

# Urgent Care Centre (RUH)

## Quality Report

Royal United Hospital  
Coombe Park  
Bath  
BA1 3NG  
Tel: 0300 123 1761  
Website: [www.bduc.nhs.uk](http://www.bduc.nhs.uk)

Date of inspection visit: 12 December 2017  
Date of publication: 02/02/2018

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

**Requires improvement**



Are services effective?

**Requires improvement**



Are services well-led?

**Requires improvement**



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Urgent Care Centre, RUH on 28 February and 1 March 2017. The service was rated requires improvement for providing safe services. The overall rating for the service was good. The full comprehensive report on the 28 February and 1 March 2017 inspection can be found by selecting the 'all reports' link for Urgent Care Centre, RUH on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 12 December 2017 to confirm that the service had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection on 28 February and 1 March 2017. This report covers our findings in relation to those requirements and also the additional concerns that were identified.

Overall the service is now rated as Requires Improvement

Our key findings were as follows:

- Systems that were in place for checking of medicines and equipment were not operating effectively.
- Not all staff had received chaperone training and management were unaware of this.
- Not all staff had received performance appraisals.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure care and treatment is provided in a safe way to service users.
- Ensure that systems and processes are established and operating effectively to support good governance.
- Ensure that staff have received appropriate appraisal.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Urgent Care Centre (RUH)

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a Specialist Nurse Adviser.

## Background to Urgent Care Centre (RUH)

Urgent Care Centre, Royal United Hospital (RUH) is the registered location for urgent care centre and GP out-of-hours (OOH) services provided by Vocare Limited based at the RUH. Vocare provides two services within Bath and North East Somerset (BaNES) under a contract with the BaNES Clinical Commissioning Group (CCG). The Urgent Care Centre Paulton is a GP OOH service provided at Paulton Memorial Hospital which shares the staff and processes with the Urgent Care Centre at RUH, it has been inspected separately as it is registered as a separate location with the CQC.

The urgent care centre service covers a population of approximately 540,000 people across the county of Bath and North East Somerset. Deprivation in BaNES overall is lower than the national average and it has relatively low numbers of patients from different cultural backgrounds.

The urgent care centre provides 24 hour care, seven days a week from the emergency department within the Royal United Hospital, Bath. This service accommodates NHS 111 referrals and walk in patients. Upon attendance patients

present to the emergency department reception where basic details are taken and added to their electronic system which is shared with the urgent care centre. The patient is then assessed by an urgent care centre streaming nurse and then booked into the appropriate department if they require treatment.

There is a CQC registered manager for the urgent care service who is not based locally. Due to service growth in the South West of England Vocare have employed a regional director, local clinical director, clinical support manager and lead nurse practitioner who are all based locally to this particular service to provide visible local management and support.

## Why we carried out this inspection

We undertook a comprehensive inspection of Urgent Care Centre, (RUH) on 28 February and 1 March 2017. under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the service was requires improvement. The full comprehensive report on the 28 February and 1 March 2017 inspection can be found by selecting the 'all reports' link for Urgent Care Centre, (RUH) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 12 December 2017 to confirm that the service had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection

# Are services safe?

## Our findings

At our previous inspection on 28 February and 1 March 2017 we rated the practice as requires improvement for providing safe services.

Specifically we found:

- Process and systems to ensure equipment checks were carried out appropriately were not operating effectively.
- There was no evidence that the defibrillator was checked to ensure it was working in accordance with manufactures guidance.
- Face masks used to deliver medicines were out of date.
- Boxes of disposable needles were found to be out of date.

These arrangements had not improved sufficiently when we undertook a follow up inspection on 12 December 2017. The practice remains rated as requires improvement for providing safe services.

### Risks to patients

We saw that a system for logging checks of medicines and equipment had been implemented, for example for the

defibrillator and that checks were undertaken weekly by a member of staff. However these were not operating effectively for all equipment. For example when checking car equipment during the inspection we found:

- Two pregnancy testing kits which had expired in February 2016
- Two children's oxygen masks which had expired in April 2017
- A sharps container which should have been disposed of in December 2016 and an additional sharps container that was not labelled correctly.

The service had not adequately assessed risks to patients and staff with regard to chaperone procedures. A notice in the waiting room and consulting rooms advised patients that chaperones were available if required. Out of 25 members of staff across the Paulton and RUH sites (staff were employed across both sites), training records indicated that only two had undertaken chaperone training although all were expected to undertake this role if required. We spoke with one of those two staff members who records indicated had received training and were told that chaperone training had in fact not been undertaken. We found that the principles of chaperoning were not fully understood.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 28 February and 1 March 2017, we rated the practice as good for providing effective services. At the inspection on 12 December 2017 we did not inspect the whole of the effective key question however concerns were identified that has resulted in effective now being rated as requires improvement. A further inspection to inspect the whole of this key question and follow up on the concerns identified will be undertaken at a later date.

### Effective staffing

- Staff employed by the provider worked across both the urgent care service site at RUH and the GP out of hours site at Paulton. At our previous inspection on 28 February and 1 March 2017, we told the provider that they should undertake and record appraisals every 12 months or consider other arrangements so that regular

performance reviews for all staff members were completed. At this inspection we found that the provider did not have appraisal systems and procedures in place to ensure persons employed all received a formal written appraisal every 12 months in adherence with the provider's own policy. Evidence we received following the inspection demonstrated that one of the 10 employed salaried GP's had received performance reviews and three out of 18 administrative staff had received appraisals. The evidence provided showed that two members of the administrative staff had appraisal dates booked for two weeks after the inspection.

- GP performance was monitored on a regular basis but not through appraisals in line with the provider's policy. 2% of consultation records were audited monthly to check these were in line with best practice and one to one conversations were held with GPs if records identified a need.

# Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

At our previous inspection on 28 February and 1 March 2017, we rated the practice as good for providing well led services. At the inspection on 12 December 2017 we did not inspect the whole of the well led key question however concerns were identified that has resulted in well led now being rated as requires improvement. An inspection to inspect the whole of this key question and to follow up on the concerns identified will be undertaken at a later date.

### Governance arrangements

Structures, processes and systems to support good governance and management were not consistently effective.

- Systems and processes to ensure equipment and medicines were checked on a regular basis had been implemented. However the management had not ensured that these were being operated effectively as out of date equipment was found.
- There was a lack of systems to risk assess chaperone duties.
- Chaperone training requirements were in place however there was lack of managerial oversight as they were unaware that this had not been undertaken by most staff. We also found that record keeping relating to training was inaccurate. The training record indicated that a member of staff had received chaperone training, however when we spoke with the staff member we were told that this was not the case.
- There were systems and policies in place relating to staff appraisals and GP performance appraisals. However these were not adhered to by management.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had failed to do all that was reasonably practicable to mitigate risks to service users in relation to:</p> <ul style="list-style-type: none"><li>• Equipment checks</li><li>• Chaperone training.</li></ul> <p>This was in breach of regulation 12(2) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not ensured that systems or processes were established and operating effectively specifically relating to training, appraisals and equipment checks</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not ensured that staff had received regular appraisal of their performance in their role.</p>

This section is primarily information for the provider

## Requirement notices

This was in breach of regulation 18(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.