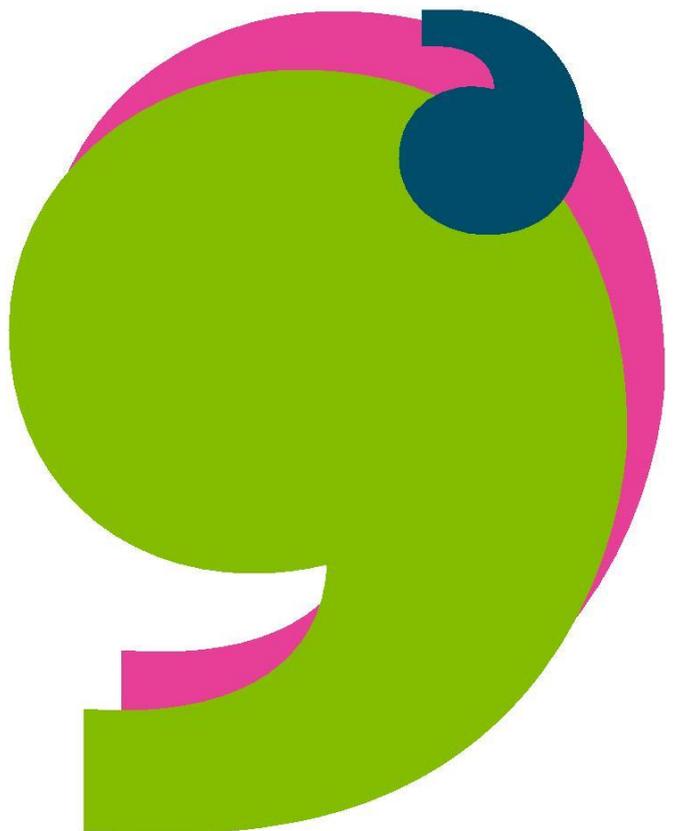




**Enter and View
report**
Park Lane Practice
October 2018

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 practice manager and staff	13
2.6	Recommendations and Service Provider Response	14

1 Introduction

1.1 Details of visit

Details of visit:	
Service address:	Park Lane Practice 7-9 Park Lane Swindon SN1 5HG
Service Provider:	Park Lane Practice
Date and Time:	Friday 12 October 2018 at 11am
Authorised Representatives:	Tammy Peapell, Mark Court, Lucy Gibson, Pam Forde,
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 Park Lane Practice 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.

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 Hawthorn Medical Centre
- 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 Park Lane Practice.

1. We have commissioned [Swindon Advocacy Movement](#) (SAM), working with two volunteer quality checkers they have recruited, to undertake this visit with two supporters. They will be visiting Park Lane Practice from about 11.00 onwards on Friday 12 October 2018. The supporters are Lucy Gibson (SAM) and Pam Forde (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 14-17.

- Consideration should be given to signage and access.
- Consideration should be given throughout to the provision of information, its format and display particularly in relation to Easy read documents and the Accessible Information Standard.
- Consideration should be given to the points raised in the discussion with staff.

2.4 Results of visit

Building signage

Park Lane Practice is situated on a main road and although the building is signposted there is no easy read signage depicting a medical building. There was also some confusion regarding the entrance to the Practice as the “front door” of the building is not the entrance. The Practice is approached by the rear of the building and whilst there is a sign directing patients to the real entrance, it is not in easy read format.



Disabled parking

There is a small car park on site but no allowance for disabled parking. The Practice is busy and therefore parking can be difficult for patients at times. The Practice is situated in a residential area and therefore parking locally is also made more difficult because of parking restrictions. The lack of provision for disabled parking was considered to be a serious concern.

There was a damaged manhole cover and some waste plastic and metal strips that could potentially be a trip hazard although the practice manager did confirm that this was being dealt with.



Accessibility to the building

There is a ramp for wheelchair users and a bell for disabled patients requiring assistance as the door does not open automatically. Without assistance it would be difficult for

anyone with mobility problems to open the door and manoeuvre through the hallway to the reception area. There were some concerns regarding the reliance on the staff to respond to the bell quickly to minimise wait time, especially in bad weather. This was tested and a member of staff responded within 2 minutes but the Practice was closed to patients at the time (lunchtime) and therefore it wasn't tested at a busy period. Also the sign was very small which could prove difficult for visually impaired patients.

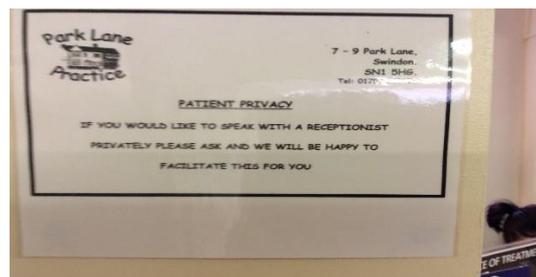


There was printed signage on the wall by the entrance door regarding opening hours which was very clear for most patients, but it was not in easy read format.



In the building

The reception and waiting area are openly sited together and therefore all conversation in reception can be overheard by patients sitting in the waiting area. There are signs informing patients that if they wish to speak in private that can be accommodated; however, the signs are in small print and therefore difficult to read, especially for visually impaired patients; and they are not in easy read format.





There was only one visible fire extinguisher located in the waiting area with no easy read operating instructions and no reference to the fire and evacuation procedures.



There is a fire exit door in the waiting room but the signage is not in easy read format.



Waiting area

The waiting room was spacious and bright and drinking water was available. There was plenty of seating and space for patients in wheelchairs. There were no high back chairs



with arms or wide seats suitable for people with age and mobility difficulties.

Patients are called through to their appointments by the doctors using the intercom facility and the nurses come out to the waiting room. There are doors from the waiting room leading to the numbered consulting rooms but these were not in easy read format.



There is a slight slope in the corridor leading to some of the consulting rooms which may be difficult for people with mobility difficulties, and although there is a sign informing patients, it is not in easy read format and there is no mention of what patients should do if they require assistance.

There is also a treatment room for minor operations upstairs which may be inaccessible for some patients, but the Practice have made provision for this by using a ground floor treatment room in these circumstances. There is also access to a wider consulting room if necessary.

Notice Boards

There were a number of notice boards and information leaflets in the waiting room and not all in easy read format. However, the displays were mostly tidy and some of the information was grouped together according to the subject matter (i.e. carers, patients and non 999 treatment) making it easier to understand the nature of the information displayed. It was noted however, that the notice board headings were not in easy read format and were in too small print.

There were some patient notices from the Practice (i.e. chaperones, appointment times, contacting the duty doctor etc.) that almost went unnoticed amongst the other displays and would have been very easy to miss.





Toilet Facilities

The toilet is located in the entrance corridor and is signposted in easy read format. However, from within the waiting area the signage is not in easy read format and there is no mention of the disabled toilet facility. It was also noted that within the toilet there was no safety pull cord.



We did not check whether the toilet roll dispenser on the wall was empty or not. We saw the empty roll holder next to the toilet and noted that. The quality checkers initially assumed that as this dispenser was located next to the air hand dryer, it contained paper hand towels if people preferred to use them instead.

It seemed an odd location for the toilet paper dispenser to be sited as someone would have to physically get off the toilet or really stretch to reach it. The quality checkers assumed toilet paper had been placed on the window sill to avoid doing that. There is room on the wall next to the toilet itself to re-site the dispenser and we have included that in our recommendations.





2.5 Feedback on discussion with Practice Manager and staff

We had an opportunity to talk to the practice manager and practice nurse. Our findings were as follows:-

- All staff including reception, doctors and nurses complete the Bluestream Training which includes a module on learning disabilities awareness.
- The Practice does have a register of patients with learning difficulties and there are currently 25 patients on this list.
- Each time a patient telephones the Practice, it is flagged up from their details, so staff will know that the individual may need more support and each patient is automatically offered a double appointment.
- The Practice does carry out annual health checks for those on the register for learning difficulties and letters are sent out in July each year. The letters are not in easy read format and Health Action Plans are not sent out.
- By the date of our visit, 8 patients out of 25 had attended their annual health checks.
- Patients are sent up to 3 letters in total that their annual health checks are due and the Practice will make direct contact if no response.
- The health check appointments are between 20 and 30 minutes long and are carried out by a nurse. The patient is welcome to attend with a chaperone but this is not offered in the letter and some patients attend without a family member or carer.
- The health check also covers health education including flu jabs and cancer screening but not sexual health services. If appropriate the nurse will signpost the patients to other medical services for extra support.
- 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).
- If appointments are running late, the information will be written on a notice board in the waiting area.
- 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.
- Chaperones are available if requested but not automatically offered.
- All staff have received training in light of the Accessible Information Standard and have made efforts to comply. The font size of typed letters has been increased and staff will help patients with reading and explaining leaflets. They will help patients fill in forms.

- Forms are not in easy read format but staff will photocopy and enlarge leaflets if required.
- Although the Practice does not use easy read reminder slips, the practice manager said he would be prepared to look at their design again.
- There is a hearing loop facility
- There are no facilities for blind patients - for example braille documents.
- There is a Language Line facility for non-English speaking patients.
- Any patient requiring the translation service is automatically offered a double appointment.

2.6 Recommendations and response from Park Lane Practice



Building Signage

- Building signage for Park Lane Practice could be improved with the addition of a medical sign and the rear entrance sign depicted in easy read format.

Response: “As we discussed, the layout of the building does not lend itself to the ‘front’ door being used as a patient entrance as there is no way a reception desk can be incorporated close to the door so this would compromise security. There is signage on the ‘front’ door itself as well as the blue sign advising that the entrance is at the rear. In most cases it will only be at first contact with the practice that the layout may seem unconventional - most patients will know for future visits that the entrance is at the rear and come to accept this. Comments regarding ‘easy read’ signage will be covered at the end of this response.”

Parking and Signage

- Consideration should be given to the allocation of a disabled parking space within the car park as room is available and this would minimise inconvenience to disabled patients.

Response: “Car parking at the practice is constrained by virtue of its location but we are flexible in terms of disabled patients parking in the middle of the car park where necessary.”

External Building/Premises

- Consideration should be given to removing the waste from the car park and repairing the manhole cover and making good the uneven ground to minimise potential trip hazards.

Response: “The practice was in the middle of having some lighting replaced at the time of the visit and the first batch of old lighting units were placed right against the wall in an area where patients would not normally walk - although unsightly, we feel

that due to the position of the clinical waste bin and the lights being against the wall it did not constitute a trip hazard.”

- Whilst it is accepted that staff will respond to the bell in a timely manner and assist disabled patients entering the building, staff should be reminded of the importance of response times, especially given current weather conditions. Also the signage should be in larger print. Furthermore, whilst acknowledging possible financial constraints, consideration should be given to the installation of an automatic entrance door.
- Signage regarding surgery opening times should be depicted in easy read format.

Response: “There was initially some confusion when the call bell was tested as I thought Tammy had pressed the bell on the front of the reception desk (both buttons ring the same bell) so this caused delay. Regarding the practice being closed for lunch, I anticipate response would be better when the practice is open and reception would be fully staffed. Comments regarding signage are noted.”

Reception

- Signage regarding the availability of a private room for confidentiality should be made more visible and in easy read format.
- Signage regarding the automated check in screen should be made more visible and in easy read format along with instructions on how to use it.
- The notice regarding waiting time delays for appointments should be in easy read format.
- Specific leaflets and information posters in reception regarding additional support facilities for those with learning difficulties should be more prominently displayed and in easy read format, together with clearer reference made to the assistance bell.

Response: “Only patients seated in the nearest of the three sections of waiting area would be able to hear conversations at the desk - we are constrained by building layout but do our best to mitigate the risk by playing the radio in the waiting area. Comments regarding ‘easy read’ signage will be covered at the end of this response. The bell can be used by any patient requiring assistance but is sited at a level where it is accessible to anyone in a wheelchair.”

Reception Health and Safety

- Consideration should be given to emergency, fire and evacuation procedures being more prominently displayed both in larger scale and in easy read format. Also, the label citing the “assembly meeting point” should be more securely attached.
- Consideration should be given to the display of easy read operating instructions to the fire extinguisher in the waiting area and reference to the fire and evacuation procedures.
- Consideration should be given to easy read signage relating to the fire exit doors.

Response: “Operating instructions are printed on the extinguisher by the manufacturer - we assume this is compliant with legislation. There are two designated emergency

routes from the waiting area and the 'running man' pictogram signs in compliance with latest BS guidance are immediately above each door. The textual signs on the doors (which are usually held open) are supplementary.”

Waiting Room

- Consideration should be given to the availability of high back chairs with arms and wider seating for those patients with age and mobility difficulties.
- Consideration should be given to easy read and directional signage for the location of the consulting rooms as well as improved signage warning patients of the slope and provision of assistance if required.

Notice Boards

- The heading information on the notice boards could be made more visible by larger print and in easy read format.
- Consideration should be given to a dedicated “patient notice board” for specific information from the Practice to patients. For example, chaperones, confidentiality, additional assistance requirements etc.

Response: “There is a lot of important information (and some compulsory information) which needs to be conveyed to patients and we also like to add some topical information (e.g. flu, diabetes meetings etc.). We therefore try to display as much as possible in the limited space available without it becoming too cluttered. Comments regarding ‘easy read’ signage will be covered at the end of this response.”

Toilets

- Signage on the waiting room door for the toilet should be in easy read and make mention of disabled facilities.
- A safety pull cord should be installed and staff should be reminded of checking that toilet paper is adequately supplied.

Response: “There is a wall mounted toilet roll dispenser on the wall in front of the toilet - the rolls are very large, last a long time and are checked daily by the cleaner.”

- Consideration should be given to repositioning the paper dispenser in the accessible toilet.

Practice manager and practice nurse discussion

Our discussions were very positive overall and consideration has been shown in many areas for those patients with learning difficulties.

However, it was felt that the service offered specifically for patients with learning difficulties could be further improved by:-

- To further support the Accessible Information Standard training undertaken, all staff should be made aware of the website “photosymbols.com” to help in the creation of easy read correspondence and notices for patients with learning difficulties.

- This process should include the practice nurse, who was not aware of the Accessible Information Standard, and with particular reference to annual health check letters and Health Action Plans.
- Consideration that reception staff should automatically offer a chaperone facility to patients when booking an appointment especially for annual health checks. Whilst there are patient notices offering this, it is dependent on the individual to request this additional service. It was considered that staff would be better placed to ensure that all patients have access to this. The practice nurse confirmed that, on some occasions, adults with learning difficulties have attended their annual health checks unaccompanied.
- Reducing the 72 hour prescription turnaround time or setting up automatic home deliveries for repeat prescriptions. (The quality checkers had many examples to quote of people like themselves with learning difficulties, who were not capable of keeping a close watch on their medication and who had run out without realising. They had then to rely on their support staff or family to visit in order to request more.)

Response: “Although our stated turnaround time is 72 hours it is often quicker and we always make exceptions where patients have run out.”

- Health Action Plans should be included within the annual health check and so should information about sexual health services.
- Introducing easy read appointment letters for annual health checks and Health Action Plans as well as easy read reminder slips.
- Consideration should be given to the introduction of braille services for those patients with vision impairment.

Response: “General comments regarding easy read signage and documents. As discussed during the visit, individual practices do not have the knowledge or specialist skills to know what makes a ‘good’ easy read sign and how some of the pictorial aids are interpreted.

It was suggested that the Clinical Commissioning Group (CCG) should provide practices with a set of easy read documents (e.g. appointment reminder slips, information about prescriptions etc.)”





Enter and View report

Park Lane Practice

October 2018

