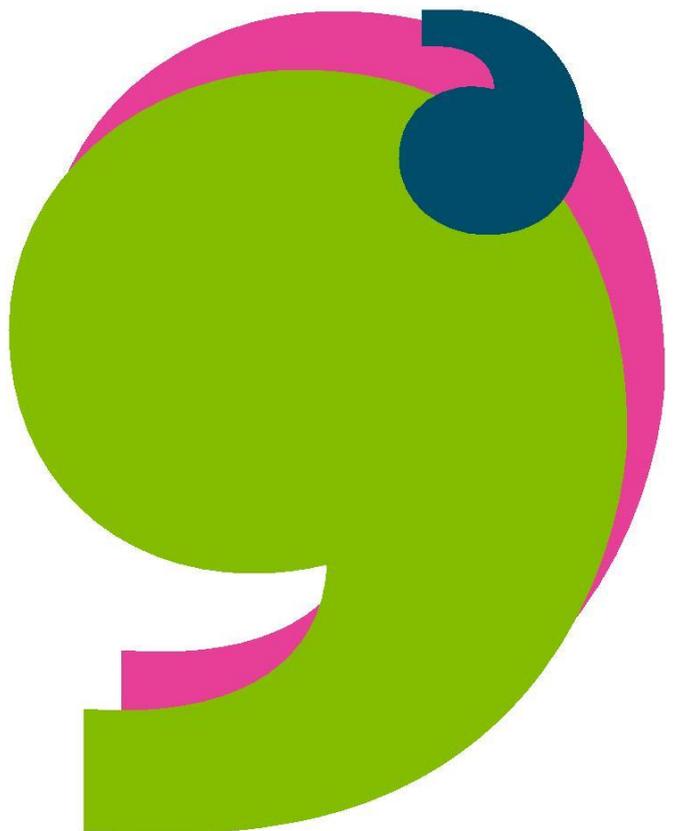


**Enter and View
report
Old Town Surgery
January 2019**

healthwatch
Swindon



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1 Introduction

1.1 Details of visit

Details of visit:	
Service address:	Old Town Surgery, Curie Avenue Swindon SN1 4GB
Service Provider:	Old Town Surgery
Date and Time:	Monday 8 January 2019 at 11am
Authorised Representatives:	Lucy Gibson, Alison Evans, Mark Court and Andrea Hague
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 Old Town 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 Old Town 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 Old Town 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 Old Town Surgery from about 11.00 onwards on Monday 8 January 2019. The supporters are Lucy Gibson (SAM) and Andrea Hague (Healthwatch Swindon). As required, they have DBS certificates 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 is on page 14 and following. We provided the Surgery with a draft copy of this report. No response was received.

Two specific areas recommended for review are:

- 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 Old Town Surgery started off with some confusion. When we arrived at the Surgery (by car) we tried to drive into what we believed to be the access road to the car park but noticed a sign on the wall saying “Private Road No access to Doctors’ Surgery”. We then drove round the road and found the entrance. It was poorly signposted and there was no obvious signage for disabled parking.



Disabled parking

There are 2 disabled parking bays which were difficult to find on entering the car park. The spaces are not in the main car park and can only be found on the way out. The disabled parking signage was difficult to spot as it was part obscured by a hedge and located at the end of the car park by the exit.





Access to the building

There are two entrances to the building. One at the front and the other at the rear, close to the disabled parking spaces - see photo above. Both entrances have automatic doors. The front automatically opens on approach but does not have easy read signage explaining this. The back entrance has a push button 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. There is also a “keep clear” warning sign on the door and some patient notices which again are not in easy read signage. There were no notices on either entrance regarding surgery opening times.



In the building

Reception

Reception is not visible from the rear entrance and there were no easy read signs directing us to its location once inside the building. The reception area is open plan to the waiting area and therefore conversations can be overheard. There are no signs informing patients that if they wish to speak in private that can be accommodated, although a member of staff did state that they would use the “privacy booth”, a recessed section of the waiting area, for confidentiality purposes. However, this section is still located in the main waiting area and used for displaying a number of patient information leaflets. It is therefore still not completely private.

There were no easy read signs for using the automated check in screen and no visible notices regarding chaperones. There was a sign for the hearing loop facility but it was very small and tucked away under the lip of a shelf and therefore very easy to miss.



The Surgery has consulting rooms located over two floors and, once a patient has checked in, they are directed to wait either on the ground floor or in the first floor waiting area. Patients are then collected from the waiting areas by the doctors or nurses but there are no signs explaining this.

There are stairs and a lift available for patients to use. There was a sign on the lift which was felt to be confusing and the typed print for the surgery level was faded and difficult to read. There was no signage regarding what patients should do in the event of an emergency.



Waiting area

There are two waiting areas which are spacious, bright and airy with magazines for patients to read. There was no drinking water available nor play areas for children. There was adequate seating for patients and two mobility chairs in each waiting area although the signage for the use of the mobility chairs were not in easy read. There were no high back chairs with arms or wide seating or designated spaces for patients in wheelchairs.



Notice Boards

There were a lot of leaflets and notice boards in both waiting areas. They were felt to be overwhelming and almost impossible to go through. Whilst it was acknowledged that it was important for information to be made available, it was made more difficult for these reasons:

- Very few of the posters or leaflets were in easy read format.
- Each poster was in a different size, colour, type face and layout and therefore it was difficult to read through and understand the information.
- Some of the posters were displayed in an untidy and haphazard manner and it was difficult to navigate through the sheer volume of posters.
- Not all of the posters on the notice boards were grouped in logical order or related to the notice board headings.

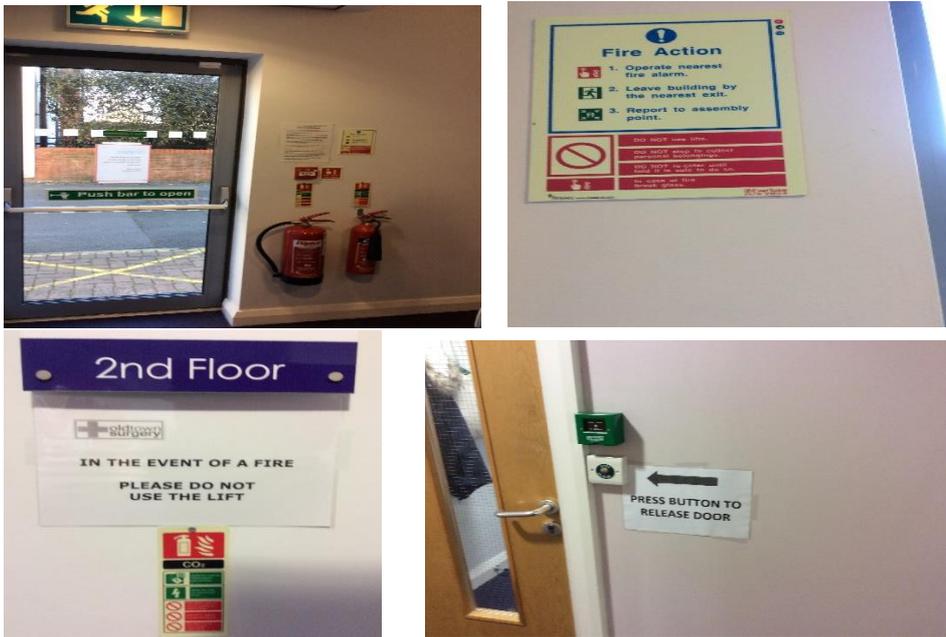


- There were a few specific patient notices randomly placed on the notice boards concerning booking appointments and home visits, but these were in black and white print and not in easy read format and were not clearly visible amongst the back drop of the other colourful posters.

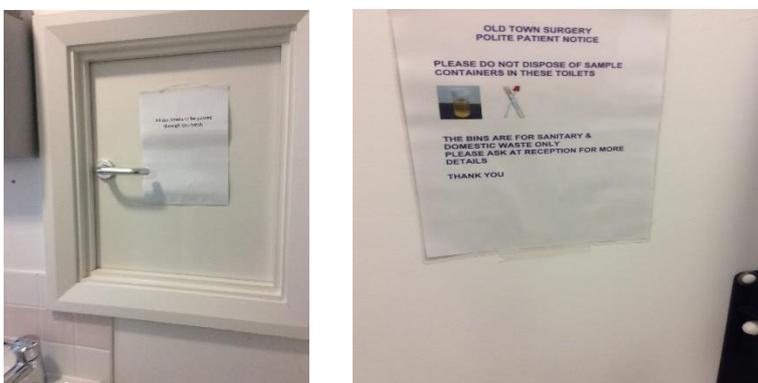
- A TV screen was also being used to display patient information. However, there was no sound to the TV and it relies on patients being able to read. The information was not, therefore, readily accessible for people with learning difficulties.

Health and safety issues

Signs about fire and evacuation procedures together with fire extinguishers were located by a side exit in a corridor leading from the ground floor waiting area. Fire extinguishers were also located on the second floor but without the procedures notice. There was no signage in the waiting area informing patients of the evacuation procedure and the fire action notices made no reference to the assembly point. The safety notices informing patients not to use the lift in the event of a fire were not in easy read format. One of the doors with an alarm and press button release were not in easy read signage.



Toilet Facilities



There were three accessible toilets for disabled patients. One on the ground floor and two on the second. There was no signage in either waiting area regarding the availability of toilets and disabled facilities. Some of the notices in the toilets were not

in easy read format - for example the poster about specimens. It was also noted that there was no safety pull cord in one of the upstairs toilets.

One of the “Accessible toilet” signs caused some confusion as it depicted a male figure standing next to a wheelchair. Initially it was thought that it was for the use of men/disabled patients only. However on the toilet door itself, the sign depicted both male and female.



2.5 Feedback on discussion with practice manager, office manager, nurse and receptionist

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

- The Surgery was purpose built and includes features which are learning disability (LD) friendly. For example, the low level reception desk, CCTV in both waiting areas, lift, accessible toilets, automatic entrance doors and additional exit directional signage on the first floor.
- All staff complete the Bluestream training which includes a module on learning LD awareness and this training is repeated each year. Although the nurse stated that she had not repeated this training.
- The Surgery does have a register of patients with LD and also records those with mental health (MH) issues. There are currently 55 patients on the LD list and 106 on the MH list.
- Each time an LD or MH patient telephones the surgery, the home screen will flag this up from their details, so staff will know that the individual may need more support. Although double appointments are not automatically offered, the

patient records will note if they have booked double appointments in the past and this is then accommodated.

- Chaperone facilities are not automatically offered but will be accommodated if requested. Although not seen during our visit, we were informed that the consulting rooms have notices regarding chaperones and the doctor will always arrange one, especially if the patient has to undergo a procedure. The chaperone provided by the surgery will always be a clinical member of staff.
- The Surgery does carry out annual health checks (AHC) for all patients on both the LD and MH register which is actioned on a monthly basis. The office manager has the dedicated responsibility for arranging the AHCs and ensuring that patients attend. In the first instance, patients are called to arrange an appointment. The office manager may also call the patient's carers/support staff if necessary.
 - Once an appointment has been made, a letter is then sent out to confirm the appointment together with a health check questionnaire to be completed by the patient with their support prior to attending. The appointment letter is in part easy read format but the questionnaire is not. The surgery felt that both the letter and questionnaire were in an easy read format and went on to state that this was in agreement with the view of the PPG who work with and approve all patient correspondence, leaflets, website etc.
 - A practice nurse (not specifically LD trained) will conduct the AHCs. If patients do not attend their AHC appointments, the nurse will ring the patient or their carers/support staff. To date, only 14 out of 161 patients had not attended and the office manager was following up on those at the time of our visit. Up to three appointment letters are sent out if necessary.
 - The AHCs do not specifically include flu jabs, cancer screening or sexual health services. The nurse felt that sexual health should be included in the health check questionnaire and covered within the AHC.
 - AHCs are thirty minute appointments, however the nurse felt that forty minutes would be more appropriate especially because of the clinical medical template that has to be completed for each patient.
- If requested, assistance is available to all LD/MH patients including those with physical or sight impairments who may need help with filling in forms and they are taken either to the privacy booth or a consulting room if they become agitated.
- If appointments are running late, the information will NOT be displayed on the automatic check in screen as the Surgery believe this could be "inflammatory". Therefore reception will regularly check and keep patients updated.

- 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 does not use easy read reminder slips but stated they could make type font bigger and draw a clock on the back of the slip if requested.
- Patients are able to request repeat prescriptions on line or in person from reception, with a 72 hour turnaround and there is a nearby pharmacy.

2.6 Recommendations



Building and Parking Signage

Consideration should be given to:

- Clearer signage regarding the surgery, possibly with the addition of a medical sign, as the building is also shared with other services/companies and located in a residential area.
- Clearer signage for the car park entrance and also allowing access via the private road for disabled badge holders.
- Clearer larger signage for disabled parking in main car park and not obscured by the hedge.

External Building/Accessibility

Consideration should be given to:

- Improving access via the back entrance by easy read signage regarding operating the automatic entrance door and making good the faded blue print on the push button.
- Easy read signage via the front entrance regarding the automatic doors opening on approach.
- Display of Surgery opening times in easy read format on both entrances.

Reception/use of lift

Consideration should be given to:

- Directional signage from the back entrance to reception.
- Display of easy read signage regarding the availability of a private area for patient confidentiality and the appropriateness of the privacy booth (waiting area) versus a consulting room.
- More prominent display of the hearing loop notice, display of easy read signage operating the automated check in screen and display of easy read information leaflets/posters regarding additional support facilities for those with learning difficulties. For example about chaperones, assistance with form filling, large print, braille etc.
- Clearer easy read signage about using the lift and what to do in an emergency.

Waiting areas

Consideration should be given to:

- Easy read signage for use of the mobility chairs together with additional availability of high back and wide seating for patients with age and mobility difficulties.
- The availability of a designated space for wheelchair users.
- The availability of drinking water for patients and an area/toys for children to minimise disruption and noise levels.
- Easy read signage informing patients that they will be collected from the waiting area in person by the medical staff.

Notice boards

Consideration should be given to:

- As staff already receive training on dealing with patients with learning difficulties, consideration should be given to training regarding the Accessible Information Standard and how that impacts on how information is communicated and displayed: for example by clearer signage, easy read posters, leaflets and better grouping of information.
- A dedicated patient notice board where specific notices about chaperones, booking appointments and help with form filling are grouped together to ensure that they are more clearly visible and in easy read format.

- A dedicated TV notice board displaying easy read posters or leaflets linking in with the information displayed on the TV screen. This would aid and support those patients who are unable to read or have vision impairment. Consideration should also be given to turning down the volume of the piped music and turning up the sound of the TV and voice over the “adverts” which are displayed.

Health and Safety

Consideration should be given to:

- More prominent locations of the fire and evacuation procedure notices for both patients and staff to ensure that they are clearly visible and in easy read format. There should also be, in easy read format, signage in the waiting areas informing patients of the location of the fire extinguishers in the event of an emergency.
- The fire action notices should be displayed next to all the fire alarms and extinguishers and the emergency assembly meeting point should be included in these notices and more prominently displayed.
- Easy read signage on the door with the alarm and press button release.

Toilets

Consideration should be given to:

- Easy read signage in the waiting areas informing patients of the availability of toilets and disabled facilities.
- The installation of a safety pull cord for use in the event of an emergency or when assistance is required (upstairs toilet).
- Easy read signage for the patient notices inside.
- Replacement of the accessible toilet to include both male and female.

Practice manager, office manager, nurse and receptionist

Our discussions were very positive overall. However, in the following areas and especially in relation to patients with learning and mental health difficulties,

it was felt that consideration should be given to:

- Review of training to ensure that all staff repeat the Bluestream training annually in line with practice policy as well as incorporating training on the Accessible Information Standard (AIS). The AIS training could also be extended to the PPG to assist their role.
- Offering double appointments for LD and MH patients.

- Automatically offering a chaperone facility to LD and MH patients when booking appointments especially annual health checks.
- Introduction of easy read appointment letters and health check questionnaires for annual health checks as well as easy read reminder slips.
- Including sexual health screening and sexual health services in annual health checks and therefore referring to this in the questionnaire.
- Extending annual health check appointments to 40 minutes each to assist the nurses in their role.
- Reviewing assistance offered to all patients who require additional support with filling in forms etc. to ensure a consistent approach amongst all staff.
- Reviewing the appropriateness of the privacy booth in the waiting area.
- Reviewing the 72 hour prescription ordering timescale. (The quality checkers had many examples to quote of people like themselves with learning/mental health difficulties, who were not able to keep a close watch on their medication and who sometimes ran out before realising. They were then reliant on their carers or support staff to re-order and a shorter timescale, perhaps 48 hours would be helpful in those situations).

2.7 Response from Old Town Surgery

No response was received.





Enter and View report

Old Town Surgery

January 2019

