

South Tees Hospitals NHS Foundation Trust

RTR

Community urgent care service

Quality Report

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This report describes our judgement of the quality of care provided within this core service by South Tees Hospitals 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 South Tees Hospitals NHS Foundation Trust and these are brought together to inform our overall judgement of South Tees Hospitals NHS Foundation Trust

Summary of findings

Ratings

Overall rating for Urgent care services	Requires Improvement	
Are Urgent care services safe?	Good	
Are Urgent care services effective?	Requires Improvement	
Are Urgent care services caring?	Good	
Are Urgent care services responsive?	Good	
Are Urgent care services well-led?	Requires Improvement	

Summary of findings

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Summary of findings

Overall summary

Staff reported incidents and processes were in place to ensure that lessons were learned.

Trust-wide, evidence-based guidance was available on the trust's intranet; however, there was limited information on evidence-based care and treatment specific to urgent care. We saw hard copies of policies and standard operating procedures for the urgent care centres that had not been reviewed for several years. We were informed that guidance was being updated, but was not yet available.

There was limited audit undertaken to monitor quality and patients' outcomes.

We were informed that 64% of staff were compliant with mandatory training. We saw that staff had been booked to attend update training.

Staff had received training in relation to urgent care and were supported to develop their skills further. The emergency care practitioners received informal supervision. There were no formal clinical supervision sessions held with staff, including those working on their own.

Appropriate systems ensured that staff were made aware of safeguarding concerns and that information was shared with other professionals. Medicines and equipment were managed appropriately.

We saw that patients and their relatives were treated with dignity and respect. Information about who was suitable to be seen at urgent care centres was displayed on site and on the trust's website.

Patients at all centres were seen within four hours.

The management and leadership of the urgent care centres had moved to the trauma and theatres clinical centre as part of the trust's reorganisation in April 2014. There were plans to amalgamate the three urgent care centres to one location at Redcar Primary Care Hospital from April 2015. The intention was to develop the service once on one site, however the current focus was on amalgamating the service.

The governance and risk management of the urgent care centres was managed through the trust's trauma and theatres clinical centre. There was limited management information or quality review undertaken to enable the leadership to fully understand and develop the service.

Summary of findings

Background to the service

Urgent care facilities were provided at three community hospital locations: the East Cleveland Primary Care Hospital, Guisborough Primary Care Hospital and Redcar Primary Care Hospital.

The urgent care centre at Redcar Primary Care Hospital was open 24 hours a day, 365 days per year, and provided immediate care for minor injuries and illnesses.

At East Cleveland Primary Care Hospital and Guisborough Primary Care Hospital, the urgent care centres were open 9am to 5pm Monday to Friday and 8am to 8pm on weekends and bank holidays.

The urgent care centres treated adults and children over the age of one year old.

There were plans to amalgamate all three urgent care centres to one location at Redcar Primary Care Hospital in April 2015.

There were around 500-550 attendances a week across the centres.

Our inspection team

Our inspection team was led by:

Chair: Sandra Christie, Director of Nursing, Wirral Community NHS Trust

Team Leader: Julie Walton, Head of Hospital Inspection, Care Quality Commission (CQC)

The team included CQC inspectors and a variety of specialists: doctors, nurses, therapists, a school nurse, a health visitor, district nurses, community matrons, a GP and experts by experience (people who had used a service or the carer of someone using a service).

Why we carried out this inspection

South Tees Hospitals NHS Foundation Trust was inspected as part of the scheduled programme of

comprehensive inspections. The information we hold and gathered about the provider was used to inform the services we looked at during the inspection and the specific questions we asked.

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?

We inspected the urgent care services at the three community hospitals.

Before visiting, we reviewed a range of information we held about the hospital and asked other organisations to share what they knew with us. These organisations included the clinical commissioning group, local area team, Monitor, Health Education England and Healthwatch.

We carried out an announced visit between 9 and 12 December 2014. During the visits we held a focus group with a range of hospital staff, including support workers, nurses, doctors (consultants and junior doctors), physiotherapists, occupational therapists and student nurses. We talked with patients and staff from all areas of

Summary of findings

the trust, including from the wards, theatres, critical care, outpatients, maternity and A&E departments. We observed how people were being cared for, talked with carers and family members and reviewed patients' personal care or treatment records.

We completed an unannounced visit on the night of 16 December 2014.

We held a listening event on 2 December 2014 in Middlesbrough 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. The team would like to thank all those who attended the listening events.

At the community hospitals, we spoke with five patients and relatives and all spoke positively about the service.

What people who use the provider say

All patients and relatives we spoke with were positive about the service.

Good practice

A distraction box designed for children was in use at Redcar urgent care centre to provide distraction for young children receiving care.

The emergency care practitioners in the urgent care centres had six hours a month to support their development. They attended training events at the acute hospital.

Areas for improvement

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

The provider must:

- Ensure that staff have attended mandatory training in accordance with trust policy.
- Review the quality monitoring arrangements within the urgent care centres including patient outcomes.

- Review the provision of pain relief to ensure that there are no unnecessary delays when treating patients.
- Ensure that evidence-based guidance is available for staff working in urgent care centres and that policies are appropriately reviewed and up to date.

The provider should:

- Ensure that all staff receive appropriate clinical supervision.

South Tees Hospitals NHS Foundation Trust

Community urgent care service

Detailed findings from this inspection

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

Good 

Are Urgent Care Services safe?

By safe, we mean that people are protected from abuse

Summary

Staff reported incidents and processes were in place to ensure any lessons were learned. Appropriate systems ensured that staff were made aware of safeguarding concerns and information was shared with other professionals.

Medicines were managed appropriately. Sufficient equipment was available.

Infection control audits were scheduled to be undertaken in December 2014.

We were informed that 64% of staff were compliant with mandatory training. We saw that staff had been booked to attend update training.

Staff reported there were usually sufficient numbers to meet patients' needs.

Incident reporting, learning and improvement

- Staff reported incidents using an electronic incident reporting system. All members of staff had access to the system and were aware of how to use it.
- Incident investigations were reviewed and approved by the directorate manager.
- A total of 46 incidents had been reported across the urgent care centres at the trust. The most common incident related to resources, for example, staffing.
- Information on the top 10 incidents across the centres was received and shared so lessons could be learned.
- Some staff were aware of Never Events (serious, largely preventable patient safety incidents that should not occur if proper preventative measures are taken) but this was not consistent across the services.

Duty of candour

- Most staff were aware of the principles of the new Duty of Candour regulations that came into effect on 27 November 2014.

- Staff gave examples of how the Duty of Candour had been applied following incidents.

Safeguarding

- Staff working within the urgent care centres had received adult safeguarding and level 3 children's safeguarding training.
- There was an identified lead emergency nurse practitioner for safeguarding. The lead nurse for safeguarding in the community also visited to check if there were any concerns.
- Systems were in place on the electronic health record to identify patients at risk and those who had repeated attendances at the urgent care centres.
- Systems were in place to record child protection concerns. Information on all attendances by young people under the age of 16 years old was sent to the school nurses. If children were from out of the area, information was printed and sent to their GP.

Medicines management

- Medicines were stored securely. A daily drug stock check was undertaken.
- Drug fridge temperatures were checked daily.
- At Redcar Primary Care Hospital, the emergency nurse practitioners were nurse prescribers.
- Patient group directions (PGDs) were in place. (These are protocols or specific written instructions for the supply and administration of a licensed medicine.) The electronic record stated whether the patient met the inclusion and exclusion criteria for the use of the PGD. Staff identified the need for additional PGDs, and a review of the use of PGDs was being undertaken.
- An audit of the appropriate use of antibiotics in the urgent care centres had been undertaken in September 2014. This showed high levels of compliance.

Safety of equipment

- Resuscitation equipment was available and checked daily. The trust resuscitation team had also audited the equipment.
- Other equipment was available and maintained. However, there was some electrical equipment at Guisborough urgent care centre that had not had the required portable appliance checks for more than a year. This was highlighted to a member of staff at the time of inspection.

Records and management

- The electronic health record system was in use across the urgent care centres.
- Contemporaneous records (made at the time or shortly after an event) were taken following attendance by a patient.
- The records were routinely shared with the patient's GP via the electronic record system. Where the GP was not on the system or did not acknowledge receipt of the information, a hard copy was printed and posted.
- The quality of records was audited and action plans implemented to address any identified shortfalls.

Cleanliness, infection control and hygiene

- The environments were visibly clean. Redcar primary care hospital was a purpose-built building; however, Guisborough urgent care centre was an older building and had some areas of damp and peeling paint on the outside walls, which would have made these difficult to keep clean..
- Staff had access to and used the hand-washing facilities and hand gel prior to patient contact. Staff were compliant with the 'bare below the elbows' policy for best hygiene practice.
- Personal protective equipment was available and used appropriately.
- Infection control audits were scheduled to be undertaken in December 2014.
- We saw that cleaning schedules were in place.

Mandatory training

- We were informed that 64% of staff were compliant with mandatory training.
- Staff said they had previously attended training and the manager had identified that staff required updates. We saw that staff had been booked to attend training updates.

Assessing and responding to patient risk

- A 'first contact' protocol was available for reception staff and it was clearly displayed at most sites. Reception staff were aware of circumstances when they should contact the nurse immediately.
- At Redcar Primary Care Hospital, a triage (patient prioritising) policy had been developed and trialled. This involved introducing nurse triage when the department was busy to identify patients at risk.

- An escalation policy was in place and staff gave examples of when they had requested emergency ambulance transfer to the acute hospital.

Staffing levels and caseload

- Staff reported they could usually meet patients' needs. There were plans to review the staffing and service provision once the centres had been amalgamated in April 2015.
- At Redcar Primary Care Hospital, there were four trained emergency care practitioners. Care overnight was provided by staff from the ward who had received additional training. Overnight staffing levels on the ward allowed for the member of staff to attend patients in the urgent care centre when required. There were plans to review this.
- At Guisborough Primary Care Hospital and East Cleveland Primary Care Hospital, one urgent care

practitioner was on duty, supported by a receptionist during office hours. Staffing included up to 44 hours a week bank (overtime) nurse usage at one site; this was filled by experienced and suitable staff.

Managing anticipated risks

- There was a business continuity management policy for managing anticipated risks.
- There was lone working at Guisborough and East Cleveland hospitals. Risk assessments had been undertaken and some mitigation was in place. The risk was identified on the risk register.

Major incident awareness and training

- The trust had an up-to-date major incident plan which included a number of specific emergency response plans. The plans had been tested by a communications exercise every six months (last completed in July 2014), a desktop exercise once a year (most recently in October 2014) and a major live exercise every three years (last undertaken in September 2013).

Are Urgent Care 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

Trust-wide, evidence-based guidance was available on the trust's intranet; although, there was limited information on evidence-based care and treatment specific to urgent care. We saw several hard copies of policies and standard operating procedures for the urgent care centres that had not been reviewed for several years. We were informed that guidance was being updated, but was not yet available.

Limited audits were undertaken to monitor quality and patients' outcomes.

Staff had received training in relation to urgent care and were supported to develop further. The emergency care practitioners had dedicated time to support their development and received informal supervision. There was no formal clinical supervision sessions held with staff, including those working on their own.

Systems were in place for referral, transfer and discharge of patients.

Evidence based care and treatment

- Information and guidance on the trust's intranet was trust-wide and there was limited information on evidence-based care and treatment specific to urgent care.
- We looked at guidance information available to a lone worker at Guisborough urgent care centre. Several policies and standard operating procedures had not been reviewed for several years. We were informed that guidance was being updated, but was not yet available. Where guidance was required, the nurse contacted the emergency nurse practitioners at the Redcar urgent care centre.

Pain relief

- Patients were assessed for pain and provided with pain relief in accordance with a prescription or PGDs. Staff gave examples of incidents where patients were in pain awaiting transfer to the acute hospital and the staff, who were not prescribers, were not able to provide sufficient pain relief. A review of the PGDs was being undertaken which included the urgent care centres.

Approach to monitoring quality and people's outcomes

- Limited audits were undertaken to monitor quality and patients' outcomes.
- An audit of the appropriate use of antibiotics in the urgent care centres had been undertaken in September 2014. This showed high levels of compliance.
- There was a system to check radiology reports and we were informed that there had been no missed fractures at the urgent care centres. However, there was no audit available for areas such as monitoring of the emergency nurse practitioners' x-ray requests or compliance with relevant National Institute for Health and Care Excellence (NICE) guidance.

Competent staff

- At Redcar Primary Care Hospital, there were four trained emergency care practitioners.
- Staff at the other urgent care centres had received additional training in relation to urgent care.
- Staff were supported to develop further. One nurse was undertaking training to develop physical assessment skills and a support worker was being assisted to undertake a foundation degree.
- The emergency care practitioners had six hours a month to support their development. They attended training events at the acute hospital and received informal supervision.
- There were no formal clinical supervision sessions held with staff, including those working on their own.
- All staff had participated in a staff development review within the last 12 months.

Multidisciplinary working and coordination of care pathways

- Staff reported good links with the main emergency department at James Cook University Hospital.
- There was access to x-ray at each of the hospitals providing urgent care, although opening times were

Are Urgent Care Services effective?

limited to day time hours. There were plans to look at access to x-ray when the urgent care centres amalgamated. X-rays were not undertaken on children under the age of five years.

- An on-site pharmacy was available at Redcar Primary Care Hospital.

Referral, transfer, discharge and transition

- Systems were in place for direct referral to wards at James Cook University Hospital from the urgent care centres. This included direct referrals to the children's assessment unit.

- Staff also referred worked with GPs for assessment or social care, as appropriate, to meet patients' needs.

Availability of information

- Information was available via the electronic health records system.
- Discharge information was sent electronically, or hard copies were sent when the receiver of the information did not have access to the system.

Consent

- We observed patients being asked for their verbal consent during consultations.

Are Urgent Care Services caring?

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

Summary

We saw that patients and their relatives were treated with dignity and respect.

We spoke with five patients and relatives and all spoke positively about the service.

Patients were provided with relevant verbal information and explanation about their care. A limited range of patient information leaflets were available.

Detailed findings

Dignity, respect and compassionate care

- The urgent care centres operated a system at the reception where patients completed their details in writing. This meant patients did not have to verbally state any personal details. If patients were not able to write their details, alternative arrangements were available.

- We saw that patients and their relatives were treated with dignity and respect. We observed care being provided in a compassionate way.
- We spoke with five patients and relatives and all spoke positively about the service.

Patient understanding and involvement

- We observed that patients were provided with relevant verbal information and explanation about their care.
- We saw that staff checked patients' understanding of the care planned and provided.

Emotional support

- Patients were provided with appropriate emotional support during consultations.
- Staff were aware of who to contact to refer patients to the local mental health team, if required.

Promotion of self-care

- Health promotion information was displayed at some of the urgent care centres.

Are Urgent Care Services responsive to people's needs?

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

Summary

Information about who was suitable to be seen at urgent care centres was clearly displayed on site and on the trust's website.

The urgent care centre at Redcar Primary Care Hospital was open 24 hours a day, seven days a week. There were plans to amalgamate the three urgent care centres at Redcar Primary Care Hospital from April 2015.

The urgent care centres treated adults and children over the age of one year old. Patients were seen within four hours at each centre.

The service received few complaints. There was evidence that, when there were complaints, lessons were learned.

Detailed findings

Planning and delivering services which meet people's needs

- Information detailing who was suitable to be seen at urgent care centres was displayed on site and on the trust's website.
- The urgent care centre at Redcar Primary Care Hospital was open 24 hours a day, seven days a week. The urgent care centres at Guisborough Primary Care Hospital and East Cleveland Primary Care Hospital were temporarily open 9am to 5pm Monday to Friday and 8am to 8pm on weekends and bank holidays.
- There were plans to amalgamate the three urgent care centres to one location at Redcar Primary Care Hospital from April 2015. This was part of the service development and work was in progress to clarify the services to be provided.
- Managers monitored data on attendances across the three urgent care centres. This was around 500-550 attendances a week.
- Radiography was available during the day: there were plans to increase the opening hours as part of the service development at Redcar Primary Care Hospital.

Equality and diversity

- Premises were accessible for patients with limited mobility.
- There was access to interpreter services, when required and staff were aware of these.

Meeting the needs of people in vulnerable services

- The urgent care centres treated children over the age of one year old who met the criteria for using the service.
- Staff told us that they saw all patients who attended the urgent care centres. If they did not meet the criteria for the service, they would be sent to alternative, suitable care provision such as the emergency department or GP, according to need.
- We saw that a distraction box designed for children was used at one urgent care centre to provide a distraction for young children receiving care.
- Patients with complex needs or capacity issues were transferred to the appropriate service.
- We saw health promotion information was displayed at Redcar urgent care centres.

Access to the right care at the right time

- No patients had waited more than four hours to be seen during November 2014. Staff reported that the four-hour target was consistently met.
- At Redcar Primary Care Hospital, during November 2014, six out of 1,560 patients had not waited to be seen. None of the six patients had waited for longer than 15 minutes before leaving.

Complaints handling (for this service) and learning from feedback

- There was one complaint regarding the urgent care services between November 2013 and November 2014.
- Staff were aware of how to respond to concerns raised.
- We were provided with examples of how services had been developed based on patient feedback. For example, the opening hours at the reception at Redcar Primary Care Hospital had changed in response to feedback. This was displayed on the 'You said, we did' noticeboard at reception.

Are Urgent Care 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 management and leadership of the urgent care centres had moved to the trauma and theatres clinical centre as part of the trust's reorganisation in April 2014. There were plans to amalgamate the three urgent care centres to one location at Redcar Primary Care Hospital from April 2015. The intention was to develop the service once on one site, however the current focus was on amalgamating the service.

The governance and risk management of the urgent care centres was managed through the trust's trauma and theatres clinical centre. There was limited management information or quality review undertaken to enable the leadership to fully understand and develop the service.

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 were aware of the planned amalgamation of the urgent care centres.
- The service changes had been subject to a public consultation. The aim of the changes was to ensure that the urgent care services were safe, sustainable and consistent across the area.
- The services were going through a period of change and work was in progress to clarify the services to be provided.

Governance, risk management and quality measurement

- The governance and risk management of the urgent care centres was managed through the trauma and theatres clinical centre.
- Governance meetings were held at clinical centre level and attended by heads of nursing. Information from these meetings was shared with staff.

- There was limited management information about the urgent care centres, or quality review undertaken, to enable the leadership to fully understand and develop the service.
- A risk register, held at clinical centre level, detailed risks identified at the urgent care centres, such as, lone working. This was consistent with issues that staff raised and that we identified as part of our inspection.

Leadership of this service

- The management and leadership of the urgent care centres had moved to the trauma and theatres clinical centre as part of the trust's reorganisation in April 2014.
- A manager was in place to supervise the services across the three urgent care centres.
- The restructuring and changes to the leadership of the service were viewed positively by staff. The intention was to develop the service once on one site, however the current focus was on amalgamating the service.
- Staff felt that leaders were accessible and understood the needs of the patients.
- Staff felt informed and that information was shared. A monthly staff bulletin was received and staff were aware of and read the chief executive's blog.

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.
- Staff felt supported by managers, despite being in a period of change, and reported effective team working.

Public and staff engagement

- Staff felt informed and that information was shared. A monthly staff bulletin was received and staff were aware of and read the chief executive's blog.
- The planned service changes had been subject to a public consultation and the clinical commissioning group had held a number of public consultation events supported by the trust.
- The NHS Friends and Family Test was not yet implemented in the urgent care centres.

Are Urgent Care Services well-led?

Innovation, improvement and sustainability

- Staff felt informed and that information was shared. A monthly staff bulletin was received and staff were aware of and read the chief executive's blog.
- The planned service changes had been subject to a public consultation and the clinical commissioning group had held a number of public consultation events supported by the trust.
- The NHS Friends and Family Test was not yet implemented in the urgent care centres.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
The provider must ensure staff receive appropriate training and support through appraisal and supervision including the completion of mandatory training, so that they are working to the latest up to date guidance and practices, with appropriate records maintained.

This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider must ensure there are effective quality monitoring arrangements within the urgent care centres including patient outcomes and the provision of pain relief to ensure that there are no unnecessary delays when treating patients.

They must ensure that evidence-based guidance is available for staff working in urgent care centres and that policies are appropriately reviewed and up to date.

This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.