

Enter & View Visit Report

Rapid Response Service, NELFT - 17th July 2019



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“Staff come from different backgrounds, different experiences, respect for each other’s knowledge and experiences.”

Nurse Practitioner, Rapid Response Service

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Visit Details	
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<i>Service Leads</i>	Pat Smith - Head of Unplanned care, Rehabilitation and Therapy Lead Ingrid Lampey - Clinical Operation Lead Unplanned Care
<i>Date and Time</i>	17 th July 2019 11:45am-3pm
<i>Status of visit</i>	Announced
<i>Authorised Reps</i>	Joyce Osei - Lead Authorised Representative (LAR) - Healthwatch Waltham Forest (HWWF) Frances Martineau - LAR - HWWF
<i>Declarations of interest</i>	None

Acknowledgements

Healthwatch Waltham Forest would like to thank the service provider, patients/service users and staff for their contribution and hospitality in enabling this Enter and View visit to take place. We would also like to thank our Authorised Enter & View representatives (E&V rep) who assisted us in conducting this visit and putting together this report. We welcome all contributions to this Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date stated in the report. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services are performing well. We can learn from and share examples of what providers do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the CQC where they are protected by legislation if they raise a concern.

As part of the wider NHS five-year plan to modernise and improve Urgent and Emergency Care Services, Healthwatch Waltham Forest (HWWF) has been commissioned to deliver an Urgent Care Patient Engagement project by reviewing the patient experience of those who use Urgent & Emergency Care Services in Waltham Forest. This report focuses on the Rapid Response Service.

Purpose of Visit

Healthwatch Waltham Forest (HWWF) was commissioned to deliver an Urgent Care Patient Engagement project by reviewing the patient experience of those who use Urgent & Emergency Care Services in Waltham Forest.

The findings from this Enter & View visit aims to help shape and inform the review of Urgent & Emergency Care Services in phase 1 of the Urgent & Emergency Care Integrated Care Services (ICS). It is also an integral part of the wider work of the Waltham Forest Urgent Care Working Group (UCWG), a multi-agency forum bringing together system partners from the wider Waltham Forest/Redbridge/Whipps Cross Hospital health and social care economy. The Urgent Care Working Group is led by Waltham Forest Clinical Commissioning Group (CCG) and reports to the A&E delivery board (AEDB) and the WF CCG Governing Body.

Healthwatch Waltham Forest sought to capture patient experience of people using Urgent Care Services to identify key themes, trends and areas for improvement, as well as identify examples of best practice. The information gathered from patients

is used to help improve patient pathways and support the development of an improved patient and service user experience.

All recommendations and examples of best practice in this report are based on our observations over the visits and evidence from service users and staff engagement. This report will recommend actions for the provider to implement positive change.

Background

The Rapid Response service is a nurse-led service which aims to prevent patient admission to hospital, by delivering unplanned care within the patient's home. The service also enables a rapid transition process hospital to a patient's home. The service acts as the interface between Barts - Whipps Cross Forest assessment unit (FAU), Ambulatory service, and the admission avoidance team. The Rapid Response Team are located in offices on the 2nd floor of the Woodbury Unit and is close to Whipps Cross's Urgent Care Center. The ground floor of the building is home to a inpatient unit for older people with psychiatric care needs.

The service is open 24 hours a day, 7 days a week and 365 days a year. The service is comprised of the Rapid Response Team (RRT) who provides an alternative to hospital admission when acute episodes of care can be assessed, managed and treated within the community (e.g. their own home), when clinically appropriate. The Rapid Response nurses have prescribing powers.

Examples of assessments undertaken by the RRT include, but are not limited to, catheter management; chest infections, UTI, managing shortness of breath, heart failure and wound management. It is important to note that the RRT is not intended to provide an alternative to requiring a routine GP or other healthcare professional appointment.

The RRT aims to triage patients 20 minutes from the receipt of referral. Upon accepting the referral, the team will manage the acute episode. The expected response time for assessment and delivery of appropriate intervention is less than 2 hours for very urgent referrals, and 2-12 hours for less urgent referrals.

Referrals can be made by the patient's GP, Social Services, Community Matrons, NHS Trusts or other health care professionals. Self-referrals from patients, carers and relatives who are known to NELFT community services are also accepted. Referrals are received via the telephone through the 'Single Point of Access' number and the centralised referral form. Patients are supported by the service for up to 3 days and then discharged to ongoing care management pathway e.g. their GPs, specialist healthcare service etc.

The Rapid Response service also provide out of hours palliative care and an enhanced support service for residential care homes.

Methodology

Healthwatch Waltham Forest undertook research prior to the visit by using our Trends Analysis Report, which included data gathered by our Patient Experience Panel. Information was provided by the service provider North East London Trust (NELFT).

The visit was announced. Confirmation and additional information was provided for proposed visit dates.

The Rapid Response Service is delivered to patients in their home, arrangements were made for patients to participate in a telephone survey at their home. Patients were informed prior to the telephone surveys by the Rapid Response Team and only those that agreed to take part in the engagement process were contacted.

Our questions were themed around the following aspects of care provision:

- Patients experience of hospital/other treatment and care
- Accessibility
- Responsiveness
- Communication
- Complaints

The Engagement Process

We spoke with patients and staff about their experiences and suggestions for service improvements by means of questionnaires, and telephone surveys.

Engagement activities took place across one day. This entailed a visit to the Rapid Response Head Office, where staff and Management interviews were carried out. Patient telephone surveys were also carried out on the same date.

Please note that this report relates to findings observed on the specific date stated above. Our report is not a representative portrayal of the experiences of all.

Survey Design

A total of three surveys were designed and included quantitative (mostly multiple-choice options), qualitative (open comment) and demographic questions. Patients were asked to give feedback on the service, also make suggestions for service improvements.

A total of three surveys were designed and used.

- A patient survey comprising of approximately 25 questions
- A staff survey comprising of approximately 23 questions
- A management survey, completed by an arranged interview - comprising of approximately 27 questionnaires.

Summary of Findings

Our Enter and View visit to the Rapid Response service - Head Office, took place on the 17th July 2019. We spoke with staff about their experience working within this service, including their training, knowledge of safeguarding procedures, complaints and positive and challenging aspects of their role.

We also conducted telephone surveys with patients who had recently been seen by the RRT. We spoke to them about their experience of the service, particularly waiting times; information about service; administration and organisation; their experience of the service and their experience using 111/GP. All the patients we spoke to had glowing references about the Rapid Response service and were very happy with the care and treatment they received.

Key Findings

- Patients had a very positive experience with the Rapid Response Service.
- From speaking with patients, plus the numerous thank you cards at the service's head office, it was clear that patients received an exemplary level of care from the Rapid Response Team.
- All patients of whom we spoke with told us they were satisfied with the service they received, the way in which the team delivered the service and their understanding of how the Rapid Response service worked.
- The service offered a high quality and comprehensive service in treating people with conditions in need of immediate care at home. The service provided was shown to be a key factor in helping to reduce hospital admissions.
- The service delivered a caring and compassionate service to patients and used a person centred approach.
- At the time of our visit, the service had received very few complaints. The team generally aimed to resolve any issues patients had before they became formal complaints.

Key Findings (continued)

- The RRT staff team were conversant of the complaints procedure for patients and worked closely with the Patient's Advice and Liaison Service (PALS) in order to meet patient's needs.
- The service had a comprehensive staff training system in place. All staff had completed mandatory and non-mandatory training, including Safeguarding, Mental Capacity, moving and handling, infection control, harassment and bullying, information governance, basic life support, RRT policies and procedures, Health & safety, Fire training and risk assessment.
- Staff received a comprehensive training package in which they felt was relevant to their job. The team also had access to further training opportunities and a supportive career progression pathway which enabled them to support patients in the best way.
- Staff felt they were a part of a strong team supported by the management and leadership team.

Environment

On our visit at the Rapid Response Team's head office, we found the Unit was spacious, clean and well organised. We observed several large notice boards safely secured on the walls, including patient feedback scores, CQC information, a large amount of thank you cards and letters from patients, staffing structure information, equality and inclusion, safeguarding information and staff team/organisation charts and challenge events.

Patient Experience of Hospital Experience & Care

The service was responsive. Patients were able to access good quality care and treatment easily and quickly. The majority of patient feedback showed indicated that they were happy with the service.

The patients and their relatives that we spoke with, all felt that they were treated with care and compassion by the Rapid Response Team. Responses highlighted the friendly nature of staff, the great care and the aftercare provided by the team.

Patient Experience of Hospital Experience & Care (continued)

The patients who we surveyed were asked to rate several categories using the rating: 'Very Good' (Positive), 'Good' (Positive), 'Average' (Neutral), 'Poor' (Negative) or 'Very Poor' (Negative). The categories were:

- Their experience using 111/GP
- Information about how the service worked
- Administration and organisation
- Their experience of the service received
- Waiting Time

The results are as follows:

Patient experience	Positive (%)	Neutral (%)	Negative (%)
Their experience using 111/GP	83	17	0
Information about how the RRT service worked	100	0	0
Administration and organisation	100	0	0
Their experience of the service received	100	0	0
Waiting Times	88	12	0

Complaints and Feedback

The service had in place a structured and effective complaints management system and patient satisfaction monitoring in place.

At the time of our visit, we were informed that the service had not received many complaints. When complaints did arise, the service will contact the complainant to discuss the complaint and try to resolve the matter.

It was noted that the service had in place a clear and thorough patient complaint leaflet provide to patients should they need to make a complaint.

Complaints and Feedback (continued)

A formal complaint is logged onto the DATIX software system and recorded with the central complaints team. The complainant will receive an acknowledgement letter from NELFT as the provider, and an investigating officer is appointed to the case. Terms of reference are then agreed within a 28-day timescale. The investigating officer will compile a report, which will be signed off by the Director of Services, and sent to the complainant. Outcomes are shared at divisional business meetings. Any shared learning is outlined and action plans put into place if needed. This is also shared with the RRT at team meetings. Actions are also monitored.

Accessibility

The RRT Head Office is fully accessible. As patients are treated within their home, depending on their needs, they may already have in place adaptations and aids in place to support their health and wellbeing needs. If the patient's needs change, or any relevant needs are identified by the RRT, the service then puts in place a plan of communication by working with the patient and relevant services so the patient can receive the needed support.

Communication

During our visit to the RRT Head Office, we observed good communication between the staff team. From our observation of the thank you cards and letters on the service's notice board, it was apparent that a good number of patients felt that they had received a caring, compassionate and person-centered service delivered the Rapid Response Team.

Every person we surveyed over the phone felt that they were well-informed and kept involved with their care and treatment by staff. Patients felt supported by the RRT regarding their treatment and care.

Responsiveness of Staff

The service had in place a clear and structured system for reporting incidents and risks. The RRT use the DATIX software system, in which staff are able to make reports and safeguarding alerts. The team also has access to the NELFT safeguarding team who can offer advice, support and guidance to staff if they have any concerns. Staff told us they also raise a safeguarding alert for other issues, such as pressure ulcers if applicable. We were informed that safeguarding alerts are automatically raised with the Local authority. Staff told us of a few challenges in communicating these alerts; for example, the local authority not always being consistent in acknowledging alerts, managing timescales in getting alerts allocated, or providing necessary feedback to the RRT relating to alerts previously raised.

The service works as well as possible to meet the needs of patient's cultural, religious needs, and provide appropriate support for patients living with dementia, however, when we asked staff how they think the service could be improved, they told us they felt that the service could be improved if GP's were able to take more responsibility for their patients. For example, GP's are not always keen to take back their patients following an RRT assessment in order to put an appropriate care package in place to further support the patient. We were also told about cultural and capacity issues and gaps with wider services where GP's are not holistic in their perspective in relation to patient care. Staff told us that they ensure that the team always keep GP's up to date with their patients discharge process.

At the time of our visit, all staff had completed their mandatory training. This included training on Safeguarding level 1 & 2 for clinicians and non-clinician's, safeguarding level 1&2 had also been undertaken. All staff has received mental capacity act and DOLs training.

Staff told us they had access the language line, however, this was not without its challenges given the RRT time targets for carrying out an assessment. This resulted in some difficulty using the language line. The team managed as well as they were able to in order to provide an interpreting service. They told us they did not usually ask a family relative to interpret due to the risk of information becoming lost in translation. The exception would be if a situation presented itself out of hours or late at night.

Additional Findings

Staffing

The service had in place a strong and effective leadership team. There were clear structured systems in place, including Risk Management, complaints, incident reporting and safeguarding procedures. Staff felt supported by their management team and there were systems to support staff well-being, learning and improvement.

The RRT has a 'significant 7' training package they deliver to Residential and Nursing home staff. This enables staff to keep their residents safe and well in a care home setting. Staff from RRT go to care homes on a regular basis. The RRT undertake ward rounds with the dedicated nurse and the allocated GP. This helps to pre-empt any issues that may be emerging for patients. Residential care homes can always contact RRT directly.

The significant 7 training package was a joint project with UCL partners and NELFT. It is now being promoted across other areas. Feedback from the CCG is that RRT has helped to keep patients safe and well in the community. This is especially important in residential care homes as those living in them are more vulnerable and often have complex needs.

The service had good systems in place to support RRT staff. This included a 'Wellbeing Wednesday' emails that is sent to all staff to encourage them to make sure they take a break for lunch, take regular exercise or join an exercise class, perhaps even share a team lunch.

We were informed that staff are encouraged to complete the NELFT staff survey. Managers take on board the outcomes of the survey and will implement changes where it can. Staff told us they are satisfied with their role and team working. The remit of the team's patient care delivery has however increased, with limited investment or resources to go with the expansion.

We were told that the Health and Wellbeing team at NELFT offers Mindfulness chair-based yoga sessions and a dietician to offer advice on food nutrition. It was noted that the 'Wellbeing Wednesday' has really taken off. Staff in the RRT now take walks in the local forest area, and they have set up a shared lunch system. RRT management noted how important health and wellbeing is for a busy team like the RRT.

At the time of our visit, the RRT received on average 850 referrals per month, most referrals were appropriate for the RRT. Referrals are triaged within a 20-minute timescale, enabling decisions to be made quickly based on information received from patients on the telephone.

Staffing (continued)

We were told that since April 2019, the service. This includes a next day patient follow up system where patients are revisited at home if required. provides a more holistic approach to assessments since it took over providing the out of hours home visiting service that previously used to be carried out by GP's

Overall patients are now enabled to stay in their own homes and they can see their own GPs rather than go to A&E.

All members of staff we spoke with at the time of our visit, were aware of the safeguarding pathway and were confident in how to identify risk and raise an alert should they need to.

Additional Information

The RRT receive a large number of referrals from GPs, some of which are inappropriate. There is also a tendency for some GP practices to make referrals around GP opening and closing hours.

The RRT approach to admission avoidance is working really well as the team is managing to keep patients at home resulting in less patients going to hospital. RRT have a good relationship with GPs, London Ambulance Service, AAU (1 and 2) and the Forest Assessment Unit at Whipps Cross Hospital. A member of the RRT visits A&E regularly to support patients to go home with assistance rather than being admitted.

When staff were asked if they experienced any challenges or difficulties within their role or service, and what they thought could help to improve this, they told us; social services provision in the community needed to be improved for patients. Also, IT systems needed to be reviewed and upgraded in order to improve system efficiency.

The service told us about additional challenges faced in delivering the service; the RRT receive on average 850 referrals per month, the majority of these are appropriate and are triaged within a 20-minute timescale - as a result, decisions are made quickly based on information received on the telephone.

Additionally, the service is busier in the late evening as more calls are made for palliative care.

Examples of Good Practice

- The service had in place a clear and structured system for supporting patients. The RRT team provided a follow up with patients they had treated the next day to ensure the best level of care was delivered.
- The service had in place a structured and effective training and support system for staff.
- The service had in place good systems in place to support staff. ‘Wellbeing Wednesday’ is a very positive innovation that demonstrates an acknowledgment of the pressure the team are working under, the support system the service has incorporated and encouragement for staff to manage their wellness. Staff were also positively encouraged to go on training to enhance their clinical practice, skills and knowledge.
- The provider had in place, an impressive and effective on-line system called STEPS. This system sets objectives for staff, highlights strengths and areas for improvement (this is outside of the regular supervision process) and enables staff to have a more individual and meaningful structured approach to work performance, effectively using a person-centred approach. In addition, staff have a personal development plan, with the focus of achieving improved levels of professional practice. In addition, staff are required to undertake a self-review in order to ensure that they meet the NELFT Trust’s 5 ‘P’s standard.
- It was noted that the service worked collaboratively to the best of their ability, with other services to provide a high quality, caring and responsive service to patients

Overall Summary

Our findings show that the Rapid Response service offered an exemplary level of care to the people who used it. This was reflected in our interviews with patients, staff, and our observations of service delivery and structures and systems in place.

Thank you cards and letters of gratitude from patients told us that the service was delivered using a person-centred approach. We noted that patients were very much involved in decisions made about their care, which was delivered in a caring and compassionate manner.

Staff told us about a strong and supportive leadership team which enabled them to carry out their role of caring for patients with care, confidence and feeling empowered. Their extensive training package was relevant and enabled the team to do their jobs well.

Recommendations

Our report and recommendations are based upon our observations; information gathered from patients and staff through interviews and questionnaires on the day of our visit and surveys conducted by telephone.

Recommendation 1

We would like to share with others the good practice that you have shown in the delivery of care for the people that you provide a service to. We will be reporting back to the commissioners and relevant health and social care forums regarding the outcome of our visit to your service.

Recommendation 2

We suggest that the RRT service work together with WF Clinical Commissioning Group (CCG) and GP practices, in order to

- a) review current systems in place in order to improve how best to deliver a collaborative service in delivering effective patient care.
- b) raise awareness amongst the GP community to ensure that only appropriate referrals are made to the RRT.

Service Provider Response

NELFT welcome the positive findings in this report and will continue to work with Health Watch and other stakeholders to continue to deliver high quality and patient centred care to our residents in Waltham Forest.

Distribution and Comment

This report is available to the general public, and is shared with our statutory and community partners. If you have any comments on this report or wish to share your views and experiences, please contact us.

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“The patients and their relatives that we spoke with, all felt that they were treated with care and compassion by the Rapid Response Team.

Responses highlighted the friendly nature of staff, the great care and the aftercare provided by the team.’

Authorised representative