Cambridgeshire Community Services NHS Trust

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Quality Report

Doddington Hospital
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North Cambridgeshire Hospital
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This report describes our judgement of the quality of care provided within this core service by Cambridgeshire Community Services NHS Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Cambridgeshire Community Services NHS Trust and these are brought together to inform our overall judgement of Cambridgeshire Community Services NHS Trust

Summary of findings

Ratings

Overall rating for Minor Injuries Unit services	Good
Are Minor Injuries Unit services safe?	Good
Are Minor Injuries Unit services caring?	Good
Are Minor Injuries Unit services effective?	Good
Are Minor Injuries Unit services responsive?	Good
Are Minor Injuries Unit services well-led?	Good

Summary of findings

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Summary of findings

Overall summary

The minor injury units (MIU) provided by Cambridgeshire Community Services NHS Trust are situated in the three community hospitals of Wisbech, Ely and Doddington. Treatment is provided for people who walk in with conditions that do not need to be managed at larger Accident and Emergency Units. The service is provided by specialist nursing and paramedic staff who have additional qualifications and training.

We inspected the regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

The service was safe and effective as there were clear policies and protocols for staff to follow which meant patients were given appropriate treatment and risks to their health and welfare were avoided. Current clinical guidance was used and equipment and supplies enabled staff to provide appropriate timely treatment. The service was caring. We observed a caring approach of staff and comments from patients highlighted the good attention and explanation they were given about treatment and follow up. The service was responsive. It was providing treatment within relatively short waiting times. The trust monitored the activity and opening hours, had undertaken a trial of weekend opening in the Wisbech unit and continued to review the service provision with commissioners. The service was well led. Staff were supported by a manager who gave professional and managerial support across all units, and the advanced practitioners supported each other in maintaining a high standard of care. Incidents, or comments from patients, were followed up to learn lessons. We saw that new ways of treating specific injuries were adopted by all units through clear protocol development and the culture of staff, who wanted to provide up to date care.

We spoke with ten patients who were attending the units at the time of our visits. We read comments provided in a visitors book and on cards left at the desk in one unit. Patients were very satisfied with the service, in particular highlighting the short waiting times and the expertise of staff in dealing with their condition or injury. We observed staff providing care, and patients told us that good information was provided to them about their injury and what follow up care would be needed.

Summary of findings

Background to the service

The minor injury units provided by Cambridgeshire Community Services NHS Trust are situated in the three community hospitals of Wisbech, Ely and Doddington. Treatment is provided to people who walk in with conditions that do not need to be managed at larger Accident and Emergency Units. The service is provided by specialist nursing and paramedic staff who have additional qualifications and training. The staff provide care and treatment for patients whose minor injuries or illness is not severe enough to warrant a trip to A&E.

Our inspection team

Chair: Gillian Hooper, Director of Quality and Commissioning (Medical and Dental), Health Education England

Team Leader: Ros Johnson, Inspection Manager, Care Quality Commission.

The team inspecting the minor injury units included a CQC inspector, a specialist nurse advisor and a general practitioner.

Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot community health services inspection programme. The focus of wave 2 is on large, complex organisations which provide a range of NHS community services to a local population.

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We carried out announced visits on 28, 29 and 30 May 2014.

We visited all three minor injury units; spoke with the manager, thirteen members of staff including emergency practitioners, radiology staff, health care assistants and reception staff. We spoke with ten patients and six of these agreed to us observing their assessment and treatment. We inspected the facilities and equipment to check for appropriate space, cleanliness and safety to provide this service.

Summary of findings

What people who use the provider say

We spoke with ten patients who were attending the minor injury units during our inspection. We also collected seven comments cards from a box left at one of the units.

The minor injury units provided a local service for people which prevented the need to visit a main accident and emergency department which for people living in the rural area would mean a much longer journey time. Patients told us this was very helpful for treating minor injuries especially of their children. Patients told us they were very happy to have the local service. One person told us, "My child was seen within one and a half hours, we live local to here, it would have been a much longer visit if we had gone to Cambridge."

Patients told us they were very happy with the waiting time for treatment in the MIUs. One patient said, "I was seen quickly, the nurse was helpful and informative." Another patient wrote on a comment card that, "Treatment was quick and efficient." We saw that staff were very attentive and caring to patients. Patient's told us that the staff were helpful and friendly. One patient said, "Staff were very kind and helpful and the receptionist was caring too." There had been a trial of weekend opening. The unit had been opened for twelve weekends and had treated around 700 patients over that period. The feedback from patients attending had been very positive about continued weekend opening.

We saw that there were very few complaints about any of the MIU services. Comments from patients were taken seriously and this had led to changes being planned for waiting areas and review of weekend opening based on the trial supported by commissioners.

Good practice

Staff had adopted a new way of treating buckle or greenstick fractures in children. This had been rapidly adopted from novel practice at a local emergency department. A removable splint was used instead of plaster cast and no specialist follow up was arranged unless the child had any residual problems. The staff had proposed this change in protocol, it had been adopted at all three minor injury units and staff continued to audit the patient outcomes. This meant that the MIUs were supported by the trust in using an innovative but proven treatment possibly before many other parts of the NHS.

Cambridgeshire Community Services NHS Trust

NA

Detailed findings from this inspection

The five questions we ask about core services and what we found

Good

Are Minor Injuries Unit services safe?

By safe, we mean that people are protected from abuse

Summary

The service was safe as there were clear policies for staff to follow which meant risks to the health and welfare of patients were avoided. Staff had clear incident reporting systems to report accidents or incidents and we saw this was used effectively to reduce risks to people's welfare. Detailed analysis of incidents was carried out and trust managers and senior clinical staff were involved in review of quality of service information.

Detailed findings

Incidents, reporting and learning

There were robust systems in place for reporting untoward incidents such as falls. This provided information for monthly performance monitoring. Staff had access to an online reporting system that enabled Trust managers to monitor incidents, report on any trends, and track the response of staff and managers. We saw that an incident where a patient had fallen when leaving the building had been reported and then investigated to check if any lessons could be learnt to prevent a similar incident.

The trust had systems to ensure lessons were learnt from incidents. Managers of different services in the trust met monthly to review any incidents and discuss the results of investigations to share lessons learnt across the departments. A safety lead ensured that investigations were carried out within appropriate timeframes and provided support to ensure thorough investigations, called root cause analyses were well structured. Learning from incidents or events was shared at managers' meetings and in a safety newsletter to staff. In addition clinical incidents were shared with clinical scrutiny and medical safety groups for the trust.

Cleanliness, infection control and hygiene

We inspected all clinical areas for the three minor injury units. They were well maintained and clean. Many rooms had been refurbished to a high standard for clinical use and enabling effective cleaning. There were sufficient hand washing stations for staff during clinical activity and for patients and visitors to the units including clear reminders and guidance about hand washing techniques.

Maintenance of environment and equipment

Clinical areas were fit for purpose with space for safe treatment and care. Staff told us they had sufficient

Are Minor Injuries Unit services safe?

supplies and appropriate equipment they required to treat patients. We examined equipment including checking maintenance dates and checking records for emergency equipment. We saw that resuscitation trolleys in all areas had been checked regularly and other equipment had been serviced appropriately. We checked that x-ray equipment had been serviced and checked to meet the required standards for safety.

Medicines

There was appropriate security on doors and cupboards to medications in each unit we visited including for controlled drugs and take home medications. The emergency practitioners who were nurses had appropriate qualifications to prescribe medications. In addition the emergency practitioners followed patient group directives or protocols agreed by the trust for prescribing medication for specific conditions.

Safeguarding

There were clear policies for dealing with any suspected abuse of vulnerable adults or children. Staff told us they had attended training about safeguarding of vulnerable adults and children. The manager told us that all staff were trained to an appropriate level of safeguarding awareness. There were good systems of recording information about safeguarding and to share information with other organisations as necessary. Computer records were accessible by most GPs if they had compatible systems. All attendances were notified to the family doctor for any necessary follow up. Child attendances were notified to children and family services at local accident and emergency service to enable follow up by health visitor or family doctor as appropriate.

Records

Patients' records were comprehensive and enabled effective sharing of information with other clinicians where required. We examined eight patients' treatment records. We looked at these on the computer system with staff. There had been detailed assessment of the patient's condition or injury and other relevant factors such as current medication and medical history. Staff had made a good record of the treatment provided, the advice given and the follow up instructions provided to the patient. Copies of records were provided to the patient's GP or to children's services for follow up if required.

Lone and remote working

We found that each minor injury unit had systems for staff to alert each other if they required urgent help for any reason. There were alarm buttons at some desks and an emergency call system that worked between computers in clinical rooms. There was appropriate security on room doors and cupboards to supplies or equipment storage.

Assessing and responding to patient risk

We asked staff about monitoring of people's condition when in the MIUs. There were standard observation record charts and early warning scores were recorded. Staff told us that any patients who had severe illness would be rapidly transferred to a main accident and emergency department by ambulance. Staff said that ambulance services were rapid to respond as they were aware of the limited capability of the community hospitals to manage critically ill patients. Each MIU had appropriate patient beds and resuscitation equipment to manage a collapsed patient for an initial period until ambulance services arrived.

Staffing levels and caseload

We discussed the levels of staff with the manager and clinical staff. Waiting times in MIUs were low for emergency cases compared to most emergency departments which showed adequate staff resource for the level of patient attendance. Receptionist and clinical staff told us they had clear protocols to follow when many patients attended in a session. Reception staff had a list of presenting complaints, such as chest pain, which meant they were required to inform clinical staff of the urgency for the patient to be assessed in more detail. At busy times the patients reason for admission was risk assessed so that urgent attention was given where required to prevent worsening condition.

Managing anticipated risks

Risks were assessed and recorded on electronic records. The manager told us that a member of staff in the team had undergone risk training and was responsible for entering identified risks on the system. Significant risks were escalated to the trust risk register. In addition the MIUs also reported risks on the trust quality reporting tool. A monthly return was made which was then reviewed at the relevant clinical operation board.

Major incident awareness and training

Are Minor Injuries Unit services safe?

There were clear protocols to support major incidents or events. A 'red folder' was available in each location for staff to follow in supporting any contingency arrangements. There were clear arrangements for coordinator roles to be allocated as part of a resilience team.

Good

Are Minor Injuries Unit services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary

Services were effective. There were well trained and experienced staff in each MIU and there were appropriate facilities to manage patients with minor injuries. Staff had clear local guidelines and protocols to follow and used national clinical guidelines as appropriate. There were sufficient staff to manage the patients attending each unit this meant that people received very prompt treatment with waiting times being well within expected targets. Staff worked well with local GPs and other professionals to provide an integrated service. Equipment and communication technology was used to provide an effective and efficient service.

Detailed findings

Evidence based care and treatment

The manager and staff told us they used national clinical guidelines as appropriate and adapted their practice as new information became available. Staff told us they were using recent changes to guidance on management of head injuries. It was recognised there was a greater risk to people over the age of 65 who had a head injury. This meant that staff would ensure transfer of such patients to a larger emergency department for review and appropriate scans.

Staff routinely used up to date online guidance to ensure the care and treatment provided was according to best practice. Recognised internet based guidance about clinical procedures and pathways of care were used including current guidance on use of the medications the staff were prescribing. Guidance from the National Institute for Health and Care Excellence was used when appropriate. Staff followed agreed patient group directions when prescribing medication for specific conditions and types of patient.

Staff told us they had attended training about their responsibilities relating to the Mental Capacity Act best practice guidelines and deprivation of liberty safeguards.

Pain relief

We saw that staff were attentive to people who arrived with an injury and were in pain. Practitioners were able to reassure the patient, and for example placed the arm in a sling to elevate the area of injury, or relax the patient to relieve the anxiety felt. We saw that analgesia was offered as appropriate and clear guidance was given about continuing pain management as patients were discharged.

Patient outcomes and performance information

Patients told us they were very happy with the waiting time for treatment in the MIUs. One patient said, "I was seen quickly, the nurse was helpful and informative." Another patient wrote on a comment card that, "Treatment was quick and efficient."

We examined records of patient attendance and waiting times for all the minor injury units. We found that all the units met the national targets for four hour waiting time for accident and emergency patients. A more stringent local measure was also recorded and we saw that almost all patients were seen within two hours across all the MIUs. This performance had been sustained and even continued through the three month weekend opening trial period at the Wisbech unit.

Competent staff

Staff were recruited to the service who were experienced and well qualified to be able to work autonomously in providing diagnosis and treatment for injuries and emergency conditions. We found that staff were employed who had been accident and emergency nurses or paramedics and had completed additional studies to work independently in practice and continued to develop their professional skills. The service also recruited staff who were experienced but required a period of training or additional education.

There was a competency framework in place. This was used by staff to develop and maintain their range of skills in the role. All staff had attended a five day minor injury course and other standard courses for emergency conditions. Many staff were qualified as emergency care practitioners or had a degree at masters level or as an autonomous nursing practitioner. Most clinical staff were nurse prescribers. This meant that staff were fully qualified to diagnose and treat the conditions or injuries of patients.

Good

Are Minor Injuries Unit services effective?

Use of equipment and facilities

We examined clinical areas and saw that most areas had been refurbished or upgraded and that all assessment and treatment rooms were fit for purpose. Staff told us they had equipment and regular supplies they needed to provide the necessary care and treatment for patients. We saw that specialist equipment was available such as a slit lamp for eye examination. Facilities for x-ray examination were available at each MIU. At weekend this was only available at one unit so that patients in Wisbech and Ely who needed x-ray had to travel to the Doddington location. Staff told us that patients were advised as soon as possible of this and there had been no complaints about this requirement.

Telemedicine

The MIUs had a link to external radiologists who provided expert analysis of digital x-ray images. The results of these were usually provided back to the units the next day after the patient attended. The specialist practitioners working in the MIUs made their own diagnosis from x-rays on the day, but a further check was made on images by the radiologist. Patients would be recalled to have different treatment if needed. Staff could request immediate help from the external service if an x-ray was difficult to analyse and treatment depended on an accurate report.

Multi-disciplinary working and working with others

The minor injury units collaborated with nearby services to ensure appropriate treatment for patients. At one department specialists from a nearby eye clinic were asked for advice on more complex eye injuries or after treatment by the MIU practitioner. At other units out of hours GP services were located nearby which meant that patients could be referred or directed to appropriate services without additional travelling.

Health care assistants in the MIUs were trained to a high level. They worked very closely with nurse practitioners to complete treatments such as wound care, as chaperones where needed, and supported during suturing of wounds and ordering blood tests. This meant that patients were treated appropriately and efficiently by a team of staff with a wide range of skills.

Clinical practitioners worked closely with colleagues such as radiographers. The specialist staff assisted each other to make their diagnosis by indicating their clinical view or result of the x-ray. Additional advice was available from a radiologist as needed. Each minor injury unit had arrangements for members of clinical staff to liaise regularly with all local GP surgeries. This meant that staff promoted the service and ensured that patients attended the units with appropriate injuries and conditions, and that patients were followed up by seeing their family doctor to support recovery.

Co-ordinated integrated care pathways

Staff told us there were good relationships with main emergency departments closest to each MIU which meant effective referral of patients when more complex treatment was required. When patients attended who had broken bones they were treated initially by the staff at the minor injury unit possibly with a plaster cast or splint. Follow up specialist orthopaedic care if required was arranged on an appropriate date at the hospital of the patient's choice. Staff followed appropriate locally agreed pathways of care such as for suspected venous clots and arranged appropriate follow up care. The treatment pathway or records made were different for some patients depending on the commissioning arrangements for the patient's GP although staff ensured appropriate safe care was always provided.

Good

Are Minor Injuries Unit services caring?

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

Summary

The service was caring as people received care that was compassionate and respectful. We saw that staff were caring and supportive. Comments from patients highlighted the kindness and reassurance they were given, and the clear explanation they were given about treatment and follow up.

Detailed findings

Compassionate care

We saw that staff spent a good length of time in assessing people's needs and providing treatment and advice. We observed six people being treated and saw that they were given time to explain their injury and background information. We saw that staff patient interactions were positive and effective. They used appropriate communication skills and showed a caring and compassionate attitude. Patients told us that the staff were helpful and friendly. One patient said, "Staff were very kind and helpful and the receptionist was caring too."

Dignity and respect

During treatment people were given clear explanations and time to understand any procedure that was offered. We saw that staff in all situations talked with patients in a respectful way. Doors were closed and curtains used as appropriate to protect people's privacy and dignity. We saw that staff checked before entering rooms to ensure other staff were not treating patients.

Patient understanding and involvement

We saw that staff spent time asking patients about their pain and other concerns. People were asked if they were happy to have the treatment. We observed a patient having local anaesthetic and stitches. The patient was given a full explanation and gave their consent to the procedure. We saw that patients were asked before they left if they had any questions about their care or how to follow up their condition or injury.

Emotional support

Staff were attentive and empathetic when dealing with patients and relatives. We saw the emergency practitioner had sufficient time to allow the patient to discuss fears and anxieties around their treatment. We saw that the emergency practitioner quickly gained the trust of the patient to promote understanding and facilitate treatment. Children were spoken with in a kind way appropriate to their age and with the parent fully involved.

Promotion of self-care

We saw that staff were supportive and encouraging to patients, empathised with their difficulties, explained treatments clearly and promoted a positive attitude which relaxed patients at a time when they were anxious about their new injury and enabled them to feel in control. After their treatment we saw that patients were given detailed guidance to enable them to manage their follow up effectively.

Good

Are Minor Injuries Unit services responsive to people's needs?

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

Summary

The service was responsive as it provided treatment to patients within comparatively short waiting times. Patients told us they would have waited much longer and had longer travel times if they had gone to a main accident and emergency department. We saw that almost all patients were seen and treated within two hours. The trust monitored the activity and opening hours and had undertaken a three month trial of weekend opening in the Wisbech unit. The trust reviewed and planned the service with commissioners.

Detailed findings

Service planning and delivery to meet the needs of different people

The minor injury service at the three units was commissioned by local commissioning groups. Plans were also reviewed by the West Norfolk urgent care board. At weekends the Wisbech unit was usually closed. Commissioners provided additional funding to provide twelve weekends when the Wisbech unit was open in response to winter pressures on the NHS. The trial was monitored and patient views were sought to feed into future plans about weekend opening of the unit. The trial had been publicised in local newspapers and GP surgeries. Over the twelve weekends the unit had treated around 700 patients. The feedback from patients attending had been very positive about continued weekend opening.

Access to care as close to home as possible

The minor injury units provided a service to the population of north Cambridgeshire and parts of west Norfolk. This local service prevented the need to visit a main accident and emergency department which for people living in the rural area would mean a much longer journey time. Travel times across the rural areas to larger accident and emergency departments meant that patients made good use of the MIU and were satisfied with the shorter waits compared with larger departments. Patients told us they were very happy to have the local service. Patients told us this was very helpful for treating minor injuries especially of their children. One person told us, "My child was seen within one and a half hours, we live local to here, it would have been a much longer visit if we had gone to Cambridge."

Meeting the needs of individuals

We found that the service had been very responsive to the needs of local population. Staff were aware of local migrant workers in the areas served and explained that they used a combination of telephone translations, internet based translation programmes and family members to enable effective communication with people whose first language was not English.

Moving between services

Patients who attended the minor injury unit were supported in their discharge home by clear instructions to the patient and family but also through notification to any relevant community services and the patient's GP. Staff worked closely with the community rapid response team to prevent hospital admission by providing aids such as frames or crutches to enable mobility until a more specialist assessment was possible by therapy practitioners. All admissions to the MIUs by young children were notified to paediatric liaison staff at relevant acute hospitals who monitored overall accident and emergency attendances by children.

Complaints handling (for this service) and learning from feedback

We saw that there were very few complaints about any of the MIU services. Comments from patients were taken seriously and this had led to changes being planned for waiting areas and review of weekend opening based on the trial supported by commissioners.

Good

Are Minor Injuries Unit services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary

The service was well led as staff were supported by a manager who gave professional and managerial support across all units. We found that the emergency practitioners supported each other in maintaining a high standard of care. Incidents or comments from patients were followed up to learn lessons. We saw that new ways of treating specific injuries were adopted by all units through clear protocol development and the culture of staff who wanted to provide up to date care.

Detailed findings

Vision and strategy for this service

Staff told us they were aware of trust values and the key focus of providing high quality of care. Staff were aware of the importance of their service to local communities and were proud that they provided a service that met local needs. We found that staff were aware of the service that was to be provided as commissioned for the local population. Staff were aware of the context of the service in relation to GPs, out of hours services, and local accident and emergency department provision.

Governance, risk management and quality measurement

All staff were aware of the protocols they should follow and the limitations of their competencies within the service so that patients requiring more complex care were referred appropriately. The MIUs provided quality and performance information to senior trust managers and for governance oversight of the service.

Leadership of this service

We found there was good leadership of the MIUs by managers who were aware of clinical need and focussed on service improvement and ensuring the service was responsive to local communities. There were strong managerial links to other community nursing services which meant effective and efficient coordination of services for patients. Staff told us that the manager did not visit all units regularly but there was effective support when required and the delegation of team management was clear for all staff.

Culture within this service

Experienced senior staff were employed in each unit and worked with each other to provide effective peer support. This promoted a strong team culture focussed on providing a high standard of care. The manager and trust supported the staff well by encouraging appropriate professional education and training, and ensuring roles and responsibilities were clear. Reception staff and health care assistants told us they were very happy and proud to work in the MIUs. They said they knew who to discuss any issues with and how to report any incidents.

Public and staff engagement

Comments and views of patients were routinely sought at all minor injury units. A comments book was used at the Wisbech unit in which we found mostly positive comments about the service; in particular patients were very satisfied about waiting times. There were agreed and funded plans to extend the waiting area at Wisbech as patients had commented about the size and lack of natural light. Patients had also commented about the provision of play areas for children waiting for treatment. There were no separate waiting areas for children but some toys and décor had been provided in waiting areas to make them more child friendly. In the plans for extending the waiting area at Wisbech a larger children's area was to be created.

Innovation, improvement and sustainability

Staff had adopted a new way of treating buckle or greenstick fractures in children. This was rapidly adopted from novel practice at Addenbrookes Hospital. A removable splint was used instead of plaster cast and no specialist follow up was arranged unless the child had any residual problems. The staff had proposed this change in protocol and had audited the patient outcomes. Staff told us there had been good support from managers to implement the new protocol. This meant that the MIUs were supported by the trust in using an innovative but proven treatment possibly before many other parts of the NHS.