



**Enter and View
report**

**Ridge Green Medical Practice
February 2019**

healthwatch
Swindon

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1 Introduction

1.1 Details of visit

Details of visit:	
Service address:	Ridge Green Medical Practice, Pilgrim Close, Swindon SN5
Service Provider:	Ridge Green Medical Practice
Date and Time:	Thursday 7 February 2019 at 10.30
Authorised Representatives:	Lucy Gibson, 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 Ridge Green Medical 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 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 Ridge Green Medical Practice
- 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 Ridge Green Medical Practice.

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 Ridge Green Medical Practice from about 10.30 onwards on Thursday 7 February 2019. The supporter is Lucy Gibson (SAM). As required, they have DBS certificates and 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 15 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 Ridge Green Medical Practice started off with some confusion. As we approached the entrance to the car park we were met with a sign on the gates saying “Private Car Park” and initially we were unsure whether it was just for staff use. There was no mention of patient or disabled parking on entry although the car park was accessible for both.

The building is quite shielded from view as it is surrounded by metal fencing and hedges. There is a side entrance leading from a pavement but it is not signposted.



Disabled parking

There is one space allocated for disabled parking close to the entrance only visible when actually entering the car park. It was highlighted on the ground but there was no eye level signage.



Access to the building

There is a wide and extended level brick pathway leading from the car park and the side entrance suitable for wheelchair users and those with mobility issues. However, there



were some concrete slabs partly overlapping the pathway by the side entrance and potentially could be a trip hazard or an obstruction for wheelchair users.

There is a main entrance to the Medical Practice which leads into reception and the main waiting room and two additional side doors. One of the side doors is used for patients who prefer to check in and wait in a quieter area and the other door (leading from another second quiet waiting area) is used as a fire exit. However, both side doors are located in an “annex” to the Medical Practice which is signposted as “The Heartsound Centre” which is no longer in existence and is therefore confusing.



The main entrance door automatically opens on approach but does not have easy read signage explaining this. There is also a bell but no instructions on when and why this should be used. The side door for access to the quieter waiting areas is kept locked and patients have to ring a bell to gain access. Neither side doors have any signage explaining their purpose.



The opening times for the Medical Practice are very clearly displayed but not in easy read format for those patients with learning difficulties.



In the building

Lobby/Reception

Entrance to reception is through a lobby and there was no easy read signage for using the automated check in screen.



There was a loose mat on the floor which was felt to be a potential trip hazard. On one side of the inner doors there was a sign for the hearing loop facility but it was quite small and easy to miss. However, on the purpose built (wheelchair friendly) low level Reception desk, there was a hearing loop box which was clearly on display. The no smoking sign was worn and would be more prominent if replaced.

Only one of the inner doors was kept open which made it difficult for wheelchair users or patients with mobility aids to get through without assistance.



The Reception area is open plan to the main waiting area and therefore all conversation can be overheard by everyone. There are no signs informing patients that if they wish to speak in private that can be accommodated.

There is a prescription ordering deposit letter box on the main entrance and a deposit box in reception but neither are in easy read format. The signage next to the wall clock reminding patients to check in for their appointment was also not in easy read format.



Waiting area

The main waiting room is quite spacious with magazines/books for patients and children to read. The seating is made up of low level soft leather sofas and armchairs. There was only one hard back chair with supporting arms for the benefit of patients with age and mobility difficulties but no signage asking able bodied patients to keep the seat free. (During our visit, one elderly patient with mobility issues entered the waiting room and could not use the low level soft seating. The patient's companion then had to ask another patient to move from the chair). There were no wide seats either. Also, there was no designated area for patients in wheelchairs and the only space available was at the reception entrance and in the way of other patients entering and leaving the Practice.



The two additional quiet waiting areas were better equipped with seating but the smallest waiting area had little space to accommodate wheelchair users. Both areas were lacking in bariatric high back chairs and wide seating.



Patients are called through to the consulting rooms by their names being displayed on the TV screen. A "beeper" sounds and then the patient's name appears on the screen together with the name of the attending medical staff. However, if a patient is hard of

hearing, vision impaired or has difficulty in reading, it is possible to miss the information relating to the appointment.

There is no information displayed regarding which consulting room to go to and the patient is left to navigate their way through long corridors to locate the rooms and look out for the name of the medical staff on the front door. Again, for patients with learning or reading difficulties, this could prove to be problematic.



There was only one sign visible in the main waiting room regarding the provision of chaperones and this was not in easy read format.



Notice Boards

There was a leaflet stand in the entrance lobby and a notice board in the main waiting room. Very few of the posters or leaflets were in easy read format. There were a few very specific patient notices randomly placed on the notice board, for example about prescriptions and evacuation procedures. They were not clearly visible amongst the back drop of other notices and therefore easy to miss.



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 and is therefore not readily accessible for people with learning difficulties.

It was noted that the clock on the TV screen was an hour out.

Health and safety issues

The Medical Practice is well equipped with fire equipment in all the waiting areas, entrance hallway and corridors. However, there were no fire and evacuation procedures sited next to any of the fire extinguishers for either staff or patients. There was one fire evacuation procedure poster on a notice board in the main waiting room but it was not in easy read format and difficult to spot as it got lost amongst the other posters and was in small print.



There were no instructions (easy read or otherwise) next to the fire alarms and there was only one fire action notice displayed that made note of the assembly point.



All the other notices were left blank as were the numerous spill kit notices left blank in the emergency contact section. The fire exit door in the larger quiet waiting area displayed a notice regarding its usage which was not in easy read format. This emergency exit door was also not suitable for patients in wheelchairs or with mobility difficulties as the inner door frame had a bottom lip to manoeuvre over and outside it had a drop to the ground.



The sign in the car park for the assembly point in case of an emergency evacuation was obscured from view by tree branches.



Toilet Facilities

There was a purpose built accessible toilet for disabled patients located next to one of the quiet waiting areas in the “annex” section. There was another toilet off the main waiting room which had been adapted with grab rails and so could also be used but this one was missing a safety pull cord. There was no clear signage regarding the availability of toilets and disabled facilities within the main waiting room. The only signage found was along the corridor on the way to the consulting rooms.



Some of the notices within the toilets were not in easy read format.





2.5 Feedback on discussion with practice manager

We only had an opportunity to talk to the practice manager and our findings were as follows:-

- The practice has made recent additional changes which are learning disability friendly. For example the extended and wide, level pathways and removal of raised concrete lip to assist wheelchair users, low level reception desk and “quiet” waiting areas.
- Only the doctors and nursing staff complete the Bluestream Training which includes a module on learning disabilities (LD) awareness. Reception/administration staff receive informal training only.
- The practice does have a register of patients with LD and there are currently 43 patients on the list.
- Each time a LD patient telephones the practice, the computer 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, reception staff will decide if this is needed and will book as appropriate.
- 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.
- The surgery does carry out annual health checks (AHC) for all LD patients from an annual printed list which is then worked through. There are two dedicated nurses with LD training who will conduct the AHCs. In the first instance, patients are called to arrange an appointment and then a part easy read confirmation letter is sent. A pre health check questionnaire is not sent out to patients to complete before their AHC but the Cardiff Health Check Questionnaire is completed during the AHC with the nurse. LD patients are also called on the day of their AHC to remind them of their appointment which lasts 45 minutes. The AHCs do include flu jabs, cancer screening and sexual health.
- If requested, assistance is available 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 side room.
- If appointments are running late, the information will not be displayed on the automatic check in screen but reception will keep patients updated. It was noted

that the time displayed on the clock on the TV screen in the main waiting room was an hour out.

- 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.
- Patients are able to request repeat prescriptions on line or in person from reception, with a 48 hour turnaround; and there is a nearby pharmacy.
- In light of the Accessible Information Standard the practice manager felt they had met the criteria by making available double appointments, chaperones, private rooms, hearing loop facilities and informal staff training regarding dealing with patients with learning difficulties.
 - However, the practice manager also confirmed that they had not sent out the communication letter concerning how patients wish to be communicated with and she felt that the practice should have more easy read posters and leaflets.

2.6 Recommendations



Building and parking signage

Consideration should be given to:

- Clearer signage regarding the medical practice possibly with the addition of a medical sign and signage on the gated side entrance confirming access to the practice.
- Clearer signage on the main entrance gates regarding car parking for patients and the availability of parking for disabled badge holders.
- Clearer eye level signage for disabled parking space in main car park.

External Building/Accessibility

Consideration should be given to:

- Removal of loose concrete slabs overlapping some of the pathway by the side entrance.

- Removal of all signage referring to The Heartsound Centre which is no longer in existence.
- Easy read signage via the front main entrance regarding the automatic doors opening on approach and the use of bell.
- Easy read signage regarding the use of the two other side doors.
- Display of opening times in easy read format.

Lobby/Reception

Consideration should be given to:

- Removal of floor mat or replacement with non-slip and opening of both inner doors.
- Display of easy read signage operating the automated check in screen and patient reminders of checking in on arrival.
- Display of easy read signage regarding the availability of a private area for patient confidentiality.
- More prominent display of the hearing loop notice and replacement of no smoking sign.
- Display in easy read format, information relating to additional support facilities for those with learning difficulties - for example chaperones, assistance with form filling, large print, braille etc.
- Easy read signage regarding the depositing of repeat prescriptions.

Waiting areas

Consideration should be given to:

- The availability of more bariatric and wide seating for patients with age and mobility difficulties in all the waiting areas.
- Easy read signage for use of the one hard back chair in the main waiting room.
- The availability of a designated space for wheelchair users in the main waiting room.
- Specific assistance from reception staff for registered LD patients on arrival to ensure that they have checked in, responded to the TV instruction to go through to the consulting rooms and to direct them accordingly.

Notice boards

Consideration should be given to:

- A dedicated patient notice board where specific notices like those referring to chaperones, booking appointments, evacuation procedures, help with form filling etc. are grouped together to ensure that they are more clearly visible, in easy read format and separated from the many other general leaflets.
- A dedicated TV notice board displaying easy read posters or leaflets linking in with the information displayed on the TV screen aiding and supporting those patients who are unable to read or have vision impairment. Consideration should also be given to voicing over the “adverts” displayed on the TV screen.
- Correcting the clock time on the TV screen.

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 should be in easy read format. There should also be signage in easy read format in all the waiting areas informing patients of the location of the fire extinguishers in the event of an emergency.
- Easy read instructions next to the fire alarms.
- 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 all these notices.
- The spill kit notices should be completed with the name of the emergency contact.
- Signage on the fire exit door located in the larger waiting area should be in easy read format.
- The accessibility of this fire exit door for patients in wheelchairs or with mobility issues should be reviewed and an alternative exit door should be communicated and signed accordingly. Or consideration should be given to fitting a fixed outside ramp.
- Larger signage in the car park relating to the assembly meeting point and free from obstruction.

Toilets

Consideration should be given to:

- Easy read signage in the main waiting room informing patients of the availability of toilets and disabled facilities.
- The installation of a safety pull cord for use by patients in the event of an emergency or assistance required in the toilet located off the main waiting room.
- Easy read signage for the patient notices inside both toilets.

Practice manager

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

it was felt that consideration should be given to:

- Review of training so that all staff undertake the Bluestream Training to ensure a consistent approach amongst all staff dealing with patients with learning difficulties.
- Review of training to incorporate the Accessible Information Standard (AIS) to continue to implement positive changes already made.
- Asking patients, via the communication letter as set out in the AIS requirements, how they wish to be communicated.
- Reception staff automatically booking double appointments for LD patients.
- Reception staff automatically offering a chaperone facility to LD patients when booking appointments especially annual health checks.
- Introduction of easy read appointment letters as well as easy read reminder slips.
- Sending out the health check questionnaires prior to the annual health check appointments so that patients and their support staff/carers are made aware of what is involved.

2.7 No response was received to the recommendations from Ridge Green Medical Practice



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