



Healthwatch Central West London

**Dignity Champions Enter and View Visit
St Mary's Hospital Urgent Care Centre**

August 2018

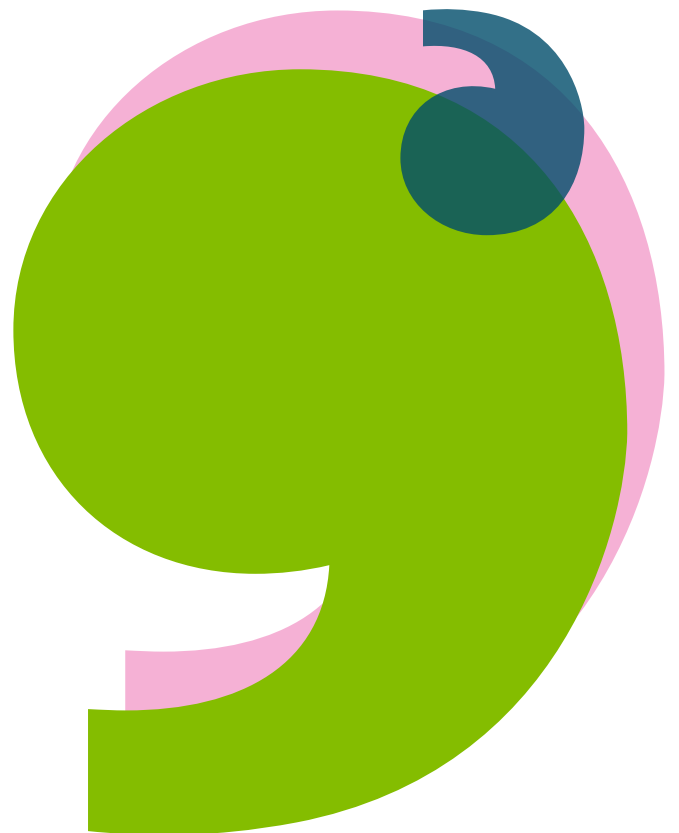


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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	St Mary's Urgent Care Centre, St Mary's Hospital, Praed Street, London W2 1NY
Service Provider	Vocare Limited
Date and Time	22 nd August 2018 11.00AM-2.30PM 12 th September 2018 9.00AM-11.00AM
Authorised Representatives	Zivile Adulcikaite, Godwyns Onwuchekwa, Anne Heath, Nanette Spain.
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1.2 Acknowledgements

Healthwatch Central West London would like to thank St Mary's Urgent Care Centre, patients, and staff members for their contribution to the Enter and View programme.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date and time set out above. The Enter and View report is not a representative portrayal of



the experiences of all service users and staff. It is only an account of what was observed and contributed through interviews at the restricted time of Healthwatch Central West London representatives' visit.

2 Executive Summary

Healthwatch Central West London (Healthwatch CWL) champions for better standards of care in health and social care services in the boroughs of Hammersmith and Fulham, the Royal Borough of Kensington and Chelsea and the City of Westminster. Its team of Dignity Champions are volunteers recruited from the local community who work to improve standards of dignity in health and social care services. This report presents the findings of the Dignity Champions' Enter and View visit of St Mary's Hospital Urgent Care Centre (SMUCC). The Hospital is in the inner London borough of the City of Westminster. Since April 2016, it is run by London Doctors Urgent Care (LDUC), which is part of the private urgent care service provider - Vocare Ltd.

Access to primary and urgent care is a recurrent theme in the data gathered by Healthwatch CWL. The Enter and View visit to SMUCC was conducted as part of our ongoing work on changes that are happening in primary and urgent care provision in the area covered by Healthwatch CWL work.

Moreover, in July 2017 the CQC carried out an inspection and put SMUCC under special measures for 6 months as the Centre's overall rating was inadequate. On review of this in March 2018, SMUCC demonstrated evidence of positive change and the service was removed from special measures. However, the CQC continue to work with the SMUCC management as the Centre still requires further improvements. Following the CQC inspection results, members of public had also raised concerns about the Urgent Care Centre to Healthwatch CWL. Therefore, after meeting the senior management of Vocare informally, Healthwatch arranged two announced Enter and View visits to SMUCC.

At the times of both Enter and View visits, the Dignity Champions found that patients saw the service as a convenient place where they could get urgent care and as a good alternative if they were not able to get a GP appointment. The Dignity Champions observed the medical team providing the service in a kind and compassionate manner and the patients praised their professionalism. However, Healthwatch CWL noticed few areas where the service could improve and had some recommendations regarding the SMUCC's physical environment, accessibility, health and safety practices, patients' waiting times, care offered and support for staff.



3 What is Enter and View?

Healthwatch Central West London (Healthwatch CWL) is working to ensure local people's voices count when it comes to shaping and improving local health and care services across the London Borough of Hammersmith and Fulham, the Royal Borough of Kensington and Chelsea and the City of Westminster.

Under Section 186 of the Health and Social Care Act 2012 Healthwatch has a statutory power to 'Enter and View' places that provide publicly funded Health and Social care services¹. This may be unannounced or through prior arrangement to view and assess a service.

Enter and View visits can happen if people tell Healthwatch CWL there is a problem with a service but, equally, they can occur when services have a good reputation - to learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Enter and View visits can be carried out if one, or a combination of the following factors are identified by Healthwatch CWL:

1. As a contribution to a Healthwatch CWL programme work;
2. As a consequence of service user, or public feedback;
3. As a strategy to explore good practice;
4. As a method for checking the responses of a service following an earlier Enter and View visit;
5. As a response to a request or recommendation by a professional from the health or social care who has involvement in the commissioning, contracting or regulation of that service.

The Healthwatch CWL authorised representatives who carry out Enter and View visits are a group of volunteers referred to as 'Dignity Champions'. They receive training on the Care Act 2014 and the duties and implications in the provision of care around respect and dignity, safeguarding vulnerable adults and health and safety. All the Dignity Champions have a current enhanced Disclosure and Barring Service (DBS) certificate.

When carrying out Enter and View visits, the Dignity Champions follow the 10 standards set out in the Department of Health's 'Dignity Challenge':

1. Have a zero tolerance of all forms of abuse
2. Support people with the same respect you would want for yourself or a member of your family
3. Treat each person as an individual by offering a personalised service

¹ Apart from Children's Social Services

4. Enable people to maintain the maximum possible level of independence, choice and control
5. Listen and support people to express their needs and wants
6. Respect people's right to privacy
7. Ensure people feel able to complain without fear of retribution
8. Engage with family members and carers as care partners
9. Assist people to maintain confidence and positive self-esteem
10. Act to alleviate people's loneliness and isolation

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.

3.1 Purpose of Visit

All Enter and View visits must have a clear purpose identified by Healthwatch CWL to ensure effective evidence gathering and reporting.

A combination of factors led to the Enter and View visit to SMUCC

1. Access to primary and urgent care is a theme that often occurs in the data gathered by Healthwatch CWL.
2. The provision of urgent and primary care has been undergoing through some changes in West London and Healthwatch CWL has been actively monitoring this.
3. Following the CQC inspection carried out in July 2017 (see below), members of the public had also raised concerns about SMUCC with Healthwatch CWL.

3.2 Strategic drivers

The CQC carried out an inspection at St Mary's Urgent Care Centre on 13 July 2017. The overall rating was inadequate and therefore the provider was put in special measure for the period of six months.² On 27 March 2018 the CQC carried out a follow up inspection to review in detail the actions taken by the provider since July 2017 to improve the quality and safety of the service. During this inspection the provider demonstrated the evidence of improvement and the CQC removed the service from special measures.³ The service was rated as "requires improvement". The SMUCC continues working with the CQC to make further improvements to service delivery.

After hearing concerns raised by public, Healthwatch representatives met informally with the Vocare Director in February 2018 to discuss these and hear what changes they had made at the Urgent Care Centre following their CQC inspection. They invited us to come back at a later stage and carry out an Enter and View visit.

² https://www.cqc.org.uk/sites/default/files/new_reports/AAAG7828.pdf

³ <https://www.cqc.org.uk/location/1-2448861541/reports>

3.3 Methodology

The team of Healthwatch CWL Dignity Champions collected data using the following methods:

- The announced visit was set up to be carried out on Wednesday, 22nd August 2018.
- An introductory letter was sent to the Vocare Group London Divisional Medical Director.
- A meeting was arranged with the Vocare Limited Interim Operations Manager.
- During the meeting a member of Healthwatch staff and the Interim Operations Manager discussed the Enter and View visit.
- An observation check-list was devised to help the Dignity Champions to record their observations of the environment of the Urgent Care Centre.
- Two different questionnaires were developed for patients and the Urgent Care Centre staff team.
- The Healthwatch CWL representatives talked to patients and the SMUCC staff who were willing to share their opinion. It was made clear that they could end the interview at any time.
- A repeat visit was carried out on Wednesday, 12th September to talk to some members of the clinical team.
- In total Healthwatch CWL representatives spoke to:
 - 10 SMUCC service users
 - 3 members of the management team
 - 4 members of the clinical team

3.4 Summary of findings

At the time of Enter and View visits to SMUCC, Healthwatch CWL Dignity Champions found that patients appreciated the professionalism and kindness of the medical team. In general, people using the service told the Dignity Champions that the Centre was a convenient place if an individual needed urgent care and that it was a good alternative to a GP.

Based on both visits, Dignity Champions have some recommendations to further improve the service provided by the SMUCC in relation to its physical environment, accessibility, health and safety practices, patients' waiting times, care offered and support for staff.

4 Results of visit

4.1 Background

St Mary's Urgent Care Centre, located within the site of St Mary's Hospital but in a separate outbuilding, provides an urgent care service within North-West London. Since April 2016, the service has been provided by London Doctors Urgent Care (LDUC), which is part of the private urgent care service provider - Vocare Ltd.

The SMUCC is open 24 hours a day, 7 days a week, including public holidays. It provides assessment and treatment of minor illness and minor injuries for adults and children. Patients attend the Centre on a walk-in basis. The majority of patients at SMUCC are self-referrals. The Centre also sees patients that are referred to them by NHS111⁴, GPs, St Mary's Hospital A&E department, and other healthcare services.

The GP-led service has a multi-disciplinary team consisting of emergency department doctors, emergency nurse practitioners, emergency care practitioners, advance nurse practitioners, nurse practitioners and an associate physician. Every shift is covered by 3-4 members of the clinical team. According to the provider, on average, the clinicians assess and treat 100 to 115 patients every day. The number of patients might rise to up to 170 during the peak times.

4.2 Environment

At the time of the Enter and View visit at SMUCC, Healthwatch CWL Dignity Champions made observations about the environment of the Centre. Some points were raised and discussed with the Interim Operations Manager.

4.2.1 Reception, Waiting Area and Facilities

- The front door into the SMUCC leads directly from an external walkway into the waiting area. The door is frequently held open to allow wheelchair access. The provider acknowledged that during the cold months the waiting room gets cold and drafty.
- Patients need to cross the waiting area to reach the reception.
- The SMUCC reception offers little privacy for the patients to talk to the receptionist in confidence as it is based close to the seating area. Moreover, the reception is separated by a window glass. One patient mentioned that she had to shout her details as the receptionist could not hear her through the glass.

⁴ Depending on patients' condition, NHS111 could book and direct them to an appointment at SMUCC.



- The waiting area at the SMUCC is very small and gets cramped when busy. Although at the beginning of the Dignity Champion visit the Centre was quiet, by the end of it some patients were standing, and some patients were sitting on the floor. Patients using wheelchairs had difficulties moving around.
- The Dignity Champions did not find the waiting area welcoming or patient friendly. It is particularly unsuitable for younger patients, elderly people with dementia and people who might need a quiet space. The provider is aware of this inconvenience and has systems in place to see children and patients with additional needs first.
- The provider has recently made some improvements in the waiting area by changing its seating arrangement. However, the new seats are one-size, very narrow and packed very close to each other. They are not suitable for heavier built patients.
- At the time of the second visit the Healthwatch Representative noticed that two chairs were broken. The sign “out of use” was placed on them.
- The Dignity Champions thought that the seating set-up makes the waiting area particularly inaccessible for patients using wheelchairs, walking aids and parents with young children in prams.
- One gender-neutral and accessible toilet is available for the patients’ use at the Centre. The toilet door opens into the waiting area. It does not have a double door and therefore it might leave people using the toilet exposed to patients in the waiting room.
- One patient mentioned that she felt uncomfortable taking a urine sample in the toilet.
- The Centre has drinking water facilities for the patients to use. However, it is placed in a corner that is difficult to reach, particularly to people using wheelchairs and walking aids. Moreover, at the time of both visits, the bottle cooler did not have any disposable cups.
- There was a TV set mounted on the wall in the waiting room.
- The majority of the patients that spoke to Healthwatch Representatives thought that the facilities were basic and rated them as average, giving 3 out of 5 points.
- One patient who had used the urgent care services at St Mary’s before mentioned that the facilities in the previous location were much better and “felt more professional”.

4.2.2 Health and Safety

- The Dignity Champions had some concerns about cleanliness and hygiene of SMUCC:
 - The entry and the floor and doors in the waiting area were dirty.
 - There was a thick layer of dust on the Oxygen pump and an emergency trolley.



- Although at the time of the visit the toilet was clean, there was no evidence of regular inspection and cleaning.
- The plaster room was very messy. The couch was not wiped.
- The Dignity Champions noted some other potential health and safety hazards at SMUCC:
 - The emergency trolley was left at the end of the corridor, leaving a small gap to the clinical room 4. It was not only a potential trip hazard, but it also had the sharps waste bin that was left wide open.
 - At the time of the visit, one of the Dignity Champions tripped on the matting on the floor and nearly fell over.
 - The tablet display stand was not used for the purpose⁵ and it was easy to trip on it in the cramped waiting room.
- At the time of the Enter and View visit, Healthwatch Representatives questioned whether infection prevention and control were effective at the UCC:
 - One of the staff members mentioned, that it is almost impossible to ventilate the rooms between seeing the patients, making it easy for infections to spread. Some of the clinical rooms did not have windows. Windows in other rooms were hard to reach and faced the busy street. Also, the building has no mechanical ventilation system.
 - Although there was a bin for offensive waste and hand sanitiser available for the patients' use, they were not easy to spot and access.
- The other safety measures were in place. All emergency exits were signed. Fire extinguishers were on site.

4.2.3 Signage and Information

- Patients attending the SMUCC are initially required to present to St Mary's Hospital A&E department where they are assessed by a clinician who decides what further care and treatment they require. Not all patients were aware that they first needed to go to the A&E reception to be triaged:
 - “They don't inform you that you have to go to the A&E reception before coming to the UCC. That wasn't clear”.
- If during the initial assessment a clinician decides that a patient should be seen at the UCC then the patient is directed to separately located premises. The patients can use either external or internal hospital routes to reach the SMUCC facilities.
- People who are referred to the Urgent Care Centre are told how to find the facilities and given a hospital map. The majority of the patients the Dignity Champions spoke to mentioned that even though the clinician explained how

⁵ The member of staff explained that the patients used the tablet for accessing their own personal e-mails, using search engine or checking their train status. Therefore, the decision was made to remove the tablet.



to get to the UCC and gave them the map, they struggled to locate the service. The map provided to the patients is in English only.

- External signage is poor and easy to miss particularly as the UCC is not in the main building and is accessed along a road and pathway. Only the acronym “UCC” and green dot in a blue background are used as the main sign leading towards the Urgent Care Centre. The Healthwatch Representatives thought that the sign would be meaningless to the people who are not used to such acronyms⁶ and symbols. However, the provider reassured that they had been working with the Imperial College Healthcare NHS Trust⁷ to improve the signage.
- The front door at SMUCC has “automatic door” stickers that are confusing because the door does not open automatically, and patients need to press the button in order to get in and out. During the second visit, the Healthwatch Representative noticed that the “automatic door” stickers were removed. However, they were not replaced with visible “push the button” stickers and the Healthwatch Representative witnessed patients struggling to get into the building.
- At the exit, there are two exit buttons and it is not clear which one to press in order to leave the building. The Dignity Champions observed a patient struggling to leave the premises.
- 6 out of 10 patients told the Healthwatch representatives that they were not given information explaining how the Urgent Care Centre works. One patient mentioned that she received the information only after asking a member of staff.
- A range of information leaflets were available at the Centre. However, only the triage and streaming booklet was available in any other language but English.⁸
- Family and Friends Test and complaint forms were available at the reception; however, they were not visible. Only two patients that spoke to the Healthwatch Representatives mentioned that they knew how to make a complaint if they needed to.
- Information about the clinical staff was displayed on the wall at the end of the corridor. The Dignity Champions thought that no one could see it, and it would be more useful to have that information in the waiting area. At the time of the second visit, this information was displayed on a board in the waiting area.
- At the time of the second visit, the Healthwatch Representative noticed a new information screen on the reception wall. Some of the information displayed was in Arabic as well.

⁶ E.g. foreigners, people who are not frequent healthcare service users, etc.

⁷ The Trust owns the premises currently used by the Urgent Care Centre.

⁸ It was available in Arabic, Spanish, Polish and easy read version.



4.2.4 Service Accessibility

- As mentioned earlier in this report, the patients attending SMUCC must go to the A&E department first, where they are streamed by a clinician. The A&E department is located in separate premises. People using wheelchairs found it particularly hard to move between two separate locations.
- Moreover, patients using wheelchairs told the Dignity Champions that they were not offered any support to reach the UCC.
- One interviewee mentioned that it took 1.5 hours for the service to provide him with a wheelchair, so he could reach the UCC from the A&E department.
- The Urgent Care Centre itself is not a wheelchair user friendly place as it is very small and the corridors to the clinical rooms are narrow. The emergency trolley left in front of the clinical room 4 made it impossible for the patients using a wheelchair to access the room.
- The Centre has a hearing loop, however, it was difficult to see the sign and one needs to enquire at the reception.
- The clinical team has access to the Language Line. Yet one of the members of staff the Dignity Champions spoke to, struggled to find the number for it. They admitted that they use the Language Line very rarely.
- As mentioned above, although the Centre had a wide range of information leaflets available to the patients, most of them are in English only. One patient mentioned to Healthwatch Representatives that he would have found it useful to have more information in Arabic. The provider told the Healthwatch Representatives that they are aware of the need to offer information in a variety of languages and formats, including brail.

4.3 SMUCC Patients

The Dignity Champions spoke to ten patients in the waiting area to learn about patients' experiences of care and treatment.

4.3.1 Patients Using the Service

- Out of 10 patients the Dignity Champions spoke to, 7 were self-referred patients, 3 were referred by the A&E department.
- Half of the patients were using the service for the first time. The rest said they had used the service once or twice before in the last 12 months.
- Half of the patients were registered with a local GP.
- 3 patients lived outside London and 1 patient was visiting London on a tourist trip.
- 4 patients told the Dignity Champions that they came to SMUCC because they thought it was the most convenient place and their nearest point.
- Most of the patients travelled 10-15 minutes to get to the Centre.
- 4 patients believed that a GP could have dealt with their condition.



4.3.2 Care Received

- At the time of both visits the Healthwatch Representatives observed members of the clinical team communicating with patients in a kind, caring and respectful manner.
- Most of the patients spoke highly about the medical staff and the care received.
- However, some patients mentioned that the receptionist was not friendly, and they felt they were not welcome at the Urgent Care Centre.
- A patient's carer mentioned to the Dignity Champions, that the receptionist did not acknowledge the patient with learning disabilities and referred to the carer only.
- Moreover, some patients wondered why they were not told how long they would need to wait and why some patients were seen without queuing.
- The Dignity Champions noted that not everyone in the clinical team wore their name badge and it was difficult to know who the person seeing patients was and what their position was.

4.3.3 Waiting Times

- Only 3 patients out of 10 were triaged within the first 15 minutes of their arrival to the A&E department.
- Two patients mentioned that they spent more than 1.5 hours at A&E before being sent to the UCC.
- The provider has recently introduced a board displaying waiting times. At the time of the visit it displayed that the waiting time was 1 hour, however, quite a few patients were waiting for more than 1 hour.
- Patients mentioned to the Dignity Champions that they were not told how long they would need to wait. At the time of the second visit the Healthwatch Representative saw a small sign at the reception explaining why some patients might be seen quicker. However, it was very hard to notice.
- Only half of the patients received support within the first hour of their arrival.

4.3.4 What Works Well and Not that Well

Dignity Champions asked patients what they thought worked very well at the Centre and what could improve their experience at SMUCC.

- Among the main things that worked well the interviewees mentioned:
 - Patients can be seen and treated quicker than at A&E
 - "Substitute GP"
 - Self-referral
- Among the main areas for improvement the interviewees mentioned:
 - External signage that is not clear



- Waiting times
 - “Very few patients and waiting times seem to be inappropriately long”.
 - Information about waiting times
 - “Waiting time at the reception is not correct”
 - Cramped waiting area
 - Patient-centered approach - the receptionist acknowledging a patient with disabilities, not only a carer
 - Wheelchairs available for patients to use
-

5 Additional findings

Healthwatch CWL representatives talked to 4 members of staff to find out what they thought about the services they were delivering.

- The interim Operations Manager told the Healthwatch Representatives that there has been a lot of changes following the CQC inspection results.
- One of the changes that the management team has made is building a new clinical team. Recruiting permanent staff was particularly challenging. Some members of the clinical team mentioned that the Urgent Care Centre relies heavily on bank and agency staff and it was difficult to work in an unstable team.
- The management team told the Dignity Champions that they are currently working on how to improve their patient engagement as well as developing a new feedback form.
- Moreover, the members of the management team told the Dignity Champions that most of the patients’ complaints that they receive are about the environment and waiting times.
- The team has revised the staff rota and increased the number of people working during peak times. However, some of the clinical staff members mentioned that almost all shifts have 1 or 2 clinicians less than required and it causes a lot of stress.
- In addition, the clinical team believed that the irregularity in the rotating shift schedule (whether covering the streaming, triaging or consulting patients) was an additional stress factor. Particularly when a member of the clinical team would stream or triage the person and then swop roles and also be the person who treats them at a later stage after they have been waiting to be seen.
- Some of the medical team mentioned that they do not receive regular supervision and do not know whether regular team meetings were taking place.



- However, the clinical team expressed hopes that this situation might change as the new clinical lead joined the SMUCC in August.
- Two members of the clinical team thought that only some of the patients who come to the Centre need the service and that the rest should see their GP. To their mind, people come because they are not able to get a GP appointment and/or believe that they would receive better care.
- The Dignity Champions found that there was regular interruption during patients' consultations. Staff members would enter the consultation room to ask for a second opinion or prescription. Although they would knock on the door, they did not wait for a response before entering. This practice undermines patients' dignity and privacy. One member of the clinical team mentioned that the management should encourage the staff team to use available communication systems such as instant texts that pop up on the computer screens.
- Moreover, there were no signs whether the consultations rooms were engaged or not.
- Two members of the clinical team mentioned that the lack of some provision and resources at the UCC increases patients' dissatisfaction, for example, if the patient with a fractured leg needed to wait for more than one hour to be provided with a wheelchair.
- The staff told the Dignity Champions that they thought the location of the UCC was unsuitable for the purpose and it was hard to deliver high standards of care in current conditions.
- The clinical team mentioned that from time to time they face violence from patients and the Hospital's security do not always take the actions needed. In some instances, the members of the clinical team had to call the police.
- One member of the clinical team mentioned the management do not talk about violence with the team. Moreover, although an emergency button was available in the consultation room, in a violent situation one had to stretch over the patient in order to reach it.



6 Recommendations

6.1 Healthwatch CWL Recommendations

By listening to people and recording their experiences, Healthwatch CWL has formulated some recommendations designed to help the SMUCC management to improve patients experience and employee satisfaction.

The recommendations presented below reflect the important steps that Healthwatch CWL thinks should be taken to improve the result in patient and staff outcomes. They are organized into five areas: 1) Physical Environment; 2) Accessibility; 3) Health and Safety; 4) Care Offered; and 5) Support for Staff.

1. Physical environment

- Consideration is given to how to provide more privacy at the reception area to ensure that people get the help they need from SMUCC.
- The Service provider should explore the feasibility of installing a canopy roof over the entrance to offer shelter in rainy days and reduce coldness draft from entering the waiting area.
- External signage and maps to the Centre should be made clearer to ensure that patients are able to locate it easily
- Instructions on how to activate the automatic doors should be displayed clearly and prominently so that patients can enter and leave easily.
- Signs displaying whether consultation rooms are engaged or not should be fixed on the doors to promote patients' dignity and privacy.
- The Service Provider should consider how to protect the privacy of people using the toilet in the Urgent Care Centre, for example, by installing a curtain.
- The drinking water cooler should be repositioned so that people can access it easily. Cups should available at all times.
- The Service Provider should consider ways to reduce the number of people in the waiting area during the peak times. For example, patients should be informed about likely waiting times and given an option to leave and return within an agreed timeframe.

2. Accessibility

- People with mobility difficulties should always be offered support to reach the Urgent Care Centre from the A&E.
- The Service Provider should consider the feasibility of purchasing more wheelchairs for patients to use.



- The Service Provider should consider repositioning items in the waiting area to make it easier for wheelchair, pram and walking aid users to access.
- The Service Provider should consider whether it is possible to change the seating arrangement to increase capacity and accessibility, for example by changing some seats to fold down wall mounted seating.
- Information leaflets and maps should be provided in different languages and formats.
- The hearing loop sign should be made more visible.

3. Health & Safety

The management should prioritise eliminating or minimizing unnecessary and often inadvertent risks to patients and staff through:

- Identifying a more effective storage option for the emergency trolley.
- Ensuring that floor matting is well fitting and secure to avoid trips and falls.
- Placing sharps bins in appropriate and safe areas. They should be kept closed and disposed of when full.
- Regularly assessing and maintaining the overall cleanliness of all areas and equipment.
- Regularly checking cleanliness of the toilet and putting a cleaning chart in the cubicle.
- Putting systems in place to better control and prevent airborne infection.
- Placing hand sanitisers and offensive waste bins in visible and easy to access locations.
- Reporting and acting on all maintenance jobs promptly.

4. Waiting times

- Waiting times displayed should be regularly revised and updated to reflect the actual waiting time. This should be displayed in a way that is visible to all patients.

5. Care offered

- To improve patient satisfaction, all staff members, including members of the administration team, should be encouraged to be friendly and approachable and to take full responsibility for delivering patient-centered care.
- Members of staff should wear badges that state their name and position.
- Members of staff should clearly explain to patients about how the Urgent Care Centre Works and what they can expect from the service.
- Staff should be encouraged to use available communication systems to reduce interruptions in the consultation rooms.

6. Support for staff

- To enable staff to deliver excellent patient experience that provider should ensure they receive support and training so that they are aware of the service provisions and can deliver them to patients. This should include having regular



team meetings and supervision that all staff are encouraged to attend. Feedback and communication should be given to those that cannot attend.

- The Service Provider should review policies for staff recruitment and investigate strategies for improving staff retention.
- The Service Provider should review policies on security and safety of staff and patients and check that they are adequate and are being properly implemented.

6.2 Service provider response

- This report was sent to Vocare for comment. They did not respond within the 20 working day timeframe or taken up an offer of an extension for comment. Any correspondence we receive from them following publication will be published alongside the report on our website.

