

Lincolnshire Community Health Services NHS Trust

RY5

Urgent care services

Quality Report

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This report describes our judgement of the quality of care provided within this core service by Lincolnshire Community Health 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 Lincolnshire Community Health Services NHS Trust and these are brought together to inform our overall judgement of Lincolnshire Community Health Services NHS Trust

Summary of findings

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	4
Background to the service	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
What people who use the provider say	6
Good practice	6
Areas for improvement	6

Detailed findings from this inspection

Findings by our five questions	7
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Summary of findings

Overall summary

Overall services were safe, and staff used evidence based guidance to provide care to patients at the urgent care centres and minor injury units.

Within the minor injury units and urgent care centres, first contact protocols were in use in most areas so patients at risk of deteriorating were identified to nursing staff immediately. This was not fully implemented at Skegness Hospital urgent care centre.

Patients commented on the caring nature of staff and for the majority were satisfied with their care. Within the minor injury units and urgent care centres evidence demonstrated that the handover from ambulance service to trust staff was less than the 15 minute target and during each quarter of 2013/2014 and over 98% of patients were discharged, admitted or transferred within four hours of arrival at minor injury units and urgent care centres provided by the trust.

Summary of findings

Background to the service

The trust has four community hospitals. They are John Coupland Hospital in Gainsborough, Johnson Community Hospital in Spalding, Skegness Hospital and County Hospital Louth.

County Hospital Louth had an urgent care centre (formerly known as accident and emergency) which was open 24 hours a day. Skegness Hospital had an urgent

care centre, which was open 24 hours every day of the year. No appointment was necessary and referrals were also accepted from the ambulance service and out of hour's service.

Johnson Community Hospital in Spalding and John Coupland Hospital in Gainsborough both minor injury units.

There was also a minor illness and injury unit at Peterborough and a walk-in centre at Lincoln.

Our inspection team

Our inspection team was led by:

Chair: Stuart Poynor, Chief Executive, Staffordshire and Stoke on Trent Partnership NHS Trust

Head of Inspection: Adam Brown, Care Quality Commission

The team included CQC inspectors, and a variety of specialists; school nurse, health visitor, GP, nurses, therapists, senior managers, and 'experts by experience'. Experts by experience have personal experience of using or caring for someone who uses the type of service we were inspecting.

Why we carried out this inspection

Lincolnshire Community Health Services NHS Trust was inspected as part of the second pilot phase of the new inspection process we are introducing for community

health services. 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 patients' experiences 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?

The inspection team always looks at the following core service areas at each inspection:

1. Community services for children and families – this includes universal services such as health visiting and school nursing, and more specialist community children's services.
2. Community services for adults with long-term conditions – this includes district nursing services, specialist community long-term conditions services and community rehabilitation services.
3. Services for adults requiring community inpatient services
4. Community services for people receiving end-of-life care.

Before visiting, we reviewed a range of information we hold about Lincolnshire Community Health Services NHS

Summary of findings

Trust and asked other organisations to share what they knew about the provider. We carried out an announced visit between 9 and 11 September 2014. During our visit we held focus groups with a range of staff (district nurses, health visitors and allied health professionals). We observed how people were being cared for and talked

with carers and/or family members and reviewed personal care or treatment records of patients. We visited 23 locations which included 4 community inpatient facilities and one walk-in centre. We carried out an unannounced visit on 10 September to one of the inpatient units.

What people who use the provider say

We spoke with a range of patients and relatives at all the urgent care centres and walk-in centres that we visited. Overwhelmingly the people we spoke with were positive about their care and treatment.

Good practice

Our inspection team highlighted the following areas of good practice:

- Over 98% of patients were discharged, admitted or transferred within four hours of arrival at minor injury units and Minor Injury services provided by the trust for the last year.

Areas for improvement

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

- Review the environment at the Lincoln minor injury unit regarding access and the condition of furniture.

- Ensure first contact protocols are implemented at all urgent care centres and minor injury units.

Lincolnshire Community Health Services NHS Trust

Urgent care services

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

Incidents, reporting and learning

An electronic incident reporting system was in place and staff were aware of how to use this. Incidents were reviewed and investigated. There was evidence of local learning and changes had been implemented as a result of incidents that had occurred. Staff received feedback on incidents they had reported. However, staff were not aware of incidents that had happened across the trust and lessons that may be learned.

Cleanliness, infection control and hygiene

Monthly cleanliness audits were undertaken which showed a high level of compliance in most areas. Hand hygiene observational audits were also completed. These showed a high level of compliance in both the minor injury units and the urgent care centres. We also saw that cleaning schedules were in place.

Staff had access and used the hand washing facilities and hand gel prior to patient contact. Most staff were compliant with the 'bare below' the elbow' policy. Staff were seen to use personal protective equipment such as gloves and aprons appropriately.

Maintenance of environment and equipment

Most of the minor injury units and urgent care centres were spacious and visibly well-maintained. Staff said there was sufficient equipment available and we saw equipment was clean and regularly checked.

The majority of minor injury units and urgency care centres were accessible for wheelchair users and had systems in place for people with hearing impairment and visual impairment.

At the Lincoln minor injury unit, the environment created limitations regarding patient care. There was unsuitable disabled access for patients. This included steps into treatment rooms. The accommodation was not owned by the trust and staff said there was uncertainty about the future. Although clinical areas were visibly clean, grills on the windows meant they were not able to be cleaned. However, the furniture in the waiting room and the clinical rooms was heavily worn; chairs were ripped and frayed. Staff had reported these two years ago and it had not yet been replaced or repaired.

Are Urgent care services safe?

Medicines management

Staff were supported to become nurse prescribers, and were employed on every shift in some units for example Lincoln minor injury unit. Medicines were available on site and appropriately stored, for example, for eye conditions. Patient group directives were in place; a sample were reviewed and these were appropriately approved by the trust. There were systems in place to supply some medication at weekends where there was no pharmacy available.

Within the urgent care centres, medicines were ordered from the local pharmacy. We saw that drug fridges was clean and the temperatures checked daily. There was no out of date medication. Controlled drugs were stored appropriately and an audit identified 93% compliance. We noted one omission of a time in the controlled drug book which we raised with the manager at the time of the inspection.

Emergency medicines were stored at the services and were only used out of hours and were dispensed from the stock cupboard by two practitioners. The administration of medicine was recorded in the patient's notes and included the expiry date and batch number of any stock medicine used. There was a weekly audit of stock including stock rotation and checking of expiry dates.

Safeguarding

Within the minor injury units and urgent care centres, systems were in place to identify patients, including children, at the point of consultation who may have safeguarding concerns already raised. Systems were also in place to send notifications back to professionals such as GP, child protection nurse/ Service, school nurses and health visitors.

All qualified staff were trained to an appropriate level for their role, for example in the minor injuries unit this was level 3 for adults and children.

Records systems and management

Within the minor injury units a standalone system was used for patient's records, but if the patient's GP was on SystemOne then this was used to communicate to them; where that was not the case hard copies were sent. X-rays were sent electronically for reporting and returned within an hour. The staff stated this was an effective system.

The urgent care centres utilised SystemOne and felt it supported them in their provision of care and aided communication across providers.

Assessing and responding to patient risk

Within the minor injury units and urgent care centres, first contact protocols were in use in most areas so patients at risk of deteriorating were identified to nursing staff immediately. This was not fully implemented at Skegness Hospital.

Within the minor injury units, the receptionist followed a first contact protocol so patients at risk of deteriorating were identified to nursing staff immediately.

Within the urgent care centres, formal triage was in the process of being implemented. Currently, receptionists alerted the nursing staff if a patient or child arrived who appeared unwell. There was no first contact protocol in place.

Within Lincoln minor injury unit, a first contact protocol was in place and a care support worker who had received training was involved in triaging patients. We saw examples of where there was escalation of patients in response to risk including referral to another service.

Staffing levels and caseload

Most minor injury units and urgent care centres were appropriately staffed by advanced nurse practitioners, in some cases an accident and emergency associated specialist and other support staff. The minor injury unit at Johnson community hospital was short of staff and in the process of recruitment. Staff had worked to ensure continuity of the service and there was no evidence of an impact on patients.

At Johnson Community Hospital there were 2.6 whole time equivalent (wte) nursing vacancies out of a total of 5.4 wte. Support staff and receptionists were in addition to these numbers. Staff were being recruited to fill the vacancies. Staff were currently working extra shifts and agency staff were employed to ensure continuity of the service.

Deprivation of Liberty safeguards

Staff demonstrated an awareness of deprivation of liberty safeguards and actions to take to safeguard people's liberties.

Are Urgent care services safe?

Managing anticipated risks

The urgent care centres displayed business continuity plans and action to take in the case of major incidents.

Staff were aware of business contingency plans; this included plans if there was a failure of the electronic recording system.

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.

Evidence based care and treatment

Within the minor injury units and urgent care centres there were pathways for patients with chest pain and protocols for managing anaphylaxis.

At Lincoln minor injury unit disease specific care pathways were in place, although some staff reported they based care on their experience and training. The clinical lead distributed relevant NICE guidance to the team. Clinical knowledge summaries were accessed and used as a resource.

Clinical audit was undertaken but was instigated by individual practitioners, rather than a systematic approach. Audits had been undertaken, for example dental pain audit and echocardiogram (ECG) audit.

There was no external benchmarking undertaken, although the service monitored the number of patients and outcomes in terms of whether they were discharged home or sent to emergency departments.

Pain relief

All units used pain assessment scales to assess patient's levels of pain. Pain relief was administered to meet the patient's needs.

Nutrition and hydration

Within the urgent care centre, there was no food available but they could access cheese and crackers, if required. Staff reported that patients were moved to the ward area for food.

Approach to monitoring quality and people's outcome

In the minor injury units, the discharge pathway for 0-19 year olds was audited and the results displayed. The outcome demonstrated a good level of compliance.

Competent staff

Staff we spoke with reported there was good support and opportunities for development. For example, staff had access to university based modules. Staff had received additional training to extend their skills such as the nurse practitioners. Competency records had been developed to assess staff competency and ensure training met identified need. Staff could access supervision.

Multi-disciplinary working and coordination of care pathways

In the urgent care centres and minor injury unit's staff spoke of links with radiology departments and said they could refer to a central point of contact (SPOC) to access therapy staff. They also reported good external links with accident and emergency departments and other departments such as ophthalmology at other hospitals.

There were referral pathways in place and effective multidisciplinary working practices.

Are Urgent care services caring?

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

Compassionate care

We spoke with 20 patients and a number of relatives across the various units. On the whole all were positive about the care they had received. The patient satisfaction survey on the urgent care centre at Skegness highlighted concerns about staff not introducing themselves some patients said that they would not recommend the service to friends and family. We observed care being provided in a compassionate way.

Dignity and respect

Patients spoke positively about the care they received. Patients were asked for their consent prior to care delivery.

Patient understanding and involvement

Patients were provided with relevant information about their care. Staff explained options regarding the availability of other services the patients could access to meet their needs, such as smoking cessation.

Emotional support

Over all patients were provided with appropriate emotional support. We spoke with one relative at Skegness urgent care centre who was worried and unclear about what was happening with their relative. This was addressed immediately by managers.

Promotion of self-care

Staff explained options regarding the availability of other services the patients could access to meet their needs, such as smoking cessation. Patient information leaflets were readily available.

Are Urgent care services responsive to people's needs?

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

Service planning and delivery to meet the needs of different people

The minor injuries units were open 8am – 6pm, seven days a week. The service was planned to meet the needs of the local population. The senior staff reviewed activity, had developed a proposal to further develop clinical triage and developed the service to meet the needs of the population.

Within the urgent care centres we saw how staff had changed the department to meet patient's needs, such as integrating with the out of hour's service.

Access to the right care at the right time

Within the minor injuries units and urgent care centres a quality schedule review by the local commissioning group for January to April 2013/2014 showed no patients had been waiting over 12 hours and that the handover from ambulance service to trust staff was less than the 15 minute target. During each quarter of 2013/2014, over 98% of patients were discharged, admitted or transferred within four hours of arrival at Walk in centres and Minor Injury services provided by Lincolnshire Community Health Services NHS trust.

Within the minor injuries unit, a fracture clinic was held twice weekly. Systems were in place which enabled access and reporting of x-rays.

Within the urgent care centre there were protocols for admission and monthly meetings with the ambulance to ensure patients were accessing the right care. We looked at the trust's performance report and found that over the last year the trust had consistently met the 4 hour waiting target. Patients who were seen at the urgent care centre at the hospital were transferred to the acute hospital if the criteria were not met and appropriate care could not be provided at the hospital.

Within the minor injuries units, protocols were in place regarding suitability of patients; the ambulance staff phoned ahead and discussed to confirm the patients would be able to access the appropriate care according to their condition.

Discharge, referral and transition arrangements

Discharge and referral pathways were in place across the minor injury units and urgent care centres.

Complaints handling (for this service) and learning from feedback

Patients we spoke with were aware of the complaints process. There had been no recent complaints received by the minor injuries unit.

Within the urgent care centre, we saw examples of learning from complaints and that actions had been discussed with staff and these were recorded in the staff meeting notes.

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.

Vision and strategy for this service

Staff we spoke with were mostly aware of the trust's vision and values. However at Lincoln minor injury units, staff were unclear about the future strategy for the service. They were aware that the contract for the service expired in 12 months' time and this was leading to uncertainty. Staff had clear ideas and a vision about how to make improvements to the service, including role development in X-ray interpretation.

Guidance, risk management and quality measurement

Most areas had local clinical governance meetings and were represented on the monthly quality and risk scrutiny business unit meetings. There was dedicated support at a business unit level for clinical governance. Information regarding the monitoring of safety issues and audits were submitted corporately. Local risk registers were not maintained. Risks were placed on the trust-wide risk register. Staff felt that senior managers were aware of significant risk issues.

Leadership of this service

There was a clinical lead for the minor injury units and urgent care centres. Staff reported good, supportive leadership. Staff reported good visibility from managers and executive and non executive staff and a good flow of information from the trust board.

Culture within this service

Staff we spoke with were positive about the service, the team and the organisation within which they worked. They felt patient safety and quality were seen as priorities. Staff felt supported by managers and reported effective team working.

Public and staff engagement

Staff sought patient feedback and had recently introduced the 'I want great care' as part of a trust wide initiative to gain patient feedback about the service. Staff felt part of the organisation and engaged within the business unit.

Innovation, improvement and sustainability

Within the Lincoln minor injury unit's staff had developed their roles to meet patient need and had identified areas for further development, such as increasing paediatric skills within the department. Staff felt there was uncertainty about the future of the service.