

Central Middlesex Hospital Urgent Treatment Centre

Inspection report

Central Middlesex Hospital
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced inspection at Central Middlesex Hospital Urgent Treatment Centre on 25 April 2019 as part of our inspection programme. This was the services first inspection since registering with the Care Quality Commission.

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

At this inspection we found:

- The urgent treatment centre had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.
- The urgent treatment centre routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff had the skills, knowledge and experience to deliver effective care.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Leaders had the capacity and skills to deliver high-quality, sustainable care.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw an area of outstanding practice

- The service had developed a quite therapeutic room in which patients with special needs such as autistic spectrum could be seen from.

The areas where the provider **should** make improvements are:

- Continue efforts to configure the streaming room to improve visibility in the waiting area.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care.

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

Background to Central Middlesex Hospital Urgent Treatment Centre

Central Middlesex Hospital Urgent Treatment Centre serves the Brent and surrounding areas in North West London. The service is located at the Central Middlesex Hospital. There is no 'accident and emergency' service at the hospital, therefore the service works with other acute NHS trusts when patients require transfer to other emergency departments or specialist care.

Central Middlesex Hospital Urgent Treatment Centre is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury.

The urgent treatment centre is open 24 hours a day, seven days a week including public holidays. Patients can attend on a walk-in basis, self-present or they may be referred to the service, for example by the NHS 111 or their own GP. The local ambulance service London Ambulance Service (LAS) transports some patients directly into the urgent treatment centre.

All patients are assessed through a process known as 'streaming' on entry by Emergency Nurse Practitioners.

Patients with minor illnesses or minor injuries are streamed into the urgent care centre and more seriously unwell patients are streamed and sent off to the nearest the A&E departments. Clinical staff can also refer patients directly to other specialties within the trust and other hospitals, alternatively patients may be directed to another service if appropriate, such as the patient's own GP. The clinical staff streaming patients work with the patient champion to redirect patients whose needs are not urgent, for example to, GP practices, pharmacies or dentists.

The urgent treatment centre is led by a service manager and a lead GP who has oversight of the urgent treatment centre. The urgent treatment centre is staffed by GPs, Emergency Nurses/ Care Practitioners (ENPS and ECPs) Lead Nurse as well as service manager and Lead GP. The service has access to a large number of internal bank staff provided by Greenbrook when needed. Greenbrook Healthcare operates a centralised governance system. The provider's medical director and central team provide additional clinical and managerial support and oversight.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

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

- The service conducted safety risk assessments. It had safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the service as part of their induction and refresher training.
- The service 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. Appropriate safeguarding referrals had been made when required.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. Staff knew how to identify and report concerns. Clinical staff acted as chaperones and were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The lead nurse was the lead for infection control.
- Staff had received training and audits were carried out to monitor infection control standards.
- The service ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing 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. We were advised that Greenbrook management reviewed staff on a daily basis and there were arrangements in place to deploy staff from the providers other allocations if this was necessary.
- There was an effective induction system for all staff including bank staff. We viewed the site induction that was undertaken by permanent staff covering the service in emergencies from the providers other locations to ensure they were familiar with the site.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. We saw that the provider was in the process of undertaking a reconstruction of the nurse streaming room to ensure that they always had a full view of the patient waiting area for the safe monitoring of patients.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The provider had developed an educational video that was being used to promote the identification of sepsis. This had been developed using NICE guidelines and the Sepsis trust.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The urgent treatment centre had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

- The systems for managing medicines, including medical gases, emergency medicines and equipment minimised risks. The urgent treatment centre kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal

Are services safe?

requirements and current national guidance. The urgent treatment centre had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

- Patients health was monitored to ensure medicines were being used safely and followed up on appropriately.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- Comprehensive reviews of incidents were carried across the wider Greenbrook organisation with learning outcomes shared across all their services.

Lessons learned and improvements made

The service learned 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. An Integrated clinical governance committee reviewed all incidents and no incident was closed off until evidence of the actions taken was viewed.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned, and shared lessons identified themes and acted to improve safety in the practice. For example, we looked at learning from serious incidents for winter 2017/18. We saw that the organisation had published investigation reports to share learning from all serious incidents to all clinicians working in Greenbrook services.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

- The service had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed 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. We saw that there was a system in place for cascading NICE guidance with audits undertaken to ensure the guidance was being followed.
- Patients needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Care and treatment were delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- Arrangements were in place to deal with repeat patients.
- There was a system in place to identify frequent patients with particular needs, for example patients receiving palliative care; and care protocols were in place to provide the appropriate support.
- Staff assessed and managed patients pain where appropriate.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

- The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The service used key performance indicators (KPIs) that had been agreed with its clinical commissioning group to monitor their performance and improve outcomes for people. The service shared with us the performance data for the last 12 months.
- The service was meeting its target for ensuring that; the four-hour target was 99% (target:98%) over the last 12months.
- The streaming target was 99% for adults being streamed within 20 minutes and 95.9% for children streamed within 15minutes over the last 12 months.

- The service made improvements using completed audits. 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.

Effective staffing

- The provider had an induction programme for all newly appointed staff and which covered streaming and observation pathways. The provider ensured 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. Staff were encouraged and given opportunities to develop.
- An advanced streaming competency assessment had been created for all clinical streaming staff. The service provided staff with 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. There was a clear approach for supporting and managing staff when their performance was poor or variable through audits.

Coordinating care and treatment

- Staff worked together and worked well with other organisations 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. For example, representatives from mental health providers, paediatrics, orthopaedics and medical, surgical specialities and the Greenbrook Safeguarding Leads held regular joint meetings.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- Staff communicated promptly with patients' registered GPs, so the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. Patient

Are services effective?

information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service. An electronic record of all consultations was sent to patients own GPs. The service ensured care was delivered in a coordinated way and considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

- Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.
- The service identified patients who may need extra support and the patient champion took on responsibility to educate patients and offer support when accessing services.
- Where appropriate, staff gave people advice, so they could self-care. Systems were available to facilitate this.

We saw that patient education leaflets relating to most minor conditions had been developed by Greenbrook Healthcare. These had undergone quality checks by the medical directors to ensure information provided was accurate.

- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patients needs 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 patients mental capacity to decide. The provider monitored the process for seeking consent appropriately.

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

- Staff treated patients with kindness, respect and compassion.
- Staff understood patients personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. The service gave patients timely support and information. 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.
- All ten of the patient Care Quality Commission comment cards we received were positive about the service experienced. However, three comments included some comments relating to; the waiting times and a having information on current wait times displayed on a board and one patient also commented on the lack of a TV in the waiting area. We were advised that the service was already looking into developing a system that would keep patients up to date with the waiting times in the centre.
- We viewed patient feedback from surveys carried out by the provider from April 2018- February 2019. We saw that more than 90% of patients had said they would recommend the urgent treatment centre to friends and family.

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 reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

- The service respected and promoted patients privacy and dignity. Staff respected confidentiality at all times. Staff understood the requirements of legislation and guidance when considering care provision.
- 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?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

- The provider engaged with commissioners to secure improvements to services where these were identified.
- The service had reviewed the needs of the population they served. For example, we saw that there was ongoing work with the local police team to prevent intentional injuries. This had been recognised after realising there had been a number of patients attending the treatment centre with gun and knife wounds. Staff used the daily 'hurdles' to discuss any cases. We also saw that the provider supported staff with staff an employee assistance programme to promote well-being.
- The urgent treatment centre offered step free access and all areas were accessible to patients with reduced mobility.
- A hearing loop and Language translation services were available.
- The service had development a quite therapeutic room in which patients with special needs such as autistic spectrum could be seen from.
- The waiting area for the urgent treatment centre was large enough to accommodate patients with wheelchairs and pushchairs; and also allowed for access to consultation rooms.
- There was enough seating for the number of patients who attended on the day of the inspection.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service such as alerts about a person being vulnerable or on the end of life pathway.
- Toilets were available for patients attending the service, including accessible facilities with baby changing equipment.

Timely access to the service

We looked at whether patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients were able to access care and treatment at a time to suit them. The service operated 24 hours a day, seven days a week.
- Patients could access the service either as a walk in-patient, via the NHS 111 service or by referral from a healthcare professional. Patients did not need to book an appointment.
- Patients were generally seen on a first come first served basis, although the service had a system in place to facilitate prioritisation according to clinical need where more serious presentations or young children could be prioritised as they arrived. The receptionists informed patients about anticipated waiting times.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to 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 treated patients who made complaints compassionately.
- The complaints policy and procedures were in line with recognised guidance. We reviewed three complaints and found they were satisfactorily handled in a timely way.
- The service learned lessons from individual concerns, complaints and from analyses of trends. It acted as a result to improve the quality of care.

Are services well-led?

We rated the service as good for well led.

Leadership capacity and Capability

- Leaders had the capacity and skills to deliver high-quality, sustainable care.
- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. 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 leadership was accessible throughout the operational period, with an effective on-call system that staff were able to 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. The service had a realistic strategy and supporting business plans to achieve priorities.
- 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 and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The service planned its services to meet the needs of the local population.
- The service monitored progress against delivery of the strategy.

Culture

- The service had a culture of high-quality sustainable care.
- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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 were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- All staff were considered valued members of the practice 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.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

- The service had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that, there was a clear staffing structure and that staff were aware of their own roles and responsibilities. There was a clear management structure at local level which included an urgent treatment centre UTC Lead GP, UTC Service Manager and a lead nurse. The local team were supported by the Greenbrook Healthcare wider clinical governance structure which included the Greenbrook Group Medical Director, Regional Clinical Director, Regional Head of Nursing, and an Associate Director of Quality and Clinical Governance.
- 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.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Are services well-led?

- Service leaders had established specific policies and were available to all staff. These policies and protocols were developed by Greenbrook Healthcare Limited at a corporate level and had been rolled out to the individual service where the service manager had tailored them for the specific location.

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 service had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Service leaders had oversight of MHRA alerts, incidents, and complaints.
- Performance was regularly discussed at senior management and board level. Performance was 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 change practice to improve quality.
- The service had plans in place and had trained staff for major incidents.
- The service implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

- The service acted on appropriate and accurate information.
- 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 where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- 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.

Engagement with patients, the public, staff and external partners

- The service involved patients, the public, staff and external partners to support high-quality sustainable services. A full and diverse range of patients, staff and external partners views and concerns were encouraged, heard and acted on to shape services and culture.
- Staff were able to describe to us the systems in place to give feedback. Feedback was received from formal complaints, verbal complaints and feedback, NHS choices, patient satisfaction surveys, the friends and family test. The service was transparent, collaborative and open with stakeholders about performance.

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 organisation. For example, the provider had launched a sepsis awareness campaign with posters, emails, sepsis competency assessments, learning newsletters and a teaching video. We saw that the service had held an educational evening with external and internal speakers facilitating sessions on; Mental Capacity, suicide risk in relation to Urgent Treatment Centres and Primary Care, Trauma , assessing and managing chest injuries and early detection of Sepsis was hosted for all clinical staff working across the organisation and partner organisations; local GPs and practice nurses were also invited to attend free of charge from the four local boroughs of Brent, Ealing, Harrow and Hillingdon.
- The evening was held to raise awareness for local GPs and Nurse Practitioners. This had been streamed live. The Greenbrook sepsis awareness video had been featured on National TV and had recently been shortlisted for the finals of the 2019 HSJ patient awareness safety awards.

Are services well-led?

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. The Greenbrook central leadership team published a twice-yearly serious incident shared learning newsletter which was circulated across 800 clinicians working for Greenbrook healthcare.
- The provider also ensured there was shared learning across all the clinical and non- clinical team via the weekly blog and monthly learning newsletter. Learning was also shared with the clinicians in daily huddles which we observed during our inspection.
- Staff were supported to attend study days and educational events. The provider was also providing ongoing teaching on managing chest injuries following a serious incident.
- We were told that Greenbrook Healthcare had recently launched an in-house university accredited Nurse Practitioner programme. They had recruited 12 trainee Emergency Nurse Practitioners into the first year of the programme and this was due to commence in September 2019.