



Enter and View report

Oakham Urgent Care Centre

14 November 2015



Contents

1	Introduction	3
1.1	Details of visit	3
1.2	Acknowledgements.....	3
1.3	Disclaimer	3
2	What is Enter and View?.....	3
3	Purpose of Visit	4
3.1	Strategic drivers.....	4
3.2	Methodology	5
3.3	Summary of findings	6
3.4	Results of visit	6
3.5	Recommendations.....	9
3.6	Service providers response	10
3.7	Results of patient questionnaire	12



1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Cold Overton Road, Oakham LE15 6NT
Service Provider	Vocare
Date and Time	14 November 2015
Authorised Representatives	Bart Taylor-Harris, Christine Spark, Daphne Murphy, Phil Hurford
Contact details	01572 720381

1.2 Acknowledgements

Healthwatch Rutland would like to thank the service provider, service users, visitors and staff 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 set out above. 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

2 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 have a good reputation - so we can learn



about and share examples of what they 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 need to 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.

3 Purpose of Visit

- To gather patient views of the service provided.
- To capture the experience of patients and any ideas they may have for change.
- To look at a number of key themes; reception and waiting areas, access to services, accessibility, information available to patients, the relationships between the providers of Urgent Care Services, GPs and out of hours GPs, and patient facilities.
- To observe patients engaging with the staff and their surroundings

3.1 Strategic drivers

The Enter and View visit was organised to take place some six to seven months after Vocare had taken responsibility for providing an Urgent Care Service at Rutland Memorial Hospital.

Weekday daytime responsibility for providing an urgent care service rests with the Oakham medical practice, situated adjacent to the hospital site. Vocare provide the service at the following times:

Monday to Friday 17:00 to 21:00,

Saturday and Sunday 09:00 to 19:00

At weekends both Vocare's urgent care facility and the out of hours GP service provided by CNCS, use the same reception and waiting areas.

The Enter and View visit only looked at the urgent care service provided by Vocare as an Enter and View of the Oakham Medical Practice had been undertaken on 9 July 2015.



3.2 Methodology

Some ten days before the Enter and View visit the Enter and View team leader met with the urgent care operations and clinical lead of Vocare, the provider. At that meeting agreement was reached about both the timing and scope of the Enter and View visit. At the meeting it was learned that the GP out of hours service use the same reception and waiting facilities at weekends. The Business manager of CNCS, the GP out of hours service provider was informed of the visit.

A team from Healthwatch Rutland visited over a three hour period starting at 10:30am on Saturday 14 November 2015.

The team stayed in public areas and observed how the reception of patients operated. We also talked to the two Vocare staff on duty. A questionnaire was used when talking to patients so as to gain information about the practice from them.

Observation focused on:

- Ease of accessing the facility.
- First impressions when entering the site and building.
- Reception facilities and notice boards.
- Facilities for disabled people.
- Facilities for those without English as a first language.
- Facilities for children, toys, books.
- Toilet facilities.
- Staff attitudes
- Waiting times.
- Handover between providers, the interface between providers and related information to patients.

The patient questionnaire focused upon the patient experience, looking at issues such as the ease of accessing the urgent care unit, why alternative provision had not been used and knowledge of alternative provision, waiting times, and patients' views on their overall experience. A fuller description of the questionnaire together with the results is to be found at the end of this report.

When talking to patients, team members explained the purpose of their visit and made Healthwatch Rutland Information available.

Following the visit, a meeting had been arranged the urgent care operations and clinical lead of Vocare. Key observations were shared with them.



3.3 Summary of findings

- All of the patients interviewed found it easy to find the urgent care centre.
- Once on the Rutland Memorial Hospital site signage is not consistent.
- Reception is immediately in front of the main door and offers little privacy. Reception staff practice goes some way to overcoming this.
- Noticeboards and notices are numerous and not always up to date.
- Parking and access for disabled people is good. Disabled toilet facilities are difficult to find
- There is one male and one female toilet near reception with signage on the doors but not overhead.
- Two providers were present during the visit (out of hours GP and Urgent Care.) No problems were observed as a result of this and staff worked together well. Patients responded positively.

3.4 Results of visit

Accessing the service

- a) We were able to talk to nine patients during our three and a half hour visit. On the basis of what we were told by the patients it was clear that many were unsure whether they were an Urgent Care patient or an out of hours GP patient. Patients came from a wide area but the majority was from Oakham. Five told us that they had been referred by either the Oakham Medical Practice or the 111 service. Others had heard of the service through word of mouth or local knowledge, or in one case an RCC presentation. None of the patients asked could recall receiving any written publicity about urgent care services.
- b) The Urgent Care Centre is not signposted from the Oakham ring road. There is good signage, in red, near the railway station/level crossing and a similar red sign visible from the Stamford road on the roundabout near Catmose. There are large blue NHS signs, partially obscured by vegetation, on the two entrances to the Rutland Memorial Hospital site that include on them reference to the centre and alternative provision if the centre is closed. The building itself has a large sign over the door “Reception and Minor Injuries Unit”. Next to this is a sign “Primary Care Centre, Consultations by appointment only For an appointment please phone your doctors surgery” and a third sign “Oakham Medical Practice & Rutland Acute Treatment Centre”
- c) Immediately inside the main entrance double doors is a reception hatch. At the time of the Enter and View there were two receptionists. One receptionist was employed by Vocare and dealt with Urgent Care Centre



matters. The other was employed by CNCS and dealt with the out of hours GP service patients.

- d) Staff told us that people are often confused when they arrive because there are two entrances to the hospital and hospital site. Patients we talked to did not report difficulty in finding the Urgent Care Centre
- e) Once the receptionists had determined which service the patient wanted different processes were followed. The Urgent Care Centre receptionist asked the patient to complete a hand written form. All personal details were obtained from this form. The patient was then directed to the waiting area while the receptionist transferred the information provided by the patient on to a computer system. Patients told us that they were given clear instructions on arrival of what to do and where to wait but they were given no indication of waiting times. The receptionist told us that they had telephone access to a translation service if this was needed.

Premises

- f) During our visit we did not observe any shortages of parking and disabled parking spaces immediately outside of the centre. However there is alternative parking elsewhere on the site but this was not signed from the Urgent Care Centre parking area. Access to the building was level but through two sets of manually operated double doors. There was no external bell that could be pressed if a visitor was having difficulty accessing the building. The counter height of the reception hatch is at the eye level of a wheel chair user.
- g) On either side of the reception hatch and covering most of the walls of the waiting area are noticeboards. A quick count revealed in excess of 125 notices in various states of repair. Some notices were out of date. To read others it would have been necessary to kneel on the floor. One person was observed reading a leaflet.
- h) A water cooler was provided in the waiting area. It was not possible to use this as no cups or glasses were available.
- i) The waiting area and reception hatch were close together. The waiting area had clearly been repainted at some time in the past as different colour paint plus screw holes in the walls could be observed where items of furniture or equipment had been removed since this redecoration. Some areas of the more recent paintwork appeared to be badly scuffed.
- j) Toilets were old and had been improved over time with the addition of newer equipment. The original high-level cisterns with their chains had been retained. A disabled toilet was to be found at the end of a long





corridor. There were signs on the toilet doors but no overhead signage and no signage in the waiting area indicating the location of toilets.

- k) There were a small number of hard toys. A child was seen to play at a puzzle table in the waiting area. There is a designated toy room at the end of a corridor. It is not sign posted. It was not seen to be used during our visit.
- l) Despite the decorative issues referred to all of the areas described seemed to be clean.

Service Provision

- m) The Urgent Care Centre is nurse led. It is one of many services to use the premises. We were told that there are two staff members present at all times when Vocare is responsible for the service, a nurse and receptionist. The nurse is not always qualified to prescribe medicines but is always able to contact a GP for advice, including by video link using an iPad. If the nurse present is not able to prescribe prescriptions can be written directly by the remotely located GP and faxed to a local pharmacy.
- n) We were told that if an Urgent Care Centre patient presented with, for example, chest pains at weekends they could be referred directly to the out of hours service GPs who were present at weekends.
- o) All patients told us that they would recommend use of the service to friends. The receptionists were observed to be helpful and friendly. Although all patients felt that they had been directed appropriately after registration only one told us that they had been given any indication of waiting times.
- p) Waiting times varied significantly. A mother with an injured child who had waited 45 minutes was told they would have to wait at least another half hour as the nurse had to take her break.
- q) Staff informed us that if patients arrived just as they were closing they would be treated but if they arrived well after closing time, but while staff were still on the premises they would be directed to alternative provision. A sign by the main entrance gives the location of the nearest A&E to Rutland Memorial Hospital.



3.5 Recommendations

The Urgent Care Service is regarded positively to those patients interviewed. Staff were welcoming, friendly and professional in their approach. Patients described the patient experience of the Urgent Care Service to us positively but we believe it could be further enhanced by:

1. The introduction of a method to provide patients with some indication of waiting times.
2. Consideration of the timing of staff breaks and their impact on patient care.
3. A rationalization of the confusing signage at the entrance to the building.
4. Improvements to the main entrance and reception hatch to allow easier wheel chair access.
5. Better signage of facilities from the waiting area.
6. Improvements to and management of notice boards.
7. The proper completion of work in various areas where equipment or furniture has been removed or added over the years and the resulting damaged areas have not been made good.

We recognize that all but the first two of these recommendations may be beyond the scope of Vocare and addressing them would be in the interests of the many services that use the premises.

In order to address these remaining issues we recommend that The Leicester Partnership NHS Trust, who are responsible for the hospital building, consider their arrangements for the management of the building and site.



3.6 Service providers response

Vocare made the following comment

Recommendation	Response	Action	By When
1.	Vocare take this on board and will endeavour to keep patients better informed	Communication to go out to all Vocare staff advising them to try and indicate to patients when booking in at reception an indication of waiting time and if this changes significantly to update the waiting room	Immediately
2.	Vocare take this on board and will discuss with the individual involved in this incident.	1:1 discuss with individual and reiterated in full team meeting	Immediately-Completed Nurse offers apology
3.	Vocare work within LPT building which is used by multiple agencies, Vocare are happy to work with these agencies to reduce the signage and make this more clear for the patients	As part of LPT response to this review meeting to take place to arrange a convenient time for posters and signage to be addressed	ASAP
4.	Vocare work within LPT building and whilst this is acknowledge they are unable to alter the structure of the building	The doors which are in front of the reception desk are double doors, reception staff to be made aware to watch these door and for them to be opened if needed, also if a wheelchair uses attends the centre to go around to the front of the desk and take patients details to reduce the barrier between the staff and patient	Immediately-Completed

5.	Vocare work within LPT building which is used by multiple agencies, Vocare are happy to work with these agencies to reduce the signage and make this more clear for the patients	As part of LPT response to this review meeting to take place to arrange a convenient time for posters and signage to be addressed	ASAP
6.	Vocare work within LPT building which is used by multiple agencies, Vocare are happy to work with these agencies to reduce the signage and make this more clear for the patients	As part of LPT response to this review meeting to take place to arrange a convenient time for posters and signage to be addressed	ASAP
7.	Vocare work within a LPT building and have no control over maintenance and structural work	Vocare are happy to work with LPT to facilitate any work needing completed	ASAP

Leicestershire Partnership NHS Trust made the following comment.

Whilst the urgent care and out-of-hours services are provided by other providers, signage is a responsibility of LPT as a landlord and we will review the signage concerned as part of our ongoing maintenance programme for the site.



3.7 Results of patient questionnaire

Nine patient questionnaires were completed.

1	What part of Rutland do you live in?	<ul style="list-style-type: none"> • Oakham: 5 • 4 from as far away as the Uppingham and Melton areas 		
2	How did you know about Oakham Urgent Care?	<ul style="list-style-type: none"> • Referred by Oakham medical practice: 3 • 111 referrals: 2 • Word of mouth and local knowledge: 3 • Presentation by RCC: 1 		
3	How did you know the opening hours?	<ul style="list-style-type: none"> • Internet: 2 • 111 service: 2 • didn't know opening hours: 3 • Other: 2 		
4	What would you have done if the Unit was closed?	<ul style="list-style-type: none"> • Gone to A&E: 4 • Waited to see GP: 2 • Gone alternative Urgent Care: 2 • Used the 111 service: 1 		
5	Why did you decide to come here and not see your GP or go to A&E?	<ul style="list-style-type: none"> • GP closed or difficult to get GP appointment: 5 • Convenience: 3 • Needed treatment following accident: 1 		
6	Did you consider going to:			
6a	Melton Mowbray Hospital	Yes 2	No 7	
6b	Stamford Hospital	Yes 2	No 7	
6c	Corby	Yes 1	No 8	



7	Was the urgent care unit easy to find?	Yes 9	No 0	One comment about poor signage
8	Did you phone up in advance of travelling here?	Yes 2	No 7	
9	Upon arrival were you provided with clear instructions of what to do and where to wait?	Yes 9	No 0	
10	Were you given an indication of waiting time?	Yes 1	No 8	
11	Since arriving how long have you been waiting?			Answers varied between 5 and 45 minutes
12	Are you expecting to see a nurse or a doctor?	<ul style="list-style-type: none"> • Nurse: 3 • Doctor: 2 • Don't know: 4 		
13	Have you seen a doctor or nurse since arrival?	Yes 0	No 9	
14	Would you recommend the unit to friends?	Yes 9	No 0	

