



Healthwatch Central West London

**Dignity Champions Visit
St Charles NHS Urgent Care Centre**

February 2018

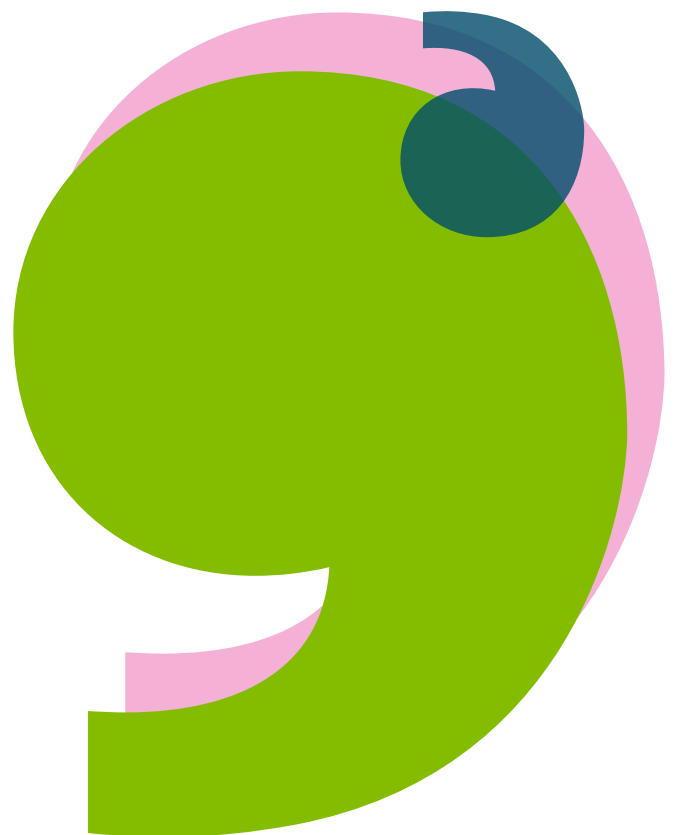


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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	St Charles NHS Urgent Care Centre, Exmoor Street London W10 6DZ
Service Provider	Central London Community Healthcare NHS Trust
Date and Time	7 th February 2018 8.30am-10.00 and 11am-1pm
Authorised Representatives	Zivile Adulcikaite, Carena Rogers, Nanette Spain, Gaenor Williams-Holland
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1.2 Acknowledgements

Healthwatch Central West London would like to thank St Charles 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. 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 Charles Urgent Care Centre situated in St Charles Hospital. The Hospital is in the Royal Borough of Kensington and Chelsea (RBKC). It is run by the Central London Community Healthcare NHS Trust.

Access to primary and urgent care is a recurrent theme in the data gathered by Healthwatch CWL. Enter and View visit to St Charles Urgent Care Centre (SCUCC) was conducted as part of our ongoing work on changes that are happening in the primary and urgent care provision in the area.

At the time of the Dignity Champions visit, the evidence showed that SCUCC was operating to a good standard of hygiene and cleanliness. Dignity Champions observed the clinical team providing a high standard of care in relation to dignity and respect. Patients and visitors had positive opinions about SCUCC in general and spoke highly of the medical staff and the care received. Patients considered SCUCC to be a convenient place to receive quality urgent care.

Overall during the visit, the ward clinical team and management demonstrated evidence of good practice. However, the Dignity Champions noted some areas for improvement in regard to signage and information.



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 us 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 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. Demand for emergency and urgent care health services 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 St Charles Urgent Care Centre (SCUCC):

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 some changes in West London and Healthwatch CWL has been actively monitoring the case.

The Enter and View visit to SCUCC was conducted as part of Healthwatch CWL ongoing work on the access to and provision of urgent and primary care services in RBKC. Building on the previous work on access to and changes in urgent and primary care in West London, Healthwatch CWL carried out the Enter and View visit to SCUCC to get a better understanding of the service provision.

3.2 Strategic drivers

NHS West London Clinical Commissioning Group announced that Half Penny Steps Walk-in Service will be permanently closed on 23rd March 2018². SCUCC is one of the services where Half Penny Steps Walk-in Service users will be directed to³.

Healthwatch CWL spoke to the Half Penny Steps Walk-in Service users from September to November 2017. In case of the walk-in service closure, many of the patients mentioned SCUCC as an alternative option.

² <http://www.westlondonccg.nhs.uk/your-services/gps/httpwwwwestlondonccgnhsukhps.aspx>

³ <http://www.halfpennystepshc.nhs.uk/page1.aspx?p=15>

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 7th February 2017.
- An introductory letter was sent to the SCUCC's Clinical Nursing Lead.
- A meeting was arranged with the Clinical Nursing Lead.
- During the meeting a member of Healthwatch staff and the Clinical Nursing Lead 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 ward.
- Two different questionnaires were developed for patients and the clinical team.
- The Healthwatch CWL representatives talked to patients and the SCUCC staff who were willing to share their opinion. It was made clear that they could end the interview at any time.
- In total Healthwatch CWL representatives spoke to:
 - 9 SCUCC service users
 - 3 nurse practitioners
 - the Clinical Nurse Lead
 - a member of patient advice and liaison service (PALS) team.

3.4 Summary of findings

- During the Enter and View visit the Dignity Champions observed the clinical team providing a high standard of care in relation to dignity and respect.
- The Dignity Champions did not have any concerns about cleanliness and hygiene of the centre.
- Despite of evidence of good practice, there were some areas of improvement. The Dignity Champions noted some considerations for the UCC.



4 Results of visit

4.1 Background

St Charles Urgent Care Centre (SCUCC) provides nurse-led care for people and children from the age of 2 years old with minor illnesses and minor injuries. It also provides a range of health advice and information.

The service is run by Central London Community Healthcare NHS Trust and is co-located within a hospital. It is open seven days a week from 8am to 9pm.

Patients at SCUCC are first triaged by a nurse, and allocated to an appropriate care pathway. There is a set target to triage the patient within the first 15 minutes of their arrival. UCCs are required to provide care for patients within four hours standard, as is required for Accident and Emergency (A&E) departments⁴.

In total 20 registered nurses and advanced care practitioners work at SCUCC. Every shift is staffed with 6 to 7 nurses. The clinical staff take turns in carrying out triage assessments and providing appropriate care for patients.

4.2 Environment

At the time of the Enter and View visit at SCUCC, Healthwatch CWL Dignity Champions made observations about the environment of the centre. Some points were raised and discussed with the Nursing Lead and the clinical team.

4.2.1 Reception and Waiting Area

- The centre is fully accessible to people with mobility difficulties - there is a ramp and a wide entrance to SCUCC.
- When patients arrive at SCUCC they are asked to fill out the assessment form before they are let through the doors to the waiting area.
- The SCUCC reception does not offer much privacy for the patients to talk to the receptionist in confidence in the corridor or in the waiting area.
- The waiting area at the SCUCC is small. Some patients were taking seats at the designated children area while waiting to be seen.
- At the time of the Enter and View visit, the waiting area was bright, well lit, and ventilated.

⁴ Healthcare for London, service delivery model for urgent care centres: Commissioning advice for PCTs, p.12

- The Dignity Champions noted that the noise levels were quite high in the waiting area. One of the patients mentioned that it was hard to hear who the clinical team was calling to the assessment room and she was afraid to miss her turn.

4.2.2 Health and Safety

- Patients' safety at the SCUCC is protected by the secured doors.
- The other safety measures were in place. All emergency exits were signed and accessible. Fire extinguishers were on site.
- The Dignity Champions did not have any concerns about cleanliness and hygiene of SCUCC.
- There was a bin for offensive waste available to patients. However, there was no hand sanitiser available for the patients' use.
- Dignity Champions observed that staff followed the infection prevention control procedures.
- The clinical team wore appropriate and clean uniforms and most wore name badges. However, not everyone in the clinical team had name badges pinned and it was difficult to see their names.

4.2.3 Signage and Information

- The centre is well signposted from outside with the standard red colour signage for UCCs. The red signage is traditionally used for A&E services as well and one of the nurse practitioners commented, that some of the patients are misled by the signage and seek A&E services at SCUCC⁵.
- Due to the preparations for the planned redecoration in the SCUCC waiting area, the walls were stripped down.
- There were no signs that indicated where people could find drinking water and toilet facilities. Patients told Dignity Champions that they were not aware where to find those facilities.
- The results from the Friends and Family Test were displayed on the wall and in general were positive. However, the comment board "You Told Us, We Did" has been taken away.
- No other information posters and leaflets were available to patients. The only relevant medical information available to patients was on the TV screen.

⁵ The current location of SCUCC was used for an A&E department in the past. It is very likely that this adds to the patients' confusion when seeking emergency support



4.3 SCUCC Patients

To learn about patients' experiences of care and treatment, the Dignity Champions spoke to nine patients in the waiting area.

4.3.1 Why Patients were Using the Service

- Except for one individual who was referred to the centre by another service, everyone else were self-referred patients.
- All but one individual were registered with a GP.
- One third of the patients told the Dignity Champions that they came to SCUCC because they were not able to get an appointment with their GP.
- Most of the patients felt that the centre was an appropriate service to deal with their conditions.
- One third of the patients thought that their cases were urgent or emergency.
- More than two thirds of all patients said that they came to SCUCC because they wanted to be seen quickly.

4.3.2 Convenience of the Service

- Patients said that the centre was easy to get to.
- The majority of people that the Dignity Champions spoke to mentioned that the SCUCC working hours were convenient.
- The centre was seen as a good alternative when patients were not able to get a GP appointment. One individual even mentioned that he thought he received better support at the centre than at his GP. Therefore, he always chose to come to SCUCC instead of trying to make an appointment at his GP.

4.3.3 Care Received

- The Dignity Champions observed that the SCUCC staff treated patients with dignity, and spoke to them in a compassionate and caring manner.
- The team demonstrated professionalism, sensitiveness and understanding of patients' needs. A nurse stepping out to help a patient in a wheelchair access the toilet is one good example witnessed by the Dignity Champions.
- The majority of the patients were satisfied with the service they received at the centre, rating the service 4 out of 5.
- Patients told the Dignity Champions that the staff were helpful, friendly and listen to them.
- Patients felt that the clinical team did not rush them and gave them time to examine their issues.



4.3.4 Waiting Times

- None of the patients had to wait longer than a set 15-minute target for a triage assessment.
- One third of the patients were seen within the first 10 minutes of their arrival.
- None of the patients had to wait longer than 2 hours to receive the appropriate care.
- Half of the patients received support within the first hour of their arrival.

4.3.5 Service Accessibility

- Only one patient the Dignity Champions spoke to had an additional need. The patient required assistance with translation. The staff members at SCUCC reassured us that they use various methods to support non-English speakers: e.g. internal Trust's LanguageLine, Google Translate or language knowledge within the team.
- The Nursing Lead explained that there were arrangements in place to support any other additional need.
- At the SCUCC, patients' needs are identified by the receptionist and passed to the clinical team via an internal messaging system.
- However, when the Dignity Champion asked the receptionist whether they had a hearing loop, she was not aware whether one was available at SCUCC.

4.3.6 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 SCUCC.

- Among the main things that worked well the interviewees mentioned:
 - SCUCC being a convenient place;
 - SCUCC's working hours;
 - Quick and efficient support provided at SCUCC;
 - SCUCC being able to reference onwards.
- Among the main areas for improvement the interviewees mentioned:
 - SCUCC not being very child friendly, lack of toys and quiet area.
 - Not enough privacy at the reception: patients mentioned that the reception was too close to the waiting area and that their conversation could be easily overheard. However, one of the patients mentioned that the initial assessment form served as a great tool to maintain confidentiality.
 - No access to WiFi while waiting to be seen.



5 Additional findings

Healthwatch CWL representatives talked to three nurse practitioners, the Nursing Lead and the member of PALS team to find out what they thought about the services they were delivering.

5.1 What the SCUCC Staff Said and Dignity Champions Found

- The SCUCC team said that the centre looked for opportunities to improve the service offered to patients.
- Every member of staff was encouraged by management to give out Friends and Family Test cards to collect patients' feedback.
- It was felt that the management promoted a positive culture.
- Although the team was relatively new, everyone the Healthwatch representative talked to said they felt supported by the team and senior management.
- The medical team mentioned that there were good learning opportunities available for them within and outside the Trust.
- The clinical supervision was not provided by the centre. The team were encouraged to access it via the Trust provision.
- The team mentioned, that difficult cases were brought up and discussed during the regular team meetings.

5.2 Concerns Expressed by the St Charles Urgent Care Centre Staff

- The clinical team were proud to be providing services people are satisfied with.
- The staff members felt that patients satisfied with how quickly and efficiently their issues were dealt with at SCUCC tended to return instead of trying to make an appointment with their GP.
- The majority of the nurses thought that patients attend SCUCC because of difficulties accessing primary care.
- Staff also thought that convenient access to the SCUCC could create demand for attendances for non-urgent problems.
- Some of the clinical team members felt that the longer appointment time given to SCUCC patients, compared to 7 to 10 minutes appointments at GP practices, was one reason that patients chose to come to the centre.



- Managing patients' expectations was considered as one of the biggest challenges the SCUCC must deal with. To manage patients' expectations, staff at the UCC explain to patients what they can and cannot do.
- Following clinical assessment some patients are referred to other healthcare providers. Quite often the UCC staff need to refer patients back to their GPs.
- The medical team believed that there is a need for public education on appropriate use of services, as well as raising awareness among GP administration and NHS111 staff about what services Urgent Care Centre provides.
- One nurse mentioned that there is a lack of self-care for minor ailments and long-term conditions among the public. She suggested that educating the public about self-care could discourage people from using urgent care and emergency services when not necessary.



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 SCUCC management to improve patients experience.

Based on the Enter and View visit to SCUCC, Healthwatch CWL recommends that:

- Consideration is given to how to provide more privacy at the reception area to ensure that people get the help they need from SCUCC
- Staff try entering the waiting area before calling patients' names to ensure that they can be heard
- The SCUCC review where hand sanitizer is available so that patients can access it in the waiting area and as they leave SCUCC
- Staff should be encouraged to wear badges that clearly state their name, so patients know who they are talking to
- While redecoration is happening, temporary signs indicating where patients can find the toilets and drinking water could be displayed
- Consideration is given to how to provide a greater selection of toys and books so that children and families waiting to be seen have something to do
- The SCUCC could explore the feasibility of installing a hearing loop in the reception area to ensure that patients with hearing impairments can clear hear reception staff

6.2 Service provider response

Thank you for your feedback. We have put in a variety of changes prior to your recommendations.

- We have fed back to reception that patients have the option to write down their information and mark private on their forms until they meet the triage nurse practitioner.
- The Nurse Practitioners have been reminded to go into the waiting room to call patients by their name.
- Hand sanitizers have been provided throughout the waiting areas for patients to use.



- St. Charles staff now wear the yellow #hellomyname is badges with their first name in bold accompanied by their role. These have been developed specifically for service users with visual impairments or dementia.
- Redecoration has been completed. The Urgent care Centre is currently recruiting volunteers to be stationed in the waiting room to signpost patients.
- St. Charles Urgent Care Centre has just purchased interactive toys for the children's waiting room. In addition, the area has been signposted as a paediatric area with NHS blue signage. The area has also been painted yellow to provide a non-clinical feel for the children.
- The urgent care centre is currently looking into purchasing a hearing loop.

