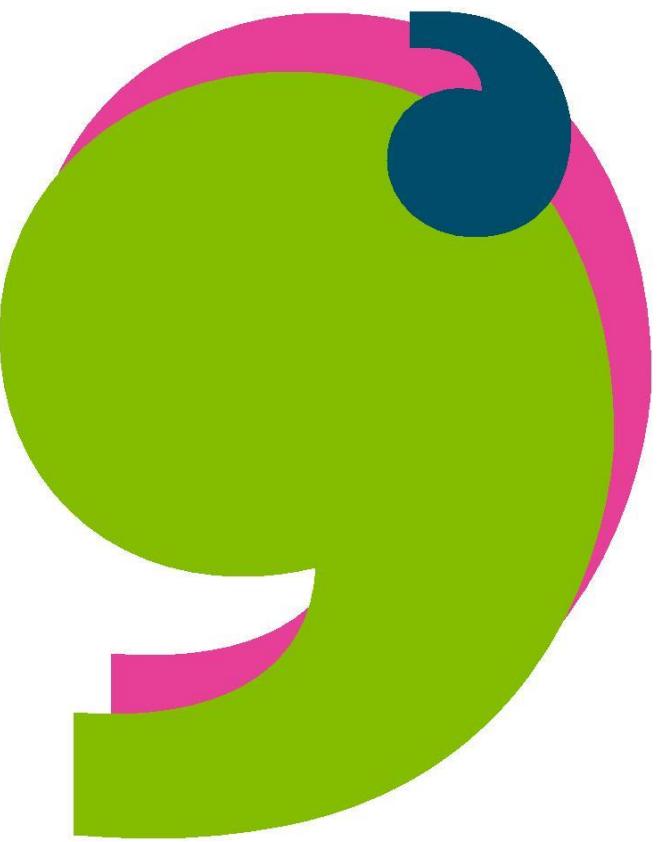




**Enter and View
report**
Hermitage Surgery
November 2018



healthwatch
Swindon

Contents

1	Introduction	3
1.1	Details of visit	3
1.2	Acknowledgements	3
1.3	Disclaimer	3
2	What is Enter and View?	4
2.1	Purpose of Visit	4
2.2	Methodology	4
2.3	Summary of findings	6
2.4	Results of visit	7
2.5	Feedback on discussion with operations manager, GP and reception	13
2.6	Recommendations and service provider response	14

1 Introduction

1.1 Details of visit

Details of visit:	
Service address:	Hermitage Surgery, Dammas Lane, Swindon SN1 3EF
Service Provider:	Westrop Medical Practice
Date and Time:	Monday 19 November 2018 at 11am
Authorised Representatives:	Lucy Gibson and Alison Evans
Contact details (Healthwatch Swindon):	Healthwatch Swindon, Sanford House, Sanford Street, Swindon SN1 1HE

1.2 Acknowledgements

Healthwatch Swindon wishes to thank patients, service users and staff from Hermitage Surgery for their contribution to the visit and this report.

1.3 Disclaimer

Please note that this report relates to findings observed on the date and time of the visits. It is not a representative portrayal of the experience of service users, patients and staff, only an account of what was observed and contributed at the time and subsequent comments from the service provider.

2 What is Enter and View?

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 View visits 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. **Healthwatch Swindon has commissioned Swindon Advocacy Movement to recruit four Quality Checkers and has authorised them to undertake a number of Enter and View visits, with support, specifically from the perspective of people living with a learning disability or on the autistic spectrum.**

2.1 Purpose of the Visit

- To find out more about the range of services provided at Hermitage Surgery
- To compare the experience of users, patients and staff with that at other surgeries
- To make practical recommendations about physical aspects of the premises which may have an impact on the experience of users.

2.2 Methodology

This was an announced Enter and View visit. We advised the practice management when the visit would be undertaken and confirmed details.

This is what we informed them in writing:

"This is to let you know that we intend to undertake an Enter and View** visit to Hermitage Surgery

1. We have commissioned [Swindon Advocacy Movement](#) (SAM), working with a volunteer quality checker they have recruited, to undertake this visit with a supporter. They will be visiting Hermitage Surgery from about 11.00 onwards on Monday 19 November 2018. The supporter is Lucy Gibson (SAM). As required, she has a DBS certificate and all will have name badges.
2. As you may know, an Enter and View visit can include the public areas of premises where health and social care services are provided but it would be helpful, where possible, to see consulting rooms. They would like to take the opportunity briefly to talk with some staff providing services on the day at the

surgery - and they will also want to talk with patients and/or carers - always where appropriate and convenient and absolutely not to disrupt the work of the surgery or individual practitioners.

3. They will form an overall view of the facilities and services based on what they see and hear and will draft a report which we will send you to check for accuracy. We will then finalise the report with any recommendations which we will publish and send to you and commissioners and, if appropriate, to the Care Quality Commission. We will subsequently follow up any recommendations.
4. Please reassure your people that this is not an inspection and that our intention is not to disrupt work. And, should the need arise because of any emergency, our people would withdraw.

** to remind you, Healthwatch Swindon is able to carry out these visits under the terms of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012) and National Health Service Act 2006/Local Government and Public Involvement in Health Act 2007 (as amended by the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.”



2.3 Summary of findings

A full set of recommendations and responses is on page 14 and following. We provided the surgery with a draft copy of this report and we have included their very full response (in red) throughout and/or made alterations in this final report.

Two specific areas recommended for review:

- Provision of easy read signage and information throughout both inside and outside the building.
- Consideration of some specific needs of people with learning disabilities over and above those already identified and provided for.

2.4 Results of visit

Building signage

Our visit to Hermitage Surgery started off with some confusion. We arrived at the surgery having driven into Dammas Lane as per the postal address and found there to be no parking available and a small entrance to the surgery which was poorly signposted. We noted a mobility scooter was parked outside (see photo below). The scooter would have been difficult to manoeuvre onto the raised kerb and narrow pavement and into the surgery. We were unable to park in Dammas Lane because of double yellow lines and therefore had to park in a nearby housing estate.

Practice response: The kerb is owned by the council. The practice has no control over the width of the pavement as owned by the council. The practice has no control over the placement of double yellow lines on council controlled property. There is a pay and display car park available on Dammas Lane which is used by most of our driving patients.

However, when we entered via the entrance in Dammas Lane we noticed that the surgery did have a car park and was later told by a member of staff that there was an entrance to the car park via another road. Unfortunately, as first time visitors to the surgery, we were not aware of this and there was no external signage in Dammas Lane to explain.



Disabled parking

There is a small car park on site and a sign on entering the car park informing patients of disabled parking although it was not in easy read. However, the two disabled parking bays were clearly signposted in easy read format.



Access to the building

There is a ramp for wheelchair users and a push button for disabled patients to open the automatic door. However the signage is not in easy read format and the blue print on the button is faded and difficult to read, especially for patients with poor vision. The signage is equally confusing for able bodied patients as it implies all patients need to use the disabled access facility although the door does open in the normal way.

Practice response: Able bodied patients are able to use the push button but we don't think of this as a negative. See photo below right showing black lettering on yellow background in large format, very easy to read.

There were two typed notices on the entrance door, one concerning new patients and the other opening times. Neither were in easy read format and the opening times notice was in smaller print making it difficult for patients with poor vision.



In the building

The Reception Area is small and so all conversations can be overheard by everyone in that area. There were no signs at the time of the visit informing patients that requests to speak in private can be accommodated. The operations manager confirmed a sign had not been put back following decoration - but was subsequently. At the time of our visit we also found no signage regarding chaperones, a hearing loop facility or easy read signage for using the automated check in screen. The door through to the waiting room is automatic with an easy push button making it accessible for disabled patients although the signage was not in easy read format.

Practice response: Unfortunately the practice has no options to improve the size of the reception area without reducing the number of consultation rooms. The hearing loop ... is now installed including signage. All text on the check-in screen is presented in large text and we have had no patient/PPG feedback to reflect that this is an issue. See photo below far right, black lettering on yellow background in large format, very easy to read.



Waiting area

The waiting room was bright and airy and drinking water was available. There was adequate seating for patients but very limited space for patients in wheelchairs and no designated space. There were high back chairs with arms but no wide seats suitable for people with age and mobility difficulties.

Practice response: We have had no patient/PPG feedback to reflect the issues.



There were few patient notices and leaflets in the waiting area. The operations manager confirmed that he had preferred to keep those to a minimum and a TV screen was being used to display patient information. However, there was no sound to the TV and it relies on patients being able to read and therefore not readily accessible for people with learning difficulties.

Practice response: Feedback from our PPG indicates that patients are more likely to read information/notices when presented on a TV. The practice has no intention to introduce sound to the TV presentation due to the technical issues that would be involved in delivering a voiceover effect.

Equally, patients who are vision impaired or not able to read quickly would struggle to follow the numerous adverts because they changed even before we had time to read through them.

Practice response: Interval at 25 seconds per slide, the practice has not received any patient/PPG feedback to reflect that this is not long enough.

There were a number of slides that contained particularly important information for patients - for example about the chaperone facility, prescription ordering or vaccinations but unless patients are focused on the TV screen, this information was easy to miss.

Practice response: Feedback from our PPG indicates that patients are more likely to read information/notices when presented on a TV.

The only notices regarding the chaperone policy were found on the outside of the doors of the doctors' consulting rooms and these were not in easy read format. They could be quite difficult for most patients to spot as the doors are opened as patients enter and then closed behind them. There is therefore little opportunity to read the notices.



In the background, loud music was being played and we found this was distracting rather than enjoyable.

Practice response: We have had no patient/PPG feedback to reflect this.

Patients are collected from the waiting area by the doctor or nurse and this was found to be accessible to all.

Health and safety issues

The Staff are responsible for evacuating patients in the event of a fire or emergency situation. However there were no patient notices regarding Health and Safety Procedures and no instructions next to the fire alarms at the time of our visit.

There was only one fire extinguisher located in the corridor of the consulting rooms and the Fire Action Notice was not sited close to a fire alarm. In addition, although the designated assembly point (rear of car park) was displayed, there were no signs in the car park identifying this area.

Practice response: The number and location of our fire extinguishers are inspected annually by a third party contractor and monthly by an employed responsible person. This is deemed to be fully compliant with all relevant legislation and regulations, additionally more fire extinguishers are available both on the ground and first floors. After taking advice on this issue, I can confirm that there is no specific legislative or regulatory requirement to place signage within the designated assembly point to identify it.



Toilet Facilities

We also found no signage in the waiting area regarding the availability of toilets and disabled facilities

Practice response: signage to be placed in easy read format.



The only signage was in the corridor of the consulting rooms and therefore not clearly visible to patients and not in easy read format. The sign on the door of the disabled toilet was not in easy read format nor were the few notices inside. It was also noted that there was no safety pull cord.

Practice response: safety cord to be installed. Baby changing table now installed in disabled toilet as per the recommendation made by Healthwatch representative at meeting.



2.5 Feedback on discussion with operations manager, doctor and receptionist

We had an opportunity to talk to a number of staff during our visit to Hermitage Surgery. Our findings were as follows:-

- The operations manager stated that all staff including reception, doctors and nurses have completed the Bluestream Training which includes a module on Learning Disabilities (LD) Awareness. Two GPs are specifically trained in this field and they have a dedicated part time LD Nurse. However, the receptionist we spoke to, who has been employed by the surgery for over 5 years, confirmed that she had not undergone such training.

Practice response: the employee spoken to had completed the required training but had thought that the training being referred to was an attendance training course as opposed to online training, this was corrected and confirmed at the time of visit.

- The operations manager was aware of the Accessible Information Standard (AIS). Unfortunately the AIS Questionnaire which was supposed to have been sent out to patients (some two years ago) to identify whether they had any communication needs, was not actioned.

Practice response: as explained in the meeting, when Westrop Medical Practice merged with Hermitage Surgery in December 2017 there were a number of mandatory requirements that were not yet being met which have now been rectified. The AIS questionnaire is now a part of the surgery welcome pack for new patients.

- However, some improvements have been made regarding the accessibility of the building like new flood lighting, repair of push button for automatic doors and adjustment of ramp for wheelchair users.
- The Surgery does have a register of patients with learning difficulties and there are currently 43 patients on it.
- Each time a LD patient telephones the surgery, the computer home screen will flag this up from their details, so staff will know that the individual may need more support. Appointments are therefore normally booked at the beginning or end of clinic time to avoid the busiest times. There is one patient who likes an empty waiting room so the surgery try and accommodate this as much as possible.
- Chaperone facilities are not automatically offered although the computer will flag up if patients have been accompanied in the past, and this will be accommodated if requested. The doctor gave an example where he had prescribed treatment to an unaccompanied LD patient but felt that the patient had not really understood the course of action so the doctor telephoned the patient's authorised next of kin to explain the situation.

- LD patients are not automatically offered a double appointment although doctors will allow more time if required. However the doctor we spoke to stated that an automatic double appointment would be preferable.

Practice response: All routine appointments at the practice are 15 minutes as opposed to the typical 10 minutes usually offered at other surgeries. In addition doctors are given regular "catch up slots" as part of their rota so they have the option to take longer with patients when required.

- The surgery does carry out Annual Health Checks (AHC) for those on the register for learning difficulties and letters are sent out in the month of their birth each year. The appointment letter is not in easy read format but the accompanying Health Check Information Sheet is and both documents contain

relevant information regarding chaperones and Health Action Plans. Patients are sent up to three letters in total informing them that their AHCs are due and the surgery will make direct contact if there is no response.

- The AHCs are carried out by a nurse specialising in LD patients and cover health education including flu jabs and cancer screening but not sexual health services.
- The operations manager confirmed that assistance is automatically offered to all LD patients including those with physical or sight impairments who may need help with filling in forms and they are taken to a private room. However, the receptionist mentioned that this is only given when specifically requested by the patient.
- If appointments are running late, the information will be displayed on the automatic check in screen and reception will regularly check on patients in the waiting area and keep them updated. Patients are visible from reception so staff can check that patients are not in any distress.
- The Practice has various ways of allowing patients to book appointments, either by calling in person, on the phone or on line (if they have pre-registered for this service). The surgery do not use easy read reminder slips but have sometimes produced them in writing.
- Patients are able to request repeat prescriptions on line or in person from reception. There is a 48 hour turnaround and a nearby pharmacy.
Practice response: patients are also able to request repeat prescriptions by phone by using the prescription ordering direct service (POD)



2.6 Recommendations and response from Hermitage Surgery

Building and Parking Signage

- Consideration should be given to informing new patients/visitors that access to the surgery car park is via Charlotte Mews and not Dammas Lane as per postal address.
Practice response: the car park is for use by staff only and the practice is in the process of buying land adjacent to the surgery with the intent of using as a patient car park.
- This information could be included as standard on patient correspondence from Hermitage Surgery. This could also be further supported by signage on the Dammas Lane pedestrian entrance.
- Signage from Dammas Lane could also be improved in an easy read format with the addition of a medical sign. **(As above)**
- Signage regarding car parking should be in easy read format. **(As above)**

External Building/Accessibility

- Access from Dammas Lane could be improved for patients with mobility difficulties by a dropped kerb. **(As above)**
- Access to the Surgery could be improved by easy read signage regarding operating the automatic entrance door and making good the faded blue print on the access push button. **(As above)**
- Signage regarding surgery opening times should be depicted in easy read format and in larger print.
- **Practice response:** signage to be placed in easy read format

Reception

- Signage regarding the availability of a private room for confidentiality should be returned and in easy read format.
Practice response: Now back in place
- Easy read signage about operating the automated check in screen should also be displayed **(as above)** together with easy read information leaflets or posters

regarding additional support facilities for those with learning difficulties like chaperones, hearing loop facility, assistance with form filling etc .

Practice response: Posters regarding chaperones, hearing loop and form filling now in place.

Waiting Room

- Consideration should be given to the availability of a designated space for wheelchair users and the availability of wide seating for those patients with age and mobility difficulties **(as above)**.
- Consideration should be given to a “patient notice board” displaying easy read posters or leaflets linking in with the information displayed on the TV screen and would support those patients who are unable to read or have vision impairment i.e. chaperones, hearing loop facility, assistance with form filling etc.

Practice response: feedback from our PPG indicate that patients are more likely to read information/notices when presented on a TV.

- Patients should be made aware that they will be collected from the waiting area in person by the medical staff through easy read signage and the current chaperone notice displayed on the outside of the doctors’ consulting rooms should also be in easy read format and highlighted to patients on approach.
Practice response: the practice strongly disagrees with a sign indicating that patients will be collected by a clinician as we have had no patient/PPG feedback to reflect that this is an issue.
- Consideration should also be given to turning down the volume of the music and turning up the sound of the TV and voice over the “adverts” displayed.
Practice response: we have had no patient feedback to reflect that music is too loud, although this can be discussed at our next PPG meeting.

Health and Safety

- Consideration should be given to emergency, fire and evacuation procedures being prominently displayed in both staff and patient areas. **(to be actioned)**.
- Consideration should also be given to the display of easy read operating instructions next to all the fire alarms and the fire extinguisher. The Fire Action Notices should be displayed next to all the fire alarms. **(to be actioned)**.
- The emergency Assembly meeting point in the car park should be more prominently displayed. **(as above)**.

Toilets

- Consideration should be given to easy read signage in the waiting area informing patients of the availability of toilets and disabled facilities (**to be actioned**).
- The signage for toilets on the wall in the corridor of the consulting rooms should be in easy read format as well as the sign on the door of the disabled toilet and the few notices inside regarding disposal of toilet paper and nappies (**to be actioned**).
- Consideration should be given to the installation of a safety pull cord for use by patients in the event of an emergency or assistance required (**to be actioned**).

Operations manager, doctor and receptionist

Our discussions were very positive overall, however, it was felt that consideration should be given, **especially in relation to patients with learning difficulties**, in the following areas:

- Review of training to ensure that all staff have undertaken the Bluestream Training which includes the module of Learning Disabilities (LD) Awareness and to action if appropriate (**as above**).
- In line with the Accessible Information Standard requirements, distribute the AIS Patient Questionnaire to ensure that communication needs are met (**now being actioned**).
- Reception staff should automatically book a double appointment for LD patients. (**as above**)
- Reception staff should automatically offer a chaperone facility to LD patients when booking an appointment especially for Annual Health Checks (**policy to be reviewed**).
- Introduction of easy read appointment letters for Annual Health Checks as well as easy read reminder slips (**to be reviewed**).
- Annual Health Checks should include sexual health screening and sexual health services (**to be reviewed**).
- Review of assistance offered to all patients who require support with form filling to ensure a consistent approach amongst all staff.
Practice response: assistance is already being offered routinely.

2.7 Additional response from Hermitage Surgery

“As I am sure you know, Westrop Medical Practice merged with Hermitage Surgery a little over a year ago and in that time we have worked very hard not only to maintain Hermitage Surgery’s good standing in the community but also to make a myriad of improvements to its services. In addition we have invested significant resources into rectifying out of date or absent good working practices and into developing the surgery’s infrastructure. I would like to take this opportunity to highlight some of these to you now:

- As was highlighted in the report, Hermitage Surgery has a very small car park, we are now (hopefully) only days away from completing the purchase of land immediately adjacent to the surgery which we fully intend to use as a patient car park offering up to 14 spaces.
- Hermitage Surgery was not taking on new patients prior to our merger but is now open to new registrations and has registered 241 new patients in the last year.
- When the two practices merged, Hermitage Surgery did not have a Patient Participation Group (PPG). We worked swiftly to create one and our first meeting was held on the 9 April 2018. The PPG has continued to meet regularly since.
- We have introduced a complaints policy/procedure, a Legionella policy, new legally compliant staff contracts, regular clinical audits, regulatory compliant fire policies as well as nominating a whistle blowing guardian, data protection officer and safeguarding lead. All of which (and many many more) are now in place.
- We have introduced a plethora of new staff since the merger, including a clinical pharmacist (with a second starting next month), a mental health nurse, various chronic illness nurses, a treatment room nurse, a physiotherapist, additional administrative staff and, of course, new GPs. All of this has resulted in GP waiting time down to just 5 days at all of our sites.
- New equipment has been purchased including (but certainly not limited to) brand new patient couches, a mobile atrial fibrillation sensor, a new state of the art telephone system (meaning no more annoying engaged tones) and home blood pressure monitors for use by our patients.
- A complete re-model of the waiting/reception area (as these were looking very tired at the time of the merger) which is now complete but was half way through completion at the time of our audit.
- Additional patient services have been introduced that were not available prior to the merger including a text message reminder system, access to online GP services, the ability to request sick/fit notes through our website and the ability to request prescriptions by phone through Prescription Ordering Direct (POD).
- In addition to this I would like to highlight our recent patient feedback survey (see link below) that shows we beat both local and national average scores on every single indicator.

- <https://www.gp-patient.co.uk/PatientExperiences?practicecode=J83002>

In conclusion, you will see from our responses that there are areas of your report where we agree we can make improvements and we will implement those as soon as possible.

Our worry, though, is there are many criticisms that are beyond our control (for example width of pavements, size of reception etc.), criticisms that perhaps border on the trivial (the self-check in machine for example is presented in large text). These, in conjunction with the overall negative tone of the report, combine to paint us in a very poor (and in our opinion particularly undeserved) light.”

Terry Walker
Operations Manager
Hermitage Surgery
Dammas Lane
Swindon
SN1 3EF
January 2019





[**Enter and View report**](#)

Hermitage Surgery

November 2018

