

Care UK (Urgent Care) Limited

Primary Care ED Streaming Service

Inspection report

Colchester Hospital University NHS Foundation
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Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at the Primary Care Emergency Department Streaming Service on 10 July 2018 as part of our inspection programme.

Summary of findings

At this inspection we found:

- The service had effective systems to manage risk and safety incidents to reduce them happening.
- The service reviewed the effectiveness and appropriateness of the care it provided monthly to ensure care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- The service provided care and treatment within Emergency Department Streaming Service guidelines and timescales for local population needs.

- Patients we spoke with in the service waiting room were positive about the service.
- There was a strong focus on continuous learning and improvement from monitoring and audit at all levels of the organisation, and their shared partnership with the A&E departments at the Colchester Hospital University Foundation Trust (CHUFT).






Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Primary Care ED Streaming Service

Detailed findings

Background to this inspection

Care UK is the registered provider of the Primary Care Emergency Department (ED) streaming service. The management and administration of the service is in the Primary Care building next to the hospital (CHUFT) within the offices occupied by the other services provided by Care UK. The provider employs 28 staff members with roles ranging from GPs to managers, administrators and receptionists. Staff employed at the service work in shifts of six hours to cover the service availability from 10am in the morning until 10pm at night, seven days a week.

The clinical ED streaming service is in the A&E Department comprising a waiting room, reception desk, and consulting room for the GP. We visited both the A&E ED streaming service within the hospital, A&E department and the management and administrations offices run within the Primary Care building next door to the hospital.

The Primary Care streaming service is an NHS England initiative to stream appropriate patients away from the A&E department at the hospital with a primary care medical need, if their healthcare needs are not deemed as urgent.

The service in Colchester has been in operation since October 2017. The service is not intended for people to use as an alternative to their GP, or the Walk-in-Centre (WiC). The hospital and the Primary Care streaming service provider meet monthly to assess how the effectiveness of the and to improve the delivery of the service to meet local population needs.

- The first contact at the A&E department is managed by the hospital where a trained clinician triages and streams people into the most appropriate service to meet their needs.
- Streaming is performed as soon as possible, within 15 minutes of the patient's arrival.
- Streaming typically involves taking a brief history and performing basic observations if appropriate. This information is used to support triage prioritisation.
- Early warning scores are part of the assessment and designed for patient safety to be paramount. The initial assessment process is designed to improve the overall quality of care provided for patients and add value to the patient's experience. By providing early assessment this ensures the patient is prioritised to see the most appropriate clinician to meet their need.

Are services safe?

Our findings

We rated the service as good for providing safe services.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The hospital and the Care UK providers conducted safety risk assessments. They had safety policies, including Control of Substances Hazardous (COSHH) to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The providers had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service provider worked with other agencies to support patients and protect them from neglect and abuse. For example, the local safeguarding and social care teams. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We saw all staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems to safely manage healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was a system in place to manage surges in demand for the service within the other two Primary Care services delivered by the provider.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. Patients were prioritised appropriately for care and treatment, dependent on clinical need.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety within the monthly governance meetings held with the hospital.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care notes were written and managed in a way that kept patients information, and patients safe. The records we saw showed the information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Appropriate and safe use of medicines

- The service carried out audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, medicines to patients and gave advice in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing to support good antimicrobial stewardship.
- Prescriptions were tracked and securely stored throughout the service.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

Are services safe?

- The provider monitored and reviewed activity to understand risks and a clear current picture to make safety improvements.
- There was a system for receiving and acting on safety alerts.
- Joint reviews of incidents were carried out with partner organisations, including the local A&E department, GP out-of-hours, NHS 111 service and other urgent care services.

Lessons learned and improvements made

The service had processes in place to learn and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- We saw minutes that shared lessons learned, identified themes and acted to improve safety in the service.
- The service learned from external safety events and patient safety alerts. Patient alerts were disseminated to all members of the service team including sessional and agency staff.
- The provider took part in end to end reviews with the hospital using any learning to make improvements to the service. These included adding seeing paediatric patients into the streaming service.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed people's needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed with audit and regular clinical meetings.
- People attending A&E were initially triaged using set criteria by an advanced nurse practitioner and streamed into the various onward treatment options that were appropriate to their needs. The primary care emergency department GP service was one of the options.
- The reception/waiting room and the consultation room for the service was provided within five metres of the A&E triage room. Close proximity to the A&E was an expected element within the original national NHS England brief.
- Triage in the A&E department consisted of several monitoring checks to understand the suitability of people for the GP streaming service.
- Peoples' needs were fully assessed included their clinical, mental, and physical wellbeing. Assessments were coordinated to take the needs of people whose circumstances may make them vulnerable.
- We saw no evidence of discrimination when making care and treatment decisions.
- Technology and equipment were used to improve treatment.
- Staff assessed and managed patients' pain appropriately.
- The service collected data about the number of people that had been triaged into the service and then returned to A&E or another treatment stream due to incorrect assessment. This data was discussed in the monthly

quality assurance meeting with the Colchester Hospital University Foundation Trust (CHUFT). The data collected showed the organisations where capacity and service improvements could be made.

Monitoring care and treatment

Where appropriate clinicians took part in local and national improvement initiatives. For example, the ED streaming service is part of a national NHS England scheme. The provider audits and provides NHS England with data and information to understand the service value.

- The service made improvements using monitoring and audit.
- Clinical audit had a positive impact on quality of care and outcomes for people and staff members.
- There was clear evidence of action to resolve concerns and improve quality at the beginning of the initiative. An example was that clear glass in the consultation room used by the GP had been frosted to improve patient privacy.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as health and safety, fire safety training, safe guarding, infection control and access to policies and procedures.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider had arrangements for staff for ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Are services effective?

(for example, treatment is effective)

Coordinating care and treatment

Staff worked together, and with the hospital staff to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. Care and treatment for patients in vulnerable circumstances was coordinated with other services. Staff communicated promptly with patient's registered GP's to make them aware of any need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary.
- Patient information was shared appropriately, and the information needed to deliver care and treatment was available to relevant staff in an accessible way.
- An electronic record of all consultations was sent to patients' own GPs.

Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supported them to manage their own health and maximise their independence.

- The service identified patients who may need extra support. For example, those requiring mental health or social care support.
- Where appropriate, staff gave people advice so they could self-care and risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given. Procedures were available to facilitate this.
- Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to decide.
- The provider monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the service as good for providing caring services.

Kindness, respect and compassion

We witnessed staff treat patients with kindness, respect and compassion.

- Staff understood that patients had personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs. An example was safeguarding and awareness training.
- The people we spoke with on the day of inspection were positive about the service and care they had received. They did all mention they would have benefited from regular updates about how long they would be waiting and/or their priority in the queue.
- The provider encouraged people using the service to comment on the care and treatment delivered. We saw that these comments were gathered and used to improve.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the waiting room areas, informing patients this service was available.
- Patients told us they felt listened to and supported by staff and had sufficient time during their consultation to make an informed decision about their treatment.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were accessible.
- Staff helped patients and their carers find further information and access community and advocacy services.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- We observed staff respected confidentiality always.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to decide.
- The service monitored the process for seeking consent appropriately.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

The provider organised and delivered services to meet GP patients' needs. It took account of people's needs and preferences.

- The provider engaged with commissioners to secure improvements to the service where these were identified. For example, the data collected regarding which GP practice that people using the service were registered. (Valuable for the Clinical Commissioning Group).
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. For example, safety alerts about people abusing health services.
- The facilities and premises were appropriate for the services delivered.
- The service was responsive to the needs of people in vulnerable circumstances. For example, those requiring support with their mobility equipment to access the waiting room and clinical areas.

Timely access to the service

Peoples access to care and treatment from the service was within appropriate timescale for their needs.

- The service operated from 10am in the morning until 10pm at night seven days a week.
- Patients received an initial assessment and were triaged (evaluated) into the GP streaming service within the guidelines set out in the NHS England. We saw the service met the targets to stream people within 15 minutes of people's arrival at the A&E department. In the data collected by the provider we saw the target expectations for the service were monitored and met.
- Waiting times, and delays were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had processes in place to manage them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff told us how they would treat patients if they made a complaint compassionately.
- The complaint policy and procedures were in line with recognised guidance. No complaints had been received in the last year.

Are services well-led?

Good 

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

Our findings

We rated the service as good for providing well-led services.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable service.

- Leaders had the experience, capacity and skills to deliver the service strategy and address any risks quickly.
- They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff could use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values understood by the service provider staff.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy of their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy daily and monitored it monthly.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

Culture

The service had a culture to provide high-quality care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients and the staff providing it.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated within the procedures in place to deal with incidents and complaints. However, the service had been operational for seven months and not received any complaints or dealt with any incidents yet. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and encouraged to do so. Staff told us they had confidence that these would be addressed and they would be involved.
- There were processes to provide all staff with the development they needed. This included appraisal and career development conversations. All staff had received an appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- Staff had received equality and diversity training. Staff told us they felt they were treated equally.
- We saw positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Are services well-led?

Good 

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

- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Clinical leaders had oversight of MHRA alerts, incidents, complaints and a good understanding of service performance against the NHS England scheme indicators. Performance was discussed at senior management monthly meetings and shared with staff and the local CCG as part of contract monitoring arrangements.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The providers had plans in place and had trained staff for major incidents. For example; access to business continuity boxes containing equipment (mobile phone), contact information and paper based documentation for use should there be IT failure or building loss.
- The provider implemented service developments and where efficiency changes were made this was with direct input from clinicians to understand the impact on the quality of care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- We found that quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings and all staff were updated with any relevant information content.

- The information used to monitor performance and the delivery of quality care was accurate and used to improve service delivery.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. When asked, staff could explain in detail the service security measures.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support the service.

- Patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. Each month in discussion with the hospital activity figures, patient feedback and any concerns were examined.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service. Examples of service improvement over the last seven months have been:
- Access to a dirty utility room to dispose of bodily fluid samples collected during consultations to assist diagnosis.
- Locks had been fitted to the printers for prescription security.
- Shift patterns for staff, changed from 12 hours to six. (making work hours more attractive to staff).
- Access to a dark room for eye examinations when required.
- Consultations for paediatric patients added to the streaming service.
- The service now collected data to identify which GP practices were using the services more regularly. This enabled the partner organisations and commissioners to improve their services to support the local population.