

Midlands Partnership NHS Foundation Trust

RRE

Community urgent care service

Quality Report

St George's Hospital,
Corporation Street,
Stafford,
Staffordshire,
ST16 3SR

Tel: 01785 221647

Website: www.mpft.nhs.uk

Date of inspection visit: 04 to 05 December 2019

Date of publication: 27/01/2020

Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RREU8	Haywood Hospital	Haywood Walk-In- Centre	ST6 7AG
RREU9	Leek Moorlands Hospital	Leek Hospital Minor Injuries and Illness	ST13 5BQ

This report describes our judgement of the quality of care provided within this core service by Midlands Partnership NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

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

Where applicable, we have reported on each core service provided by Midlands Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Midlands Partnership NHS Foundation Trust.

Summary of findings

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	5
Background to the service	6
Why we carried out this inspection	7
How we carried out this inspection	7
Areas for improvement	7

Detailed findings from this inspection

The five questions we ask about core services and what we found	8
---	---

Summary of findings

Overall summary

Our rating of this service **improved**. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients and acted on them. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The reception area at Haywood Hospital did not allow the receptionist to clearly observe all patients in the waiting area.
- Some of the clinical notes were not detailed enough to capture all necessary information such as the red flags.
- Supervision was not recorded consistently.
- Not all staff demonstrated a good understanding of the Gillick Competency and Fraser Guidelines.

Summary of findings

Background to the service

At the time of our inspection the trust provided all its urgent care services at the Haywood Hospital and Leek Moorlands Hospital. The Haywood Hospital and Leek Moorlands Hospital became part of Midlands Partnership NHS Foundation Trust on 1 June 2018.

Information about the sites and teams, which offer urgent care services for at this trust, is shown below:

Haywood Hospital has Haywood Walk in Centre that provides a nurse led management of minor illness and injury to walk in patients (no appointment required).

Leek Moorlands Hospital has Leek Hospital Minor Injuries and Illness that provides a nurse led management of minor illness and injury to walk in patients (no appointment required).

The Haywood Walk-in Centre and Leek minor injuries unit are nurse-led services which offers convenient access to a wide range of minor injury / minor ailment services. The Haywood walk in centre is open every day between the hours of 7.00am and 9.30pm Monday to Friday and 9.00am-9.30pm at weekends, and no appointment is necessary. Leek minor injuries unit is open every day between the hours of 8am and 8pm, and no appointment is necessary.

A wide range of conditions can be treated including:

- Cuts and grazes
- Ear infections
- Sprains and strains
- Suspected fractures
- Bites and stings
- Minor head injuries
- Minor burns
- Foreign bodies in the eye.
- The Haywood walk in centre is situated in Burslem, Stoke-on-Trent which is central to the northern part of Stoke-on-Trent. Leek minor injuries unit is situated in the rural town of Leek within the Staffordshire

Moorlands. This is approximately 10 miles away from the city of Stoke-on-Trent and supports people to attend local services without the need to travel long distances.

We last carried out a comprehensive inspection for this core service in March 2019, we rated it as requires improvement overall. We rated safe, effective and responsive as requires improvement, well-led as inadequate and caring as good. We issued the hospital with three requirement notices and these related to:

Regulation 18 HSCA (RA) Regulations 2014, Staffing

- The service did not have a system of clinical supervision for nursing staff.
- The trust did not review staffing establishment for this service and ways to improve recruitment and retention of staff.
- The trust did not have a triage system for patients attending both units that was in line with the Royal College of Emergency Medicine good practice guidance 2017.
- The trust did not ensure that all staff had received training in all key skills and provided time for staff to complete it. Staff had not received training in life support, recurring detailed sepsis awareness, manual handling, mental health, learning disabilities and dementia awareness, and safeguarding level three.

Regulation 9 HSCA (RA) Regulations 2014, Person-Centred Care

- The service did not review their accessible information standards to ensure access to information for people with disabilities.

Regulation 17 HSCA (RA) Regulations 2014, Governance

- The service did not review the risk register and ensured its risks were monitored within a governance framework.
- The trust did not collect, analyse and act on patient outcome information to improve services.

Summary of findings

- The trust did not ensure that learning from incidents was carried out across both units to ensure all staff have the opportunity to learn.

During this inspection, we found that the hospital had made some improvements to address these breaches.

Why we carried out this inspection

We carried out this inspection to see whether improvements had been made following our comprehensive inspection in March 2019 when we rated this service as requires improvement.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We undertook an announced inspection of the urgent care service from 4-5 December 2019. To get to the heart of patients experience of care and treatment, we asked the same five questions of all services: are they safe, effective, caring, responsive, and well led? Where we have a legal duty to do so, we rate services performance against each key question as outstanding, good, requires improvement, or inadequate. Throughout the inspection, we took account of what people told us and how the provider understood and complied with the mental capacity act 2005.

This service provided urgent care.

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited both units, looked at the quality of the environment and observed how staff were caring for and treating patients
- spoke with 18 patients who were using the service
- spoke with the service manager, nurse consultant and team leader
- spoke with 18 other staff members; including, nurses, health care assistants, receptionists, student nurses and security
- spoke with two staff from the x-ray department
- attended and observed two huddle meetings
- looked at 25 care and treatment records of patients
- carried out a specific check of the medication management on all units; and looked at a range of policies, procedures and other documents relating to the running of the service.

Areas for improvement

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

- The provider should ensure that the reception area at Haywood Hospital allows the receptionist to clearly observe all patients in the waiting room and quiet area. (Regulation 15(1)(c)).
- The provider should ensure that all staff have a good understanding of the Gillick Competency and Fraser Guidelines. (Regulation 11(1)).
- The provider should ensure that there is consistency in the recording of staff supervision to ensure that all discussions in supervision are recorded to show that it has taken place. (Regulation 18(2)(a)).
- The provider should ensure that all of the clinical notes are detailed enough to capture all necessary information, for instance specifying any red flags discussed with patients about when to seek further help. (Regulation 17(2)(c)).

Midlands Partnership NHS Foundation Trust

Community urgent care service

Detailed findings from this inspection

Good 

Are services safe?

By safe, we mean that people are protected from abuse

Up one rating

Our rating of this service improved. We rated it as good because:

- The trust had introduced a clinical triage system into the service. Staff now completed risk assessments for each patient swiftly with most now completed within 15 minutes of arrival at the unit. They removed or minimised risks and updated the assessments as required prioritising patients for urgent attention of the priority nurses. Staff identified and quickly acted upon patients at risk of deterioration.
- The service provided mandatory training in key skills including the highest level of life support training to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.

Are services safe?

Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

- Managers ensured that actions from patient safety alerts were implemented and monitored. The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However:

- The reception area at Haywood Hospital did not allow the receptionist to clearly observe all patients in the waiting area.
- Some of the clinical notes were not detailed enough to capture all necessary information.

Are services effective?

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

Up one rating

Our rating of this service improved. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients' subject to the Mental Health Act 1983.
- The service adjusted for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. The rates of staff engagement and supervision had improved considerably since our last inspection
- Nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

However:

- Not all staff demonstrated a good understanding of the Gillick Competency and Fraser Guidelines.
- There was no consistency in the recording of staff supervision to ensure that all discussions in supervision were recorded to show that it has taken place.

Are services caring?

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

Same rating

Our rating of this service stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Are services responsive to people's needs?

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

Up one rating

Our rating of this service improved. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from arrival to treatment and treatment and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Are services well-led?

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

Up two ratings

Our rating of this service improved. We rated it as good because:

- There had been substantial improvement in the management of the service since our last inspection and the senior leadership of the trust had taken a lead role in addressing the concerns raised.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.