

Urgent Care Centre (Paulton)

Quality Report

Paulton Memorial Hospital
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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?

Good



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, Paulton on 28 February and 1 March 2017. 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, Paulton on our website at 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 on 28 February and 1 March 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the service remains rated as Requires Improvement

Our key findings were as follows:

- Systems for logging checks of medicines and equipment had been implemented. We found that medicines were in date and that equipment had been appropriately calibrated.

- Communication and management support for staff had improved.
- 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 that systems and processes are established and operating effectively to support good governance.
- Ensure that staff have received appropriate training and appraisal.

In addition the provider should:

- Ensure that equipment and medicine checking logs encompass all relevant information in order to support staff appropriately.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Urgent Care Centre (Paulton)

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 Nurse Specialist Adviser.

Background to Urgent Care Centre (Paulton)

Urgent Care Centre, Paulton is the registered location for the GP out-of-hours (OOH) service provided by Vocare Limited based at Paulton Memorial Hospital.

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

The 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 OOH service based at Paulton works alongside the OOH service and the urgent care centre based at RUH and

provides GP services to patients when practices are closed. Patients access the service via the NHS 111 service. If the NHS 111 assessment concludes that the most appropriate course of action is for the patient to be managed by the GP OOH service then NHS 111 schedule an appointment directly into the GP OOH computer system. Patients may also be allocated an appointment for a home visit with a GP or may receive a telephone consultation depending on the clinical needs assessed by NHS 111. The GP OOH service is open from 7pm to 11pm Monday to Friday and 8am to 12am Saturday, Sundays and bank holidays. During the out-of-hours periods where Paulton is not open, overnight cover and support is provided from the RUH service.

Why we carried out this inspection

We undertook a comprehensive inspection of Urgent Care Centre, Paulton 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, Paulton on our website at 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:

- Arrangements relating to emergency equipment and medicines checks were not adequate
- Staff were unable to locate safeguarding policies.

These arrangements had improved sufficiently when we undertook a follow up inspection on 12 December 2017. The practice is now rated as good for providing safe services.

Safety systems and processes

- At this inspection the staff we spoke to were able to tell us where safeguarding policies could be located. In

addition to being stored on the intranet hard copies were available for staff. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

Safe and appropriate use of medicines

- We saw that a system for logging checks of medicines and equipment had been implemented. We saw that these were checked weekly by a member of staff.
- We found, from checks we made of on the day of the inspection that medicines were in date and that equipment had been appropriately calibrated. However we also found in one of the cars, containers for the disposal of sharps which were out of date and not always labelled correctly.

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 requires improvement for providing effective services.

Specifically we found:

- GPs and other staff had not all received an appraisal, or a performance review within the past 12 months.
- Not all staff, expected to act as chaperones, had been appropriately trained.

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 effective services.

Effective staffing

- A notice in the waiting room and all consulting rooms advised patients that chaperones were available if required. At the previous inspection we were informed that drivers and dispatchers carried out chaperone duties however not all staff who acted as chaperones were trained for the role. We told the service that all staff acting as chaperones must receive appropriate training.

At this inspection we again found that not all staff had received chaperone training. Out of 25 members of staff across the Paulton and the RUH sites (staff were employed across both sites) only two had undertaken chaperone training. We spoke with one of these two staff members and were told that chaperone training had not been undertaken and we found that the principles of chaperoning were not fully understood.

- We again found that the registered 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 their 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. However we also saw that GP performance was monitored on a regular basis. For example, 2% of consultation records were audited monthly and one to one conversations were held with GPs if records identified a need. The evidence provided after our inspection showed that two members of administrative staff had appraisal dates booked for two weeks after the inspection. There were no appraisal dates booked for the other 13 administrative staff.

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 requires improvement for providing well led services.

Specifically we found:

- There was a failure to ensure that effective procedures were in place for checking and maintaining emergency equipment and medicines.
- The staff at Paulton did not always feel supported by a visible management team.

Whilst these arrangements had improved other areas of concern were identified when we undertook a follow up inspection on 12 December 2017. The practice remains rated as requires improvement for providing well led services.

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 and were being adhered to. However the

management were not always aware of relevant guidance which resulted in appropriate information not being cascaded to staff. For example those relating to the handling of sharps disposal boxes.

- We saw that communication and management support for staff had improved since the previous inspection and we were shown examples of newsletters and clinical updates that had been introduced and cascaded to staff. Clinical staff meetings were held across the region on various days to improve attendance. We were told by staff that if they needed to contact a member of the management team this was easily achievable.
- There was a lack of systems to adequately 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that systems or processes were established and operating effectively.</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>How the regulation was not being met:</p> <p>The provider had not ensured that staff had received regular appraisal of their performance in their role.</p> <p>The provider had not ensured that staff had received chaperone training.</p> <p>This was in breach of regulation 18(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>