

South Tees Hospitals NHS Foundation Trust

Redcar Primary Care Hospital Urgent Care Centre

Quality Report

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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

Our judgements about each of the main services

Service

Urgent and emergency services

Rating

Good



Why have we given this rating?

At our last inspection in December 2014, the effective and well-led domains for the Urgent Care Centres were rated as requires improvement.

The concerns were: staff did not receive appropriate training and support through appraisal and supervision, so that they were working to the latest up to date guidance and practices; the trust did not have effective quality monitoring arrangements, including patient outcomes and provision of pain relief to ensure that there were no unnecessary delays when treating patients; and that evidence-based guidance was available for staff working in urgent care centres and policies were appropriately reviewed and up to date. At this inspection we rated effective and well-led as good because:

- There was effective management of patients' pain relief. Care plans included an appropriate pain assessment.
- Patients were treated by competent staff who followed nationally recognised pathways and guidelines.
- There were processes to monitor quality and patient outcomes. There was a programme of clinical and internal audit, which was used to monitor quality and systems to identify where action should be taken.
- There were clear referral systems and processes in place to refer patients onto further services.
- The trust's vision, values and strategy had been shared with staff who had an understanding of what these involved.
- Governance processes were embedded. The delivery of high quality person centred care was a priority. The culture of the service encouraged openness and candour.

Redcar Primary Care Hospital Urgent Care Centre

Detailed findings

Services we looked at

Urgent Care Centre.

Detailed findings

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Background to Redcar Primary Care Hospital Urgent Care Centre

From 1 April 2015, the minor injury units at Guisborough and East Cleveland Primary Care Hospitals were no longer open and patients from these areas requiring treatment for a minor injury attended Redcar Primary Care Hospital urgent care centre.

The urgent care centre was open 24 hours a day, 365 days per year, and provided immediate care for minor injuries and illnesses. The urgent care centre treated adults and children over the age of one year and there were around 500-550 attendances a week.

During our comprehensive inspection of the service in December 2014, we rated urgent care services as requiring improvement for being effective and well-led. During this follow-up inspection, we reviewed these two areas at our visit to the urgent care centre at Redcar Primary Care Hospital.

We spoke with four members of staff. We reviewed information about the service provided by external stakeholders and the trust.

Our inspection team

Our inspection team was led by:

Chair: Amanda Stanford, Head of Hospitals Inspections, Care Quality Commission

Inspection Lead: Helena Lelew, Inspection Manager, Care Quality Commission

The team included CQC inspectors and a variety of specialists including an A&E nurse, a doctor in medicine, a nurse in medicine, a community nurse specialising in end of life care, a paediatric nurse, hospital managers and a nurse specialising in outpatient care.

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?

The inspection team inspected the following core services at James Cook University Hospital and the Friarage Hospital:

- Urgent and emergency care
- Medical care (including older people's care)
- Services for children and young people (James Cook only)
- End of life care

Detailed findings

- Outpatient and diagnostic services

The community health services were also inspected for the following core services:

- Urgent care centres
- Community services for adults

Prior to the announced inspection, we reviewed a range of information that we held and asked other organisations to share what they knew about the hospital. These included the clinical commissioning

group (CCG), Monitor, NHS England, Health Education England (HEE), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), Royal Colleges, Overview and Scrutiny Committees and the local Healthwatch.

We held a listening event on 1 June 2016 in The James Cook University Hospital to hear people's views about care and treatment received at the hospitals. We used this information to help us decide what aspects of care and treatment to look at as part of the inspection.

We carried out the announced inspection visit from 8 to 10 June 2016 and undertook an unannounced inspection on 21 June 2016.

Urgent and emergency services

Effective

Good



Well-led

Good



Overall

Good



Information about the service

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During our comprehensive inspection of the service in December 2014, we rated urgent care services as requiring improvement for being effective and well-led. During this follow-up inspection, we reviewed these two areas at our visit to the urgent care centre at Redcar Primary Care Hospital.

We spoke with four members of staff. We reviewed information about the service provided by external stakeholders and the trust.

Summary of findings

At our last inspection in December 2014, the effective and well-led domains for the Urgent Care Centres were rated as requires improvement. The concerns were: staff did not receive appropriate training and support through appraisal and supervision, so that they were working to the latest up to date guidance and practices; the trust did not have effective quality monitoring arrangements, including patient outcomes and provision of pain relief to ensure that there were no unnecessary delays when treating patients; and that evidence-based guidance was available for staff working in urgent care centres and policies were appropriately reviewed and up to date.

At this inspection we rated effective and well-led as good because:

- There was effective management of patients' pain relief. Care plans included an appropriate pain assessment.
- Patients were treated by competent staff who followed nationally recognised pathways and guidelines.
- There were processes to monitor quality and patient outcomes. There was a programme of clinical and internal audit, which was used to monitor quality and systems to identify where action should be taken.
- There were clear referral systems and processes in place to refer patients onto further services.
- The trust's vision, values and strategy had been shared with staff who had an understanding of what these involved.
- Governance processes were embedded. The delivery of high quality person centred care was a priority. The culture of the service encouraged openness and candour.

Urgent and emergency services

Are urgent and emergency services effective?

(for example, treatment is effective)

Good



We rated effective as good because:

- Patients were able to access treatment seven days a week, 24 hours a day delivered by staff from a number of different disciplines such as nurses, doctors and allied health professionals.
- Care plans included an appropriate pain assessment. Pain relief was managed effectively.
- Patients were treated by competent staff who followed nationally recognised pathways and guidelines. Records were audited to make sure that pathways and guidelines were followed correctly.
- There were processes to monitor quality and patient outcomes. There was a programme of clinical and internal audit, which was used to monitor quality and systems to identify where action should be taken.
- There were clear referral systems and processes in place to refer patients onto further services.

Detailed findings

Evidence based care and treatment

- Staff said they were able to access all policies and procedures on the intranet. There were also printed copies available for the more commonly used policy and procedures. These were held in the ward manager's office. Policies were updated when required.
- Departmental policies, procedures and guidelines were based on nationally recognised best practice guidance such as the National Institute for Health and Care Excellence (NICE).
- The trust had standardised assessment tools, action plans and referral forms for identifying patient need, risk, potential risk and safeguarding concerns.
- Discussion about local and national audits took place at monthly integrated governance and performance meetings. Performance was analysed and action plans generated with feedback disseminated appropriately to staff groups.

Pain relief

- Patients were assessed for pain and provided with pain relief where required.
- We saw detailed protocols and a comprehensive analgesia policy for administering pain relief to both children and adults. This was accessible to all staff on the intranet. Initial pain score assessments took place. We saw the recording of pain assessment scores following the administration of analgesia were accurate.

Nutrition and hydration

- If patients had an extensive wait to be seen or transferred, staff advised that kitchen staff would provide patients with tea, biscuits or diabetic lunch boxes.
- Nutrition assessments were undertaken if required but this was rarely a necessity in the urgent care service and was only required if a patient was diabetic, appeared malnourished or had waited longer than was anticipated.

Patient outcomes

- The department closely monitored its performance against a range of clinical indicators. This presented a comprehensive and balanced view of the care delivered by the urgent care service. It also reflected the experience and safety of the patients and the effectiveness of the care they received.
- There was a system to check radiology reports and we were informed there had been no missed fractures at the urgent care centre.
- Audits took place both weekly and monthly. Weekly audits consisted of hand hygiene (100% outcome); cannula (100%) and infection control (100%). Monthly audits consisted of documentation audit, medicines, safety thermometer audit, and inappropriate referrals. Where improvement was required, action plans were created and additional work undertaken. For example, a re-audit of patient referral outcomes was being carried out in June 2016. Although the original audit showed some of the referrals were deemed as inappropriate, all referrals were discussed with the receiving speciality prior to transfer.

Competent staff

- Staff attendance at induction was 100% and mandatory for all staff.

Urgent and emergency services

- Staff advised that clinical supervision was provided. Supervision took place approximately every eight to ten weeks. As part of the nursing revalidation process, information and outcomes were recorded and stored as evidence.
- We saw evidence of the support provided to staff through advanced training and additional speciality training to enhance their skills and performance. This included wound management, burn and scalds management, dealing with head injuries, facial fractures, ophthalmic problems, ingested foreign bodies, x-ray and suturing.
- Staff advised that peer support was very good and frequent. Staff told us that team members worked well together and had done so for many years. Staff felt able to approach colleagues for advice and support.
- The trust provided practical support to help nurses meet the requirements of revalidation through a wide variety of education, training and practice development as well as opportunity to undertake various degrees, postgraduate qualifications and leadership development.

Multi-disciplinary working and co-ordinated care pathways

- Nursing staff worked well with GPs, consultants, x-ray technicians, and social services, the regional ambulance service and other hospitals within both the trust and externally.
- Support from link and specialist nurses was available when seeking stroke, multiple sclerosis and Parkinson's guidance. Additional support advice and guidance was available for paediatric care from paediatric specialist services in Newcastle.
- Staff reported good links with the main emergency department at James Cook University Hospital.

Referral, transfer, discharge and transition

- Staff stated that the majority of delays were due to transportation being late.
- Discharge protocols were in place for both adults and children. Staff explained they made discharge decisions regarding adults but liaised with a consultant paediatrician prior to discharging a child.
- There were clear referral systems and processes in place to refer patients onto further services.

Access to information

- We observed that patient records were stored securely and no patient identifiable information was visible to the public.
- Records were available for nursing staff and there were no reports of concerns obtaining relevant information about patients.
- We found that sharing of confidential information between teams and the local authority was in line with the trust policy and procedures. Consent from patients was required prior to sharing information with external organisations.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We spoke with staff about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards. Most staff understood the basic principles of the Act and were able to explain how the principles worked in practice in the department.
- Staff we spoke with understood the need to obtain consent from patients to carry out tests and treatments. Staff told us they considered implied consent when patients agreed to a procedure. We saw evidence of staff explaining procedures to patients and patients agreeing to them.
- An initial assessment of a patient's capacity was made at triage and where concerns were identified, a more detailed assessment would be made each time a patient needed to make a decision.
- All staff received mandatory training in consent, the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards (DoLS). Staff we spoke with had access to social workers and staff trained in working with vulnerable patients, such as the safeguarding lead.

Are urgent and emergency services well-led?

Good



We rated well-led as good because:

- The trust's vision, values and strategy had been disseminated to the departments and staff had an understanding of what these involved.
- Staff felt the amalgamation of the urgent care centres was positive and felt the service was well led.

Urgent and emergency services

- We found the leadership, management, and governance was embedded. The delivery of high quality person centred care was in place.
- The culture of the service encouraged openness and candour. Staff spoke positively about the care they provided to patients.

Detailed findings

Service vision and strategy

- The trust's vision, values and strategy had been disseminated to the departments and staff had an understanding of what these involved.
- Staff we spoke with had effectively adjusted to the amalgamation of three urgent care centres to one.
- Staff understood the reasoning behind the new model. It was evident from talking with staff that new ways of working were refined in line with the changing demand. The team focused on patient experience and care.

Governance, risk management and quality measurement

- The governance and risk management of the urgent care centre was managed through the urgent and emergency care clinical centre.
- Governance meetings were held at clinical centre level and attended by heads of nursing. Information from these meetings was shared with staff.
- A risk register, held at clinical centre level, detailed risks identified at the urgent care centre.
- The service used a dashboard to record the number of incidents, complaints, claims and PALS each month. These were monitored and discussed at governance meetings.
- There was a business continuity management system for the urgent care centre to provide a clearly defined framework to ensure the resilience and continuation of the trust's critical activities and dependencies.

Leadership of this service

- We found a clear management structure in place. Staff were aware of senior managers, their roles within the organisation and how to contact them.
- Management support and line management was available when required. Senior managers were regularly present and staff said they were approachable.

- Managers spoke highly of senior management and advised they were supportive, proactive and took time to listen to the views and concerns of the team.

Culture within this service

- Staff we spoke with were positive about the service, the team and the organisation they worked in.
- Staff felt that patient safety and quality were seen as priorities.
- Urgent care service staff engaged with the rest of the local hospital and trust, and reported an open and transparent culture within the urgent care centre and felt they were able to raise concerns.
- Staff spoke positively about the service they provided for patients. Staff said high quality compassionate patient care was a priority.
- Morale appeared good. Staff were positive and had a 'can do' attitude about their practice and the challenges they faced.
- The staff had clearly defined roles and responsibilities, with a sufficient skill mix of staff and all staff spoke of their commitment to ensuring that patient care was good.
- The relationship between the staff and the senior team was strong. Staff members at all levels reported that there was an open door policy, that they could report concerns regarding the service and would feel comfortable speaking directly to senior management. Several staff members were able to give examples of when they had done this and how well received their comments were. This empowered staff further to speak up when they felt care could be improved.

Public engagement

- There was information displayed throughout the public areas regarding the Patient Advice and Liaison Service (PALS).
- Following extensive engagement and formal three-month public consultation the trust agreed a joint vision to transform the way it delivered care in the community.

Staff engagement

- We saw effective communication both written and verbal between the urgent care team and ward nurses in relation to patient care.

Urgent and emergency services

- Staff felt informed and information was shared. A monthly staff bulletin was received and staff were aware of this.
- The 2015 NHS staff survey showed improvement in the level of staff engagement rising from 3.71 in 2014 to 3.78.
- The key findings directly influencing the staff engagement indicator were staff motivation, a willingness to recommend the service and levels of involvement.

Innovation, improvement and sustainability

- The IMProVE (Integrated Management and Proactive Care for the Vulnerable and Elderly) programme has re-designed the way care was delivered, identifying and replicating best practice to meet the needs of a growing population of older people. This included centralising minor injury services with 24-hour opening and enhanced x-ray provision at Redcar.