The trust data on appraisal rates showed for urgent care staff had achieved 75% and EMU at Abingdon 76%.
- Staff working in the units had completed extended training and education programme to develop their skills. The emergency nurse practitioners (ENPs) had completed training such as urgent care modules.
- Staff were experienced and worked autonomously but were not supported through clinical supervision. There were some group supervision sessions which staff said they were not always able to attend due to workload. This meant opportunity to share learning, monitor practices and staff's development was missed.
- ENPs told us they used their skills in dealing with emergencies which presented at MIUs including incidents of anaphylactic shock (a potentially life-threatening allergic reaction that can develop very quickly) and a cardiac arrest. Staff had responded appropriately and treated the patients who were later transferred to the acute trust by emergency ambulance. This demonstrated competent and prompt assessment and response by staff.
- Emergency nursing assistants had received additional training and extended their skills by undertaking training on minor wound dressing, application of plaster casts and electrocardiography (ECG).

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**Multidisciplinary working**

- Emergency nurse practitioners (ENPs) and emergency care paramedics (ECPs) referred patients with medical needs to their GP or the out of hours' service. Staff had phone access to the emergency department consultants and nurse practitioners, for prompt advice.
- MIU nurse practitioners referred patients to specialist teams in the trust, as appropriate.
- Staff described effective working relationships with social services in relation to raising safeguarding concerns.
- At Townlands urgent care unit, staff were able to transfer patients directly to Royal Berkshire hospital coronary care unit (CCU) if patients presented to the units with chest pain. Baseline investigations such as electrocardiography (ECG) were completed and patients transferred via the 999 service and admitted directly to CCU. This had positive outcomes for patients as they did not have to wait in the A&E department.
- Staff in the community mental health teams had received training in treating and managing wounds from their community health care colleagues. Staff from the community health care teams told us they attended the

mental health units in the community hospitals to support patients with wound dressing or suturing which benefited patients, as attending MIUs may cause some of them distress.
- In Abingdon EMU, staff had access to and worked closely with the integrated community team and hospital at home team to facilitate the discharge of patients.

**Seven-day services**

- ENPs were able to request X-rays Monday to Sunday during MIU opening times and treatment plan were put in place. Radiologists reported on the X-rays within two to three working days.
- Patients attending MIUs at closing times were treated and advised to attend for X-rays the following day or directed to the main hospital if necessary. The first aid unit had no X-ray facilities and patients would be directed to other units such as Abingdon, Witney or Townlands depending on where patients came from.

**Access to information**

- Patients' records were available as required and staff could easily access them. Following a patient's referral to Abingdon EMU unit, we observed staff checked on information from previous visits and a folder was put together to record information about the current admission.
- Blood results and X-rays were available and accessible remotely on the trust's internal electronic system.
- Patients admitted to EMUs brought with them a letter from their GPs, which provided information as part of their initial assessment.
- All reception areas and consulting rooms had noticeboards and leaflets with relevant information on services provided, local contacts and details of opening hours of other local MIUs to assist patients.

**Consent, Mental Capacity Act and Deprivation of Liberty Safeguards**

- Patients were asked for their consent to care and treatment. Where patients lacked capacity to consent, staff were clear about the action they would take and followed the principles of the Mental Capacity (MCA) Act 2005 to ensure decisions were made in the best interests of patients.
- Patients were given clear explanations about their treatment and procedures. Staff checked that patients understood what they were consenting to.
- Patients were positive about the way consent to care and treatment was managed by staff. We observed staff seeking children's consent and parents /carers were involved in their care and treatment as appropriate.
- Staff had completed training in mental capacity and understood their responsibilities in safeguarding patients.

**Transfer, discharge and transition**

- There were beds the community hospitals in Witney and Abingdon dedicated for the use of patients from the EMU's. Patients admitted to these beds required a short hospital stay on average for 72 hours. Referrals to the EMUs came from GPs, paramedics and community healthcare professionals.
- When patients transferred to the designated beds, their ward nurses took over responsibility for their care.
- Therapists and doctors from the EMUs continued with providing them with care and treatment on the wards, which ensured some continuity in their care.
- Staff followed their standard operational procedure for referrals and admissions. The EMUs did not admit patients under 18, with acute trauma or chest pain.
- On discharge from the EMUs patients were provided with a discharge summary which detailed the treatment they had received. This ensured information about their care and treatment was available to other health professionals if they needed.
- There was a service level agreement with the local acute trust to accident and emergency department and acute wards.

Good

# Are services caring?

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

We rated caring as 'good'.

Staff provided compassionate care and ensured that patients were treated with dignity and respect. We observed patient's privacy and dignity were maintained at all times. Patients were complimentary and expressed satisfaction with the care they had received. We observed caring and sensitive interactions between staff and patients and carers.

The results of the NHS 'friends and family test' (FFT) showed that a higher than average number of patients would recommend the department, although based on a low response rate.

Patients were fully involved in their assessment and treatment.

### Compassionate care

- Patients told us their privacy and dignity was maintained when receiving care. The patient led assessment of care environment (PLACE) survey 2015 showed 86 % of patients responded positively about their privacy and dignity being respected.
- We observed caring and compassionate interactions between staff and patients. For example, staff ensured the privacy curtains were drawn to maintain patients' privacy and dignity when providing care.
- Patients told us they were very satisfied with the care they received and they were seen promptly at Abingdon, Wallingford and Townlands urgent care units. A patient told us "the staff are very good and I was seen very quickly as I was a bit shaken".
- Other comments from patients included "staff were very helpful and professional. However, waiting times needed improving at Witney".
- In EMUs, patients were complimentary about the facilities and said the staff "look after you with the utmost care".
- At Townlands hospital the latest FFT showed 93% of patients would recommend the hospital as a place to receive treatment.
- The design of the reception areas, particular in Witney made it difficult for conversation to take place privately and maintain patient confidentiality.

### Understanding and involvement of patients and those close to them

- We observed a number of consultations in both MIUs and EMUs; patients were fully involved in their assessment and treatment process. They were provided with clear information about their continuing care.
- Care and treatment was planned around the individual and their needs and wishes were taken into account. Parents were involved in their children's care and were supported by the staff.
- In EMUs carers were supported and could stay with their relatives. There was a side room which could be used to accommodate relatives of ill or deteriorating patients away from the main patient's area.

### Emotional support

- We heard sensitive and caring conversations between staff and patients. In Abingdon we observed a member of staff spending time with a patient to reduce anxiety while they were waiting for further treatment. Staff were sensitive to patients' needs and provided them with support.
- Patients told us following their treatment the staff had been "very caring and care was provided in a caring and professional way".
- Another patient said they had "excellent care" and had been supported to call their relatives. They said "I felt a bit anxious after my fall but the staff have been marvellous and so patient".

Good

# Are services responsive to people's needs?

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

We rated responsive as 'good'.

The MIU service was planned to meet the needs of patients suffering a minor injury. The EMUs service was patient focussed in the way that care was delivered. The service was working with partners to meet service demands, for example GP services and community healthcare teams. All patients attending the MIU were seen within the national emergency access target of four hours. There was support for patients who had mental health needs.

A wide range of patient information leaflets were available on common injuries and conditions to support patients. All information was in English and patients were advised they could access these in other languages.

Complaints information was easily accessible to patients and complaints to the service were low in number and been handled appropriately.

**Service planning and delivery to meet the needs of local people**

- The trust has developed an innovative and successful delivery of urgent care through the emergency multidisciplinary unit's (EMU) in Abingdon and Witney.
- A public consultation had taken place to inform the service redesign for Townlands' hospital. The trust had explored new ways of providing care while ensuring the needs of the local community were met. This had included providing an ambulatory care service with beds provided in a local care home. Townlands hospital was currently undergoing a major refurbishment with a new facility planned to open by the end of 2015.

**Meeting people's individual needs**

- Patients referred to the EMU's often came from the acute trust. They attended the unit as day care patients. This had positive outcomes for patients as the unit provided continuity of care when for example they required antibiotics for a number of days. These patients were able to receive treatment and return home.
- The EMUs at both hospitals had been designed to cater for patients living with dementia. This had not been considered at the MIU in Witney, the level of noise and business of the unit could affect their welfare and well-being.
- Staff at Townlands MIU had not been able to view X-rays in the MIU since November 2014. They could only view these in the X-ray department, this meant patients were not able to see their own x-rays when discussing the treatment options available to them.
- Staff could access support from the wards to meet the needs of patients living with dementia. However, staff were unsure about how to access support for people with learning difficulty although they said they would rely on the patient's carer for help.
- Staff had access to the mental health crisis team for patients with mental health needs and support from the trust advice line.
- The service was working with partners to meet service demands for example GPs and community health teams.
- At Wallingford hospital, the facility for wheelchair users was not adequate as there was no automatic door to the entrance of the first aid unit. Patients told us the signage was also not clear and caused confusion when trying to access the unit. At all the other units level access was available to support patients with limited mobility.
- Patients' information was only available in English, although patients were advised they could request information in a different language. Staff in urgent care did not know if information was available in other formats such as large prints and easy read versions and said they would look on the trust's website.

**Access and flow**

- Between November 2014 and October 2015, the MIUs saw 33,807 patients. Data from the trust showed 97% of patients were seen, treated, transferred or discharges within the four-hour waits, 17,678 patients were discharged without requiring follow-ups. Seven patients were admitted to the acute trust, 65 to the burns unit and 4251 were discharged by the GP.

Good

# Are services responsive to people's needs?

- Abingdon and Witney EMUs referrals were made up of approximately 80% of patients from local surgeries. Ten percent of referrals were from ambulance service and 10% from other healthcare professionals such as nurses and therapists.
- Between April and September 2015, Abingdon EMU transferred 76 patients to inpatient wards and 86 in Witney.
- Patients had access to initial assessment, diagnosis and treatment by ENPs and ECPs. Patients in Abingdon, Townlands and Wallingford received appropriate timely treatment and patients expressed satisfaction with the service.
- Patients at Witney including children waited an average of two and half to three hours for treatment. Comments received during the inspection and from the friend and family test, indicated patients would prefer waiting times at this service to be improved.

**Learning from complaints and concerns**

- Staff were aware of how to handle complaints and advised patients according to the trust's complaints procedures including referrals to the trust's patient advice and liaison service (PALS).
- The trust's leaflets on making complaints and comments were available for patients in the waiting area, in all the units we visited. Patients told us they felt able to raise their concerns; however, they were 'resigned' to long wait when attending the MIU in Witney.
- Data from the trust showed complaints were investigated. We saw action plans and feedback was shared with staff at team meetings to enable learning from complaints. For example, following concerns raised staff were reminded to offer follow up which were local to the patient's home address when necessary.
- There were very few recorded complaints for urgent care services. Staff told us most complaints were dealt with at the time. Staff told us they were not aware of any complaints audits.

Good

# 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.

We rated well-led as 'good'.

There were governance processes to assess and monitor the quality of the service. The service monitored clinical standards and risks however, risks when identified, and the action to reduce the risk were not always clear.

The MIUs and EMUs had a small close-working team. The culture in the EMUs was conducive to encourage learning and improvement. Staff were committed to providing a valuable service. They described good multi- disciplinary team working and a supportive team culture. The NHS staff survey showed the trust was in the bottom 20% of trusts for seven key findings. These included work pressures and extra hours worked by staff.

There was evidence of cross site working, for example, to streamline services and to share good practice within the units. The NHS 'friends and family' test scores were comparatively high, although based on low response rates.

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### Vision and strategy for this service

- The vision and strategy was based around the development of the EMU service to enable patients to receive care nearer to home and prevent hospital admission.
- Staff were passionate about the development of EMUs and they felt they provided a valuable service to patients and their carers.
- The trust's vision '' outstanding care delivered by outstanding people'' was understood by staff. Staff translated this to providing effective care according to patients' needs by competent and skilled staff.
- The service leads were proud about the achievement of the integrated team and joint working. They also recognised the challenges such as skill mix and ensuring appropriate competencies of staff including medical staff.

### Governance, risk management and quality measurement

- The trust had identified there was a gap in how clinical governance management processes worked between and within each community hospital. Strategies were being developed to share learning.
- The risk register did not include the lack of facilities for children at Witney MIU identified during the inspection.
- Staff meetings took place and we saw the notes of a recent meeting. These showed that discussion about operational issues took place. There was no evidence in these notes of discussion about clinical governance matters taking place.
- The minutes of the governance meetings demonstrated guidelines, audit results, incidents, complaints, education and training, and operational and performance issues were reviewed. Information shared included improvements and actions taken.
- The trust's short and long-term strategy included improving the quality of services. A quality dashboard had been in use by the directorate since October 2014. This captured data on a number of key performance indicators, which enabled performance and quality to be measured and monitored.
- The trust is a member of the medicines optimisation clinical network. This is a benchmark developed to include a shared programme on medicines safety across all the different sectors. The aim is to improve medicines safety reporting and use learning to reduce medicines safety errors.
- The trust used internal audits to monitor the quality of the service; actions were taken to improve the quality of the service provided when required. For example, following an audit of care records, a strategy was developed to improve the quality of the records.
- Incidents were investigated to identify patterns and trends as part of the lessons learnt process. The associate director for quality led on root cause analysis and feedback was cascaded to teams to ensure lessons were learned at individual centres and across the trust.

### Leadership of service

- The clinical leads were all band 7 emergency nurse practitioners ENPs. They demonstrated strong leadership and were respected by the staff.

Good

# Are services well-led?

- Staff told us they felt there was an open and honest culture between teams and with patients and the public.
- Staff felt empowered to discuss issues such as inappropriate GPs referrals to the EMU.
- We observed that the clinical leads were visible and supportive.

**Culture within the service**

- Senior managers such as team leaders from nursing were visible and provided support to the staff.
- Staff spoke positively about the strength of the teamwork, and the support they received from staff and team leads from the other units.
- There was a commitment on working together to keep patients in the community and development of the EMUs.
- The ENPs were experienced and autonomous practitioners. Staff in the MIUs said they gained a lot of job satisfaction and described working in a supportive team culture. Many had been long serving in the unit.
- Staff in the MIUs were confident in approaching doctors in the EMUs for example if they needed advice or help and this worked well.

**Public engagement**

- The unit used the NHS 'friends and family' test to monitor patient satisfaction. They did not have any other forms of patient's engagement, such as a local survey
- We did not see any evidence of the trust initiative in seeking the views of children who use the service. A senior staff told us they were planning at involving local children's group to assess the facility in MIU.
- Data from the trust patient and carer quarterly report published in September 2015, showed across all services provided by the trust that 89% of people said they were extremely likely or likely to recommend the service they received care from.
- People, particularly the younger generation were invited to give their views and feedback about the EMUs MIUs and first aid units through the use of facebook and twitter accounts.

**Staff engagement**

- NHS staff survey results for 2014 showed the trust was not in the top 20% of trusts for any key findings. The trust was in the bottom 20% of trusts for seven key findings including work pressures felt by staff, staff working extra hours and feeling satisfied with the quality of care they provide to patients.
- Staff across the EMUs said they felt valued team members. They provided examples where local management had supported them with their professional and personal development to enable them to work to the best of their ability.
- The trust used its own newsletter and direct emails to share information with staff. Team leaders had regular meetings across all the hospitals, which gave them opportunities to share practices and learn from each other.
- The NHS staff 'friends and family test' (FFT) data showed 56% of staff were either 'likely' or 'extremely likely' to recommend the trust as a place to work and 73% as a place to receive care compared to the national averages 61.% and 76% respectively.
- The 2014 staff survey showed 80% were receiving job-related training, learning or development. 88% said equal opportunities were available for career progression or promotion; this was down from 93% in 2013. The trust had developed an action plan to address some of the issues raised through the staff's survey.

**Innovation, improvement and sustainability**

- Townlands MIU has set up a virtual fracture clinic with the Royal Berkshire Healthcare Foundation Trust. Patients were discharged following treatment for certain fractures. Systems were in place for recall of patients if needed after X-rays has been reviewed the following day. This provided good outcomes for patients and was cost effective. Patients did not have to attend fracture clinic routinely.

This section is primarily information for the provider

# Requirement notices

## Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.<br>How the regulation was not being met: People who use services and others were not protected against the risks associated with unsafe care or treatment because the provider did not protect service users against the risks associated with the proper and safe management of medicines. Regulation 12 (1) (2) (g) |

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment<br>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment.<br>How the regulation was not being met: The provider did not provide adequate seating and waiting place to meet the needs of children using the service.<br>The provider had not ensured resuscitation equipment available in all clinical areas at all times. Regulation 15 1(f)<br>The premises was not suitable for the purpose for which they are being used Regulation 15 (1) (c) ) |