



Rochdale Infirmary
Urgent Treatment Centre
Enter and View Report

March 2023

Introduction

About Healthwatch Rochdale

Healthwatch Rochdale is the local independent health and social care champion for the Rochdale borough. We are here to listen to local people's experiences of using health and social care services and we use those experiences to help improve services locally and nationally.

About Enter and View

Healthwatch Rochdale is part of the Healthwatch network which was established by the Health and Social Care Act 2012, with the right to 'Enter and View' places that deliver health and care. The right to 'Enter and View' is a statutory power for Healthwatch.

The objective of an 'Enter and View' visit is to understand the experiences of patients, collect their views and make observations of the site.

As part of an Enter & View visit Healthwatch Rochdale:

- Collect the views and lived experiences of people at the point of service delivery (users, carers and relatives).
- Observe the nature and quality of services being delivered.
- Write up a report which may include recommendations or praise for good practice.
- Share findings & reports with providers, regulators, local authority, NHS commissioners and quality assurers, the public, Healthwatch England and other relevant partners.
- Use insights and recommendations to shape health & care decisions that are being made locally.

Our Enter and View policy is available to view at

<https://healthwatchrochdale.org.uk/news/2023-01-18/our-policies>

You may also wish to look at The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 available to view at

http://www.legislation.gov.uk/uksi/2013/351/pdfs/uksi_20130351_en.pdf

Acknowledgements

Healthwatch Rochdale would like to thank Rochdale Infirmary management and staff members, patients and all those who took the time to speak to us on the day.

Disclaimer

Please note that this report relates only to the service observed at the time of the visit. This report is not a representative portrayal of the experience of all patients and is only an account of the views of those who met with the Enter and View team at the time of the visit. Enter and View visits are not inspections but are an opportunity for patients to share their views on the care they are receiving. It is not the role of Healthwatch Rochdale to see evidence of policies, procedures, care plans or any other written evidence.

Enter and View Visit Information

Service address	Whitehall Street, Rochdale, Lancashire, OL12 0NB
Service Provider	Northern Care Alliance NHS Foundation Trust
Type of service	NHS Hospital
Date and time of Enter and View visit	Thursday 2 nd March 10.00am – 12.30pm
Authorised Enter and View Representatives	Claire Birch, Margaret Parker and Melanie Tunney.

Care Quality Commission rating

The Care Quality Commission (CQC) monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety. The CQC publish their findings, including performance ratings to help people choose care. To read the inspection report please visit <https://www.cqc.org.uk/location/RM316>

Visit Background & Purpose

The Enter and View Visit was the second carried out by Healthwatch Rochdale since the Covid 19 pandemic. The visit was a planned visit with the provider being notified in advance and given a two-week timeframe of when the visit would take place. In addition, a pre visit meeting was offered between the Enter and View lead representative and Rochdale Infirmary management staff.

Methodology

Representatives observed the department through the eyes of a patient and spoke with patient and staff members.

Enter and View representatives on this visit were:

- Claire Birch
- Margaret Parker
- Melanie Tunney

On arrival we spoke to the team leader who gave us a tour of The Urgent Treatment Centre including both adult & children waiting rooms, sensory rooms, isolation rooms, nurse practitioner treatment rooms, staff rooms and treatment areas. On the visit we spoke with:

- 11 patients
- 5 staff members (4 formally and 1 informally)
- observed all areas.

Following the visit, we met with the team leader and thanked them for supporting the visit and advised we would be sending a report with

recommendations which require a response within twenty working days in line with the following legislation.

<http://www.legislation.gov.uk/ukxi/2012/3094/regulation/44/made>

Summary of visit

What is working well?

- The department was clean and tidy with hand sanitisation available.
- Separate pathways in place for patients referred by NHS 111 or for eye issues.
- Separate waiting room and triage for children.
- Mental health room and 2 sensory rooms for children.
- Clear information on waiting times and how to make a complaint.
- Staff wore name badges and appeared friendly and approachable.
- Plenty of wheelchairs available.



What isn't working well?

- Patients attending The Urgent Treatment Centre incorrectly because it was more convenient, or they couldn't get a GP appointment.
- Information only available in English.
- No toys or activity equipment available in the children's waiting room.
- Not easy to locate wheelchairs on arrival.

Results of visit

Patients

Reasons for choosing this service.

We asked patients if they had attended another service before attending The Urgent Treatment Centre (UTC).

- 8 patients told us they didn't contact anyone before attending the UTC.
- 2 said they contacted their GP.
- 1 was attending the eye department.

1 patient that contacted their GP first had come to the UTC because they could not get a GP appointment.

"Tried to get a GP appointment first but they had no appointments. I contacted IHI next who referred me here".

Patients who didn't contact another service before attending the UTC were asked for their reasons for this. Patients could give more than one reason.

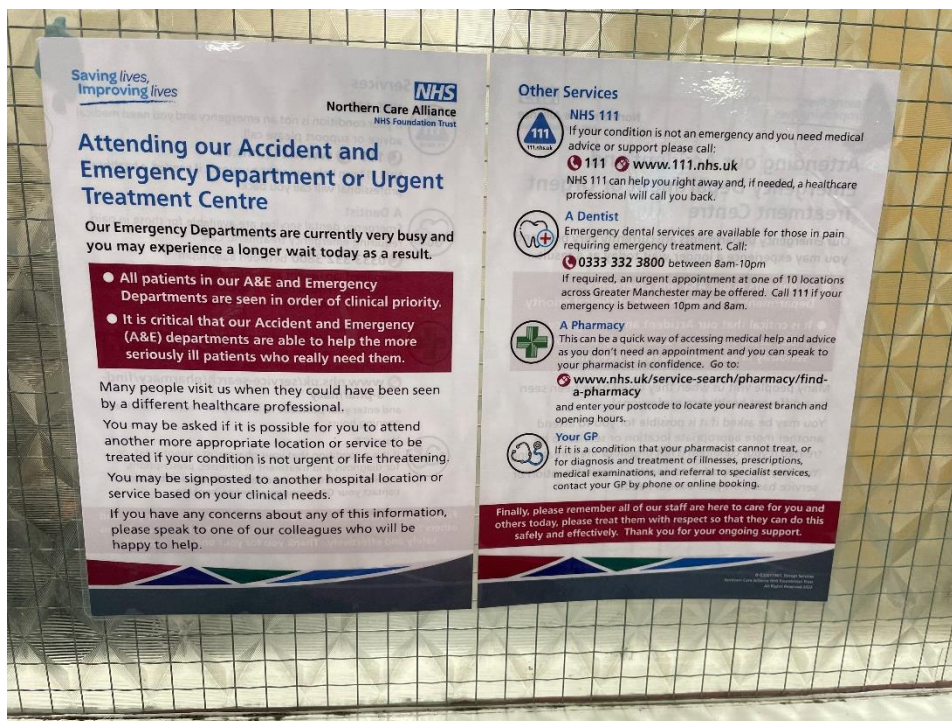
- 6 patients told us it was an emergency.
- 4 patients told us because they had been before.
- 2 patients told us because it was more convenient.
- 1 patient told us they looked up their symptoms online and thought they needed to come.

"Been coming here for two years".

"Rang GP yesterday for a prescription. It wasn't sent to the chemist. There is no access to GP appointments. They no longer see you, if they saw you, we wouldn't be here".

"I believe the issue was of a semi urgent matter".

"Been Oldham in the past but much prefer this centre and will aim to come here in the future if needed".



Waiting times

8 patients told us they had been informed of waiting times and 2 said they had not. Patients told us their main concerns whilst waiting were:

- Treatment – 5 patients
- Length of wait – 3 patients
- Parking – 1 patient
- Other – “being alone – only one parent and no support”.



“In an emergency trying to find parking and having to pay parking fees when urgently rushing in”.

“because of feeling ill and stressed don't want to be waiting long”.

“Paying for parking is complicated. Coffee machine out of use/ desperate for a coffee”.

Staff

We spoke to 4 staff members which included 1 staff nurse, 1 student nurse, 1 trainee advanced clinical practitioner and 1 receptionist.

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All staff members said they felt well supported in their role.

“I feel valued as part of the team and welcomed on the department.”

“As a newly qualified I feel like I have had all the support I needed”.

All staff felt that the department had enough experienced, permanent staff but things that would make their role easier included:

- Band 7 office
- Extra hours or more help on reception

“We have been booking in a lot of patients and when there is just one receptionist working it can be very stressful”.

All staff members told us they felt equipped to support patients with learning disabilities, dementia, mental health issues and non-English speakers.

“Yes, but referrals to services need to be made i.e., mental health and this can take a while as in Fairfield”.

“I speak to Team Leader if I have concerns or ask nursing staff to take them to a cubicle if it is a mental health patient”.

All staff members said they though the triaging system worked well.

“Very well although during busy periods could do with 2 triage which we have implemented recently”.

“Very well and all staff are experienced and are very aware of how the system works”.

“It works well but it can be a lot of work if just one nurse is on triage, and we have a lot of patients book in at once. Any urgent patients we flag up or tell the nurse in charge”.

3 staff members told us about changes that could be made to improve the service at the Urgent Treatment Centre and I said there were no changes needed.

“I feel like everything in place at the Urgent Treatment Centre works good”.

“Maybe extra staff and a bigger waiting room”.

“There’s a lot of wrong referrals made professionals leading patients to think it is an A & E. NHS III and GPs do this”.

“Increased capacity to see patients. More computers. Band 6/7 office space”.

3 staff members knew the process if a patient wanted to make a complaint.

“I would ask if they wanted to talk to the team leader/ nurse in charge. If not, I will give them a PALS leaflet”.

“PALS or the department manages. There is also a feedback leaflet given when booking in”.

“Informally at ward level and PALS”



In addition, we also spoke informally with a fifth staff member who told us that a lot of patients turn up at The Urgent Treatment Centre due to being unable to get an appointment with their GP. They told us that some patients still think the UTC is an Accident and Emergency department and some patients do not know the difference between care provided at an A&E and that provided at a UTC. For this reason, the UTC had a treatment area for patients who presented with more serious conditions that would normally be treated at a hospital with an A&E department.

When we were looking around the centre it was noted that additional curtained patient treatment areas had been created in the connecting area between the adult and family treatment rooms, due to the high number of patients presenting to the centre (and in an effort to reduce waiting times)

Observations

The department had a main waiting room and reception area, which was a small area with rows of fixed seating to make best use of the tight space available.



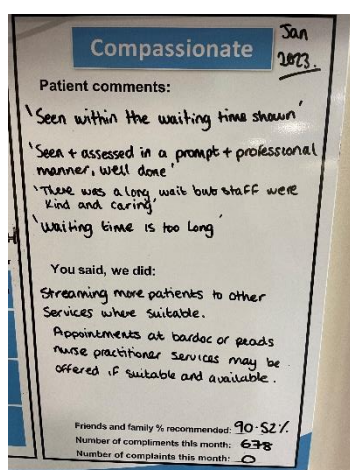
There was a separate waiting room and triage system for children. On the day of our visit, we observed both waiting rooms being used and both triage systems in place.

Waiting times were displayed in both waiting areas on a large digital board. The waiting times for both adults and children were 2 hours. There was a separate toilet in the children's area which was clean, however we observed no toys or anything to keep children occupied whilst waiting and the television was switched off.

Therefore, we recommend:

- **Fixed play equipment that can be sanitised and wiped down to be available in the children's waiting area.**

In addition, the department had a separate cubicle for mental health patients, an isolation room, separate nurse practitioner treatment rooms and two sensory rooms for children which could also be used for children to be kept cool with a high temperature. We were informed however that the sensory equipment in one of the rooms was not currently working. There was also a separate NHS 111 room where patients who had made appointments via the NHS 111 service could be seen without the waiting times. In addition, the department had an eye room for referrals for eye issues. On the day of the visit, we observed an off-duty staff member who had come in for some training offering to support the triage system for a couple of hours.

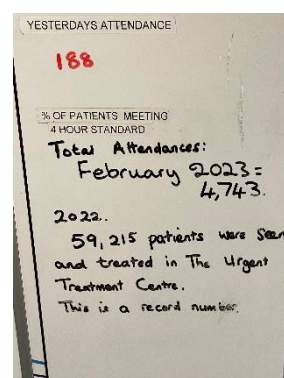


The department felt calm and quiet and floors, walls and skirting boards were all clean. We observed cleaners while on our visit and saw no evidence of dirty items or any clutter. Toilets were accessible in both waiting areas and close to treatment rooms in the treatment centre. Toilets were checked and were clean and fire signs were seen and evident.

Information boards included informative information including:

- You said we did.
- How many patients were seen monthly.
- The different uniform and the job role of those wearing each uniform.
- Hygiene and infection control.
- Advice about alcohol misuse.

There was information available on how patients could provide feedback and information advising that patients may receive a text following their visit asking for their views. All information and leaflets were only available in English.



Therefore, we recommend:

- **Information and/or signage to be available in other languages in accordance with the needs of Rochdale borough residents.**

We observed hand sanitisation available throughout and face masks were also available. The centre was accessible for disabled patients or those experiencing short-term mobility issues with a sloped entrance and all on one level with wide corridors and easy and direct access to Xray and main hospital facilities. Toilets were wheelchair friendly, and doors had disabled access. Plenty of wheelchairs were available and stored in the corridor behind the triage room. We initially struggled to locate them as wheelchairs are unable to be stored at the entrance due to it being a small space.

Therefore, we recommend:

- **A notice to be displayed in the entrance notifying the location of wheelchairs and how they can be accessed for those who may need one on arrival.**

All staff wore name badges and were observed speaking to patients in a calm, friendly manner. There wasn't much privacy to discuss issues at reception and we overheard one patient discussing their issue. However, there was a separate triage room where patients could discuss their health concerns in more detail and complete privacy. Reception staff were polite, pleasant, reassuring and ensured all patients received a copy of an alcohol intake monitoring form.

We observed 1 security guard presence who was specifically employed to watch over the patient and her escort who chose to lay down on the inner seating area with a blanket and was not agreeing/complying with treatment offered.

There was a vending machine for drinks and a water machine available as well as a paid for phone charging service.



Recommendations

The findings in this report are based on our observations on the date of the visit and the information that people told us. Following our visit, we recommend the following:

1. Information and/or signage to be available in other languages in accordance with the needs of Rochdale borough residents.
2. Fixed play equipment that can be sanitised and wiped down to be available in the children's waiting area.
3. A notice to be displayed in the entrance notifying location of wheelchairs and how they can be accessed for those who may need one on arrival.

Response from Provider

Below received from Steve Taylor, Rochdale Care Organisation Chief Executive Officer, with an action plan.

Thank you for the Enter and View report you sent following the Healthwatch visit to the Urgent Treatment Centre on Thursday 2nd March 2023. We are pleased that Healthwatch has been able to recommence the Enter and View visits to the clinical wards and departments on the Rochdale Infirmary site, following the Covid 19 Pandemic. This is a valuable source of independent patient feedback, and we hope to use the feedback positively to improve the experience of our service users.

We have attached the action plan outlining the actions and timescales relating to the recommendations set out in the report. I am pleased to say that the action plan generated by the Division, has been agreed by the Care Organisation Directors today, as part of the governance process for the report. Our plan is that the action plan is then monitored by the Patient Experience Committee in conjunction with the Integrated Care Division, who will include a quarterly progress report to the Rochdale Quality Group Meeting for assurance until the action plan is complete.

Please contact any of the team if you require further information or update and thank you again for your feedback.

Action Plan – Enter and View Urgent Treatment Centre

Action ref no	Recommendation	Action required	Lead Person (Job Title)	Target Date for Completion	Progress notes	Date of actual completion
1	Information and/or signage to be available in other languages in accordance with the needs of Rochdale borough residents	Signage to be reviewed across the site and proposal discussed at patient experience group	G Fogarty Lead Nurse	September 2023	Rochdale system estates manager Mark Bond will lead on a T&F group to ensure an NCA wide approach to this action.	
2	Fixed play equipment that can be sanitised and wiped down to be available in the children's waiting area	Fixed play equipment to be sourced and fixed in the children's waiting room. To discuss with IPC and Estates	G Fogarty Lead Nurse	June 2023	Equipment being sourced, email to IPC to ensure there are no IPC restrictions. IPC advice is that a cleaning regime has to be in place which the UTC are happy to action	
3	A notice to be displayed in the entrance notifying the location of wheelchairs and how they can be accessed for those who may need one on arrival	Signage indicating the location of wheelchairs to be created and displayed at the front door	G Fogarty Lead Nurse		Complete	2/04/2023

4	Alternatives in Primary Care for patients so they don't have to attend UTC.	Continue to work with system partners on Urgent & Emergency Care in primary care.	P Cunningham, Directorate Manager	June 2023	PCN hub appointments for urgent on the day GP available at Whitehall St and Phoenix Centre. Share report at UEC Programme Board.	
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Contact us



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