North Tees and Hartlepool NHS Foundation Trust

# One Life Centre

## Quality Report

Park Rd, Hartlepool, Cleveland TS24 7PW
Tel: 01429 285800
Website: www.nth.nhs.uk/

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This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

## Ratings

| | |
|---|---|
| Overall rating for this hospital | Good |
| Urgent and emergency services | Good |

# Summary of findings

## Letter from the Chief Inspector of Hospitals

One Life Hartlepool provides a 24-hour minor injuries service. This was inspected as part of the acute urgent and emergency care service and the outcome is reported here. The centre also provides a number of community services including speech and language therapy, audiology, podiatry, musculoskeletal and diabetes services. We reported on these services in the community adult services inspection report for the trust.

The trust gained foundation status in 2007. It has a workforce of approximately 5500 staff and serves a population of around 400,000 in Hartlepool, Stockton and parts of County Durham. The trust also provides services in a number of community facilities across the areas supported, including Peterlee Community Hospital and the One Life Hartlepool.

We inspected One Life Hartlepool as part of the comprehensive inspection of North Tees and Hartlepool NHS Foundation Trust, which included this centre and community services. We inspected One Life Hartlepool on 7-10 July.

Overall, we rated One Life Hartlepool as good. We rated it as good for safe, effective, caring, responsive and well-led services.

We rated emergency and urgent care as good.

Our key findings were as follows:

- We found the minor injuries department to be very clean and equipment was well maintained.
- In the last twelve months, the trust reported that there had been no incidents of MRSA (methicillin resistant staphylococcus aureus) or clostridium difficile in the minor injuries unit.
- Patients were able to access suitable nutrition and hydration. For relatives and carers, sandwiches and drinks were available from vending machines and water from water fountains.
- There were sufficient staff deployed to the unit to manage the volume of patients attending.

However, there were also areas of practice where the service needs to make improvements.

Importantly, the service should:

- Consider reviewing the trust process for prescribing antibiotics in the Minor Injuries Unit to enable them to be prescribed after 10pm when only one qualified nurse is on duty.

**Professor Sir Mike Richards**
**Chief Inspector of Hospitals**

# Summary of findings

## Our judgements about each of the main services

| Service | Rating | Why have we given this rating? |
|---|---|---|
| Urgent and emergency services | Good | Overall, we rated the urgent and emergency services as good.<br>We found that the minor injuries unit (MIU) was safe. Patients were assessed and treated by appropriately qualified staff. There were processes in place to ensure that: incidents were reported and action taken; vulnerable adults and children were protected; and the department was clean, equipment safe to use and medication dispensed in line with trust policies.<br>We found that the care patients received was effective. There were policies in place to ensure best practice was followed, and audits took place to ensure staff compliance. Staff could access information and guidance easily using the intranet. Pain relief was given to patients in a timely manner and nutrition and hydration needs were met. Patients received care from competent staff with the relevant skills and knowledge and there was multidisciplinary working to ensure patients received the care and treatment they needed.<br>The MIU was responsive to the needs of patients. Patients did not have to wait excessively long times to be treated. Staff were able to access interpreters, specialist equipment and support for people with additional care needs such as those living with dementia, or a disability. Lessons were learned from complaints. The unit took part in the national friends and family initiative and had positive results.<br>The process to identify and monitor risks was under review across the department and the departmental risk register required updating as a number of the risks were overdue for review or had been resolved. However, the nature of risks directly related to the minor injuries unit were not the same as those affecting the accident and emergency department due to the difference in activity level and level of care provided. There was an open and honest culture and staff felt well supported and engaged. |

# One Life Centre

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# Detailed findings

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## Background to One Life Centre

One Life Hartlepool provides a 24-hour minor injuries service, which was inspected as part of the acute urgent and emergency care provision by the trust and the outcome is reported here. The centre also provides a number of community services including speech and language therapy, audiology, podiatry, musculoskeletal and diabetes services. These services were reported upon in the community adult services inspection report for the trust. The department had 18,197 attendances in 2014-15.

The trust gained foundation status in 2007. It has a workforce of approximately 5500 staff and serves a population of around 400,000 in Hartlepool, Stockton and parts of County Durham. The trust also provides services in a number of community facilities across the areas supported, including Peterlee Community Hospital and the One Life Hartlepool.

## Our inspection team

Our inspection team was led by:

**Chair:** Helen Bellairs, Non-Executive Director, 5 Boroughs Partnership NHS Foundation Trust

**Head of Hospital Inspections:** Amanda Stanford, Care Quality Commission

The trust-wide inspection team included: CQC inspectors and a variety of specialists including consultant in diabetology, a consultant in intensive care medicine and anaesthesia, a consultant in palliative care, a consultant paediatrician, a consultant general surgeon, a professor of gynaecological research, a junior doctor, a student nurse, senior midwives, matrons, senior nurses and three experts by experience. (Experts by experience are people who use hospital services, or have relatives who have used hospital care, and have first-hand experience of using acute care services).

## How we carried out this inspection

To get to the heart of patients' experiences 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?

# Detailed findings

The inspection team always inspects the following core services at each inspection:

- Urgent and emergency services (or A&E)
- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity and gynaecology
- Services for children and young people
- End of life care
- Outpatients and diagnostic imaging

Before visiting, we reviewed a range of information we held about the hospital and asked other organisations to share what they knew with us. These organisations included the clinical commissioning groups, local area team, Monitor, Health Education England, NHS England, General Medical Council, Nursing and Midwifery Council, Royal College of Nursing, NHS Litigation Authority and the local Healthwatch.

We held a listening event on 6 July 2015 in Hartlepool to hear people's views about care and treatment received at the hospital. We used this information to help us decide what aspects of care and treatment to look at as part of the inspection. The team would like to thank all those who attended the listening event.

We carried out the announced visit between 7 and 10 July 2015. During the visit, we talked with staff from the minor injuries unit and reviewed patients' personal care or treatment records. We were unable to observe how people were being cared for or talk with carers and family members, as there were no patients attending the department at the time of our visit.

## Facts and data about One Life Centre

One Life Hartlepool provides a 24-hour minor injuries service that was inspected as part of the acute urgent and emergency care provision by the trust.

- In 2014-15 the department had 18,197 attendances, of which 5935 (32.6%) were under the age of 17 and 1563 (8.5%) under the age of five.
- The health of people in Hartlepool is generally worse than the England average. Deprivation is higher than average and about 29.8% (5,300) of children live in poverty. Life expectancy for both men and women is lower than the England average.
- Life expectancy is 10.8 years lower for men and 8.6 years lower for women in the most deprived areas of Hartlepool than in the least deprived areas.
- Estimated levels of adult excess weight, smoking and physical activity are worse than the England average.
- 24.4% (245) of children in Year 6 are classified as obese, worse than the average for England. The rate of alcohol-specific hospital stays among those under 18 was 54.2. This represents 12 stays per year.
- Levels of teenage pregnancy, breastfeeding and smoking at time of delivery are worse than the England average.

## Our ratings for this hospital

Our ratings for this hospital are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Urgent and emergency services | Good | Good | N/A | Good | Good | Good |
| Overall | Good | Good | N/A | Good | Good | Good |

# Detailed findings

**Notes**

There were no patients in attendance at the time of our inspection of the minor injuries unit for us to assess the caring domain.

# Urgent and emergency services

| | |
|---|---|
| Safe | Good |
| Effective | Good |
| Caring | |
| Responsive | Good |
| Well-led | Good |
| Overall | Good |

## Information about the service

The minor injuries unit is based in the One Life Centre in Hartlepool and is open 24 hours a day, seven days a week, with more limited services between 10pm and 8am. It serves the local population of Hartlepool and the surrounding area. It treats patients who have sustained a minor injury. Patients with more serious health problems must access other services such as their general practitioner, or for more serious illness or injury, the Accident and Emergency department at University Hospital North Tees at Stockton-on-Tees. In 2014-15 the department had 18,197 attendances, of which 5935 (32.6%) were under the age of 17 and 1563 (8.5%) under the age of five.

For the duration of our inspection, no patients attended the service; however, we spoke with three staff who were in the department at the time. We were therefore unable to assess the caring domain.

## Summary of findings

Overall, we rated the urgent and emergency services as good.

We found that the department was safe. Appropriately qualified staff assessed and treated the patients. Incidents were reported using the processes that were in place and action taken, vulnerable adults and children were protected, and the department was clean, equipment safe to use and medication dispensed in line with trust policies.

We found that the care patients received was effective. There were policies in place to ensure best practice was followed, and audits took place to ensure staff compliance. Staff could access information and guidance easily using the intranet. Patients received pain relief in a timely manner and nutrition and hydration needs were met. Patients received care from competent staff with the relevant skills and knowledge and there was multidisciplinary working to ensure patients received the care and treatment they needed.

The MIU was responsive to the needs of patients. Patients did not have to wait excessively long times to be treated. Staff were able to access interpreters, specialist equipment and support for people with additional care needs such as those living with dementia, or a disability. Lessons were learned from complaints.

The process to identify and monitor risks was under review across the department and the departmental risk

# Urgent and emergency services

register required updating as a number of the risks were overdue for review or had been resolved. However, the nature of risks directly related to the minor injuries unit were not the same as those affecting the accident and emergency department due to the difference in activity level and level of care provided. There was an open and honest culture and staff felt well supported and engaged.

## Are urgent and emergency services safe?

Good

We rated the safety of the unit as good.

Incidents were reported and action taken to learn lessons. The department was clean and staff were aware of their responsibilities in relation to infection control. There was sufficient equipment available to ensure the needs of patients were met and that patients were safe. Equipment had been checked and maintained appropriately. Medication was stored safely and dispensed in line with trust policies and patient group directives (PGDs). Records were stored in line with information governance guidelines and accessible to staff by an electronic system.

Staff were up to date with mandatory training including safeguarding training and there were policies in place to ensure that vulnerable children and adults were protected. The MIU was a nurse led unit with twice-weekly consultant follow up clinics. There were sufficient staff deployed to the unit to manage the volume of patients attending. Staff were suitably qualified to assess patient risks.

### Incidents

- Between March 2014 and February 2015 there were no serious incidents or never events reported by the Unit.
- Between 1 December 2014 and 31 March 2015, there were 14 incidents in the One Life Centre.
- Of the 14 incidents, three related to verbal abuse, two related to safeguarding and two to communication. The remainder related to delay in treatment, lack of suitably skilled staff, self-discharge and wrong treatment.
- There was evidence that the trust took action to learn lessons and informed patients when there had been errors or potential harm. This showed that staff were aware of the duty of candour and actively informed patients or their relatives when required to.

### Cleanliness, infection control and hygiene

- In the last twelve months the trust reported that there had been no incidents of MRSA (methicillin resistant staphylococcus aureus) or clostridium difficile in the minor injuries unit.

- When we visited the unit, we found it to be very clean. Patients' rooms were cleaned in between patients and waiting area floors and seating were in good order.
- Patients' toilets were clean.
- Staff could call cleaners to the unit out of hours if required. However, health care assistants were responsible for general cleaning and wiping of patient equipment such as blood pressure machines.
- There was personal protective equipment (PPE) such as aprons and masks available to staff.
- The trust routinely monitored staff hand hygiene procedures and informed us that compliance at the time of inspection was 98%.

**Environment and equipment**

- The waiting area used by patients was large and well lit.
- Consulting and treatment rooms were an acceptable size and contained the necessary patient equipment. Privacy was maintained as rooms had doors.
- We found that equipment in the department had been PAT (portable appliance test) checked. All of the equipment we looked at had up to date tests.
- Equipment was serviced and maintained in line with manufacturer's guidelines, as there were maintenance contracts in place. The medical electronics team co-ordinated equipment servicing and repairs throughout the trust and ensured that equipment was regularly calibrated to ensure accuracy.
- We saw that there was at least two of every piece of equipment. This meant that if one suffered a mechanical breakdown, a spare machine was available.
- We checked the resuscitation trolley and found that this was checked daily in line with trust policy.
- There was security in the building that housed the MIU. This meant that there were security staff close by to maintain the safety of staff and patients.
- All treatment rooms and the reception desk had panic buttons that staff could use if there were any security concerns.

**Medicines**

- Medicines management was part of mandatory training. Compliance was at 94% across the unit.
- The department held a limited supply of medication and no controlled drugs.
- Medication was stored securely and fridge temperatures were regularly checked to ensure that drugs were stored at the correct temperatures.
- Patient group directives (PGDs - specific written instructions for the supply and administration of medicines to specific groups of patients) were used in the unit. We saw that staff had signed to say that they understood them; however, there was no evidence to show that staff had been assessed as competent to use them.

**Records**

- The department had an action plan in place to introduce a new electronic records system to the unit in the coming three months.
- We looked at the records of patients and found that they contained sufficient information about the patients' attendance, medical history and treatment.
- Records were stored securely.
- Record keeping audits took place across the MIU and A&E department. These had not identified any concerns about record keeping standards at the MIU.

**Safeguarding**

- We looked at the processes and policies the trust had in place for safeguarding vulnerable adults and children. They provided staff with good, detailed information about the action they should take if they had concerns about any patients who attended the department.
- We spoke with a number of staff from all disciplines about the action they would take if they were concerned about the safety and welfare of patients. They demonstrated good working knowledge.
- We saw evidence that external trainers were invited to speak with staff about specific safeguarding topics such as sexual exploitation, people trafficking and female genital mutilation (FGM).
- The IT system used by the department (EDIS) routinely displayed the number of patient attendances made during the previous 12 months. Where there were concerns about patients' welfare, the system also displayed an alert to staff that gave specific details about any risks to the patient or to staff.
- Safeguarding training was below the trust expected standard of 100%. Training figures showed compliance as follows: Safeguarding adults level one 93%, safeguarding adults level two, 50%, safeguarding children level two, 75% and safeguarding children level three 92%.

**Mandatory training**

- Staff told us they had no problems accessing mandatory training.
- Information sent to us by the trust showed overall good compliance of mandatory training. Some aspects of mandatory training needed to improve. For example, doctor compliance with infection control training was 90% (trust standard 95%). In addition, non-clinical staff had not undergone object-handling training. Medical staff were 71% compliant for resuscitation training and 61% compliant for fire training. This was below the trust expected standard of compliance.
- The trust organised annual mandatory training days as well as using workbooks to enable staff to complete mandatory training.

**Assessing and responding to patient risk**

- Patients were assessed on attending and staff based their decisions about whether the patient could be treated at the MIU or needed to be transferred to another NHS service on a standard operating procedure. However, staff we spoke with told us that sometimes their decision to treat or refer elsewhere was based on their own knowledge and experience. There was the possibility that this caused a risk to patients, if staff decided to treat a patient who was outside the treatment criteria for the service.
- Staff reported that patients who were inappropriate to treat at the MIU regularly attended and had to be stabilised before being transferred to other services. Some staff reported these as incidents and others did not, and therefore the frequency of this was unquantifiable.
- We saw that known patient allergies were recorded in patients' records. There had been one reported incident in the last 12 months where a patient had been administered a medication they were allergic to.
- Staff were fully aware of the action they should take if patients deteriorated and there was a process in place for staff to follow.
- There was emergency medical equipment in the department and staff had undergone advanced life support training.

**Nursing staffing**

- The majority of staff worked in both the main A&E department and MIU and rotated across the two sites.
- Information from the trust showed that there were 68 nursing staff employed to work in the A&E department including the MIU. This consisted of 11 health care assistants, one health care support worker, 29 staff nurses, 16 charge nurses, one nurse manager, four specialist nurse practitioners and five associate practitioners.
- There were qualified members of the nursing team who worked in advanced roles as emergency nurse practitioners (ENPs).
- Staffing levels in the department were sufficient to meet the needs of patients. Between 8am and 10pm, there were two ENPs and one health care assistant. After 10pm, there was one registered nurse (ENP) and one health care assistant.
- Healthcare assistants performed advanced roles such as taking blood and had the opportunity to train as emergency department assistants who could put on plaster casts and take electrocardiograms (ECGs), amongst other duties.
- The manager of the unit told us that there were currently 5.7 WTE (whole time equivalent) band five vacancies, one current band six vacancy and one pending band six vacancy. Recruitment was underway and four band five nurses had already been recruited to fill the vacancies.
- Current vacancies were being managed using internal bank staff and some agency staff. Only a limited number of agencies were approved and the unit only used regular agency staff. This was to ensure that all staff were familiar with the way the unit worked.
- The manager told us, (and we saw) that there was a local induction in place for all new staff (including agency staff), although it was very rare that an agency member of staff would work at the MIU.
- Newly qualified staff received preceptorship (mentoring and support) and newly employed staff shadowed existing staff for two weeks prior to inclusion as a member of the team for staffing purposes.
- The nursing manager told us there was an induction process in place for agency staff and that the department used only a limited number of agencies. This was to ensure that only staff with the necessary skills were used by the unit.
- We had some concerns about nursing leadership in the unit as a whole. This was because there was only one

band seven employed to manage the unit clinically and one band eight nurse to operationally manage the unit. The most senior nurse at the MIU was routinely a band six emergency nurse practitioner.
- Between April 2014 and March 2015, according to information provided to us by the trust, there was a nursing staff turnover rate of 21%.
- According to the department management team we spoke with, staffing levels were reviewed every six months. A review was currently underway to ensure that there were sufficient staff with the correct skill levels deployed by the unit.
- Between October 2013 and March 2015, the average agency use per month was 3.8%. Agency use peaked at 5.9% in February 2015.

**Medical staffing**

- The MIU was a nurse led unit; however, consultant medical staff from the main A&E department ran clinics at the MIU twice per week.
- At the time of the inspection, there were 11.2 WTE consultants employed by the trust to work in the urgent and emergency care services provided by the trust. There was one vacancy for a consultant with a special interest in paediatrics.
- We discussed the use of locum staff with the clinical director and other departmental managers. They told us that only a select number of agencies were used and regular locums were selected whenever possible. Additionally, before a locum was able to work unsupervised in the unit, a senior clinician assessed them to ensure that they were competent.

**Major incident awareness and training**

- There were major incident plans in place within the main A&E department.
- Most staff we spoke with had undergone major incident training and were familiar with the techniques needed on such occasions. The trust told us that 80% of staff had undergone major incident awareness training.
- The whole unit took part in regular mock major incident exercises and had been involved in one within the last four months.
- There were business continuity plans in place to ensure that the MIU could continue to function in the event of IT or mechanical breakdown.

## Are urgent and emergency services effective?

(for example, treatment is effective)

Good

We rated the effectiveness of the unit as good.

There were policies and procedures in place. These were evidence based. Audits took place to ensure that staff were following relevant clinical pathways. Staff were able to access information about clinical guidelines. Information about patients such as test results were readily accessible. On arrival to the unit and regularly during the duration of their stay, patients were offered pain relief. The nutrition and hydration needs of patients and relatives were managed and we saw facilities to offer patients drinks whilst we were inspecting the unit.

The trust was taking part in local and national audits and monitoring patient outcomes. Overall, the trust was performing within acceptable standards. Staff underwent annual appraisal although some staff had not undergone appraisal in the past 12 months. The trust was aware of this and was taking action to improve the situation. People had their competencies checked regularly. There was evidence of multi-disciplinary working in the unit and the unit offered a seven-day service. Staff understood their responsibilities in relation to taking consent from patients. Staff additionally understood how to assess patient capacity as well as the principles of the Mental Capacity Act 2005.

**Evidence-based care and treatment**

- There was a wide range of departmental policies and guidelines for the treatment of both children and adults.
- Departmental policies were based upon NICE (national institute for health and clinical excellence) and Royal College guidelines. We looked at a reference tool available to staff trust wide but found that some of the guidelines needed to be updated to reflect recent updates to NICE guidance.
- We saw evidence that the unit followed NICE guidance for a number of conditions such as head injury.
- Care was provided in line with 'Clinical Standards for Emergency Departments' guidelines and there were audits in place to ensure compliance.

- Audit activity took place across the entire A&E department and MIU to measure staff compliance with departmental guidelines. For example, a record keeping audit had led to additional training for staff to ensure that records were completed appropriately.

**Pain relief**

- The 2014 A&E survey showed that the trust performed 'about the same' as other similar trusts for the time patients waited to receive pain medication after requesting it.
- The trust performed 'about the same' as other similar trusts when patients were asked whether staff did everything that they could to control people's pain in the same survey.
- We saw patients asked if they required pain relief as part of the triage process. Staff regularly checked to see whether patients needed further pain relief.
- We saw evidence that nurses were giving patients pain relief, such as paracetamol and ibuprofen, using PGDs.

**Nutrition and hydration**

- The 2014 A&E survey showed that the trust performed 'about the same' as other similar trusts for the ability of patients to access food and drinks whilst in the A&E Department.
- Staff told us, and we saw that, water fountains were available for patient use. Sandwiches and drinks were available to patients and relatives and carers could access vending machines.

**Patient outcomes**

- The trust had a better than the England average rate for unplanned re-attendance at A&E within seven days at approximately 5% compared to the England average of 7.2%.
- The department had three CQUIN (Commissioning for quality and innovation) targets for 2014/2015. These were Friends and Family test (achieved), Assessment of frail elderly (achieved two out of four quarters of the year) and ambulance handover, (which was achieved three out of four quarters of the year).
- The department had three CQUIN targets for 2015/2016. These were for sepsis, increasing the number of patients whose admission is prevented by accident and emergency and reducing the number of multiple attenders to the department. At the time of inspection, outcomes were not yet available for these.
- Results of the 2014 A&E survey showed that the department performed 'better than expected' in two sections, 'timely test results' and 'explanations of test results' and 'as expected' in 32 questions. Only one question was 'worse than expected', 'information about how long patients waited to be examined'. During the inspection, we saw that waiting times were not displayed in the waiting area. When we asked reception staff, they were happy to tell us waiting times, but times were not routinely displayed.

**Competent staff**

- Staff told us they had regular annual appraisals and 83% were recorded as having received appraisals.
- According to the trust dashboard, 9% of staff who worked in A&E and MIU were rated as red for overdue appraisals.
- We spoke with staff about whether they were able to access clinical supervision. Staff told us that clinical supervision did not take place formally, however staff felt well supported and able to discuss clinical issues openly with colleagues and managers.
- We saw evidence that not all staff were up to date with advanced life support and advanced paediatric life-support training. For example, we saw that six nursing staff were overdue an update of paediatric basic life support training.
- Newly qualified staff were given six weeks preceptorship by qualified mentors. Senior members of staff informally monitored staff competencies throughout the year and managers told us that action was taken to address any concerns about staff competencies. This applied to both medical and nursing staff.
- We had some concerns that some ENPs did not work across the two sites and that clinical managers rarely visited MIU. Managers told us that medical staff assessed the competency of those staff when they carried out their clinics.

**Multidisciplinary working**

- The MIU team worked effectively with other specialty teams within the trust.
- There was very good access to psychiatry clinicians within the department and patients with mental health needs were referred to the A&E department where there was 24 hour access to psychiatric liaison staff.
- There was a substance and alcohol misuse liaison team available to support patients and staff treating them.

# Urgent and emergency services

- There were local pathways in place, written in conjunction with local GPs to prevent unnecessary attendances to the unit.
- We saw that nursing staff worked well together and communicated clearly and effectively about patients.
- Staff told us that they often liaised with social workers and social care providers prior to patients being sent home, to ensure that care packages were in place for those patients who needed them.

**Seven-day services**

- The MIU offered a seven-day, 24 hour service, with continuous ENP cover. After 10pm however the department was unable to prescribe some medication due to trust policy which stated that two registered nurses were required to dispense some drugs.
- There was full 24 hour, seven day access to diagnostic and screening tests.

**Access to information**

- Staff were able to access the patient information using the electronic system EDIS and using paper records. This included information such as previous clinic letters, test results and x-rays.
- Clinical guidelines and policies were available from the trust intranet and by using a system called the 'Tree of knowledge'. We found that some guidance on the intranet was in need of updating however according to staff this process was underway throughout the trust.

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

- The department had a specially designed form to document whether patients had capacity.
- We spoke with staff about the Mental Capacity Act (MCA) 2005 and deprivation of liberty safeguards. Staff understood the basic principles of the Act and were able to explain how the principles worked in practice in the department.
- MCA and DoLs training were incorporated in the safeguarding vulnerable adults level one training. Training figures showed compliance was at 93% for this.
- Staff we spoke with understood the need to obtain consent from patients to carry out tests and treatments. Staff told us that they accepted implied consent as the patient agreeing to a procedure.
- Consent training for staff was at 98%.

## Are urgent and emergency services caring?

We were unable to inspect this domain fully and make a judgement about its rating as no patients attended the department during the period of our inspection.

**Compassionate care**

- Results from the friends and family test (FFT) for June 2015 showed that 100% of patients were likely (21%) or extremely likely (81%) to recommend this unit to their friends or family. There were 37 responses for June (approximately 2.4% of attendances) with none obtained for the months of April and May 2015.
- Examples of FFT feedback comments included: "Dealt with immediately, excellent staff throughout; very understanding with my child", "Good treatment and professional staff", "Short waiting time, good care".

## Are urgent and emergency services responsive to people's needs?

(for example, to feedback?)

Good

We rated the responsiveness of the MIU as good. Patients who visited the unit had their individual needs met. Interpreters were available and there were facilities available to assist patients with disabilities or specific needs. The A&E and MIU were performing better than the England average for a number of performance measures relating to the flow of patients.

Patient complaints were managed in line with trust policy and feedback was given to staff. Lessons were learned and where applicable, practice was changed to minimise the likelihood of recurrence.

Services were planned with the health needs of the local population in mind.

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

# Urgent and emergency services

- The unit had acknowledged the mental health needs of the population and had 24 hour access to mental health services. Any patients who attended the MIU with mental health needs were directed to appropriate services.
- Managers were aware of the type of patients who attended the unit and had the necessary equipment and trained staff to manage such situations.
- Recent reconfiguration of services managed by the trust meant that some patients attended the MIU inappropriately. Additionally, some patients were unhappy that the MIU was not a full A&E department. The trust had tried to manage the situation by offering transport and alternative services however, there was evidence that the public and patients remained dissatisfied with the changes.

**Meeting people's individual needs**

- The waiting room and treatment rooms were large and spacious. This meant that the unit was easily accessible to patients who used wheelchairs. Additionally there were dedicated disabled toilets available.
- There were facilities such as beds and wheelchairs for bariatric patients.
- The trust had access to interpreting services for people whose first language was not English. Staff told us that in an emergency situation they may use a family member in the very first instance, but would try to access an interpreter as quickly as possible. The trust could also access telephone interpreters if necessary.
- Most patient information was available, on request, in different formats such as large print, audio, CD, braille and languages other than English.
- If MIU staff needed advice on managing a person living with dementia, they could call the A&E department to access this. The trust had a dementia strategy and within the A&E department there were designated dementia leads for nurses and doctors.
- The staff we spoke with about patients living with dementia, or a learning disability, all told us that they would treat patients as individuals but would try to find out about them in order to make a decision about whether they needed any extra support, such as being seated in a private area. Staff told us that whenever possible, people living with dementia or a learning disability were seen as quickly as possible in order to minimise distress for the patient.
- Some patients with learning disabilities had patient passports. When patients or carers presented patient passports at the department, staff used the information within to assist them in making decisions about patient needs and wishes.
- The records of patients living with dementia were marked with a small flower and the electronic system would highlight an alert if a patient with additional needs presented to the department.
- The electronic records system had a built in alert system that highlighted any patients attending the department who were at risk of self-harm, or harming others. This made sure that staff were aware of safety risks to patients and to themselves. Security staff attended the department when necessary, for the safety of patients and staff.
- There was no information readily available or visible to patients about expected waiting times. This meant that patients did not know how long they could expect to be in the unit although at the time of the inspection, there were no patients attending the unit.
- Trust policy stated that some medication could only be dispensed when two qualified nurses were present. This meant that after 10pm some medications, such as antibiotics, were not dispensed. Patients who attended after 10pm who needed antibiotics, either had to wait to see their GP the following day, or go to the Accident and Emergency department at University Hospital, North Tees, 11 miles away.

**Access and flow**

- From April 2014 to March 2015 the average length of time that patients waited in the department was between 45 and 52 minutes.
- The department including MIU was significantly better than the England average for patients leaving the department before being seen with an average of less than 1% compared to 2.5%. The trust had a target of 5% therefore; the department was achieving the trust target.

**Learning from complaints and concerns**

- There was information on display in the unit about how to raise concerns about the unit (or the trust as a whole), and there were leaflets available for patients to take away with them.
- Staff were able to describe to us the action they would take if a patient or relative complained to them.

# Urgent and emergency services

- There were 12 complaints received about the minor injuries unit between June 2014 and June 2015. These related to delays in diagnosis, staff attitude and insufficient communication from staff. Three of these were formal complaints. Staff had received feedback about how to communicate more effectively with patients.

## Are urgent and emergency services well-led?

Good

Well-led was rated as good. Staff knew and understood the vision for the unit and a strategy was in place. Processes were in place to manage and monitor performance; the unit was working on a revised strategy and looking at ways to manage demand. Mechanisms were in place to support staff and promote their well-being. Staff were able to take part in national and local staff surveys and felt that they could express their opinions and concerns about the unit to their managers. We found the unit had a positive and supportive culture. The unit took part in the national friends and family initiative and had positive results. The process to identify and monitor risks was under review across the department and the departmental risk register required updating as a number of the risks were overdue for review or had been resolved. However, the nature of risks directly related to the minor injuries unit were lower than those affecting the accident and emergency department due to the difference in activity level and level of care provided.

### Vision and strategy for this service

- The A&E department had a strategy in place. This was in the process of revision due to changes in future service configurations.
- Managers in the unit were aware of the increasing demands on the unit and the increasing number of patients accessing the accident and emergency department. Work was underway to look at how increased demand could be managed and how the unit will grow to meet future patient needs.
- Staff we spoke with at the minor injuries unit were aware of the plans for the unit and were aware that work was ongoing to decide how the unit would develop.

### Governance, risk management and quality measurement

- The department had monthly patient safety meetings that reviewed complaints and compliments, incidents, serious untoward incidents including the summary report, claims, application of duty of candour and clinical audit outcomes. These meetings were generally attended by eight consultants, two matrons, the patient safety lead, the clinical director and general manager. The clinical audit meetings were attended by medical staff and the senior clinical matron and updates were circulated to nursing staff. The directorate meetings also included governance issues as well as operational topics. The minutes of these meetings did not demonstrate a regular review of the departmental risk register.
- Medical staff attended monthly audit meetings in the A&E department. There was a system in place for assessing new NICE and other clinical guidance and ensuring that staff were aware of any changes to clinical practice as a result. NICE guidance was discussed at the monthly audit meetings and urgent alerts were discussed at daily safety huddles.
- The unit took part in national CEM audits and other locally agreed audits of clinical practice. We saw action plans and evidence of changes implemented as a result of audits, for example, amended documentation and improved record keeping.
- We looked at the risk register sent to us by the department. Risks were graded and actions taken were reported upon. There were 46 risks recorded. We found that some risks had been on the register for a number of years and remained as moderate risks such as the robustness of the business continuity plan. It was unclear why the risk remained moderate for such a long period. In January 2011, the unit identified that it was not adequately prepared to respond to a chemical incident. The latest review of this risk was in July 2014 when the risk remained moderate, suggesting that the unit was still not adequately prepared to deal with a chemical incident. Some risks remained on the risk register despite being resolved. For example, relating to pager use during major incidents.
- Staff from the unit attended the trust wide morbidity and mortality meetings.

# Urgent and emergency services

- The overall A&E department produced a monthly dashboard that clearly showed the department's performance against national and local targets.
- We saw evidence from meeting minutes that the six 'c's for compassionate care (care, compassion, competence, communication, courage and commitment) were discussed with staff on a regular basis.

**Leadership of service**

- The Minor Injuries Unit was under the same leadership as the A&E department which was led by a general manager, a clinical director and a nursing manager. Staff we spoke with at the Minor Injuries Unit felt they were well-led at departmental and trust level. Staff told us that they had no concerns with their line managers and felt that they could raise concerns and be confident that they would be resolved whenever possible.
- We saw that medical leadership was effective with clear lines of responsibility.
- Staff told us that members of the executive team rarely visited the unit and that they felt that their hard work was not recognised as well as it could be.

**Culture within the service**

- Staff told us that there was an open and supportive culture within the unit and that morale in the unit had improved recently with the appointment of new senior staff.
- We had no concerns that there was a bullying culture in the unit. Staff felt supported and were supportive of each other. We saw, and were told, that staff had very good professional relationships.
- Staff told us that they were treated as equals, no matter what their role or experience.

**Public engagement**

- The trust received feedback from the public about services provided in the MIU from the friends and family test.

**Staff Engagement**

- We saw that regular staff meetings took place every month for both medical and nursing staff in the main A&E department at Stockton. Staff rotated across the two sites and therefore attended such meetings when working in A&E. Staff were able to contribute open and honestly to these sessions.
- The national staff survey of 2014 showed that the trust as a whole scored better than other similar trusts for staff working extra hours, staff witnessing or experiencing bullying or harassment and staff witnessing potentially harmful errors or near misses. There were no specific results for the accident and emergency department.
- The national staff 2014 survey showed that the trust as a whole was performing worse than other similar trusts in a number of areas. For example, staff thinking their role made a difference to patients, effective team working, receipt of health and safety training, staff reporting errors, near misses or incidents witnessed, staff feeling pressure to attend work when unwell, staff motivation, staff receiving equality and diversity training in the last year and overall engagement. There were no specific results for the accident and emergency department.

**Innovation, improvement and sustainability**

- Managers were in the process of looking at the best way to ensure that the MIU was used to its optimum potential.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital SHOULD take to improve

- Consider reviewing the trust process for prescribing antibiotics in the Minor Injuries Unit to enable them to be prescribed after 10pm when only one qualified nurse is on duty.