



Enter and View report

Hawthorn Medical Centre

September 2018



healthwatch
Swindon

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1 Introduction

1.1 Details of visit

Details of visit:	
Service address:	Hawthorn Medical Centre, May Close Swindon SN2 1UU
Service Provider:	Hawthorn Medical Centre
Date and Time:	Monday 10 September 2018 at 11am
Authorised Representatives:	Tammy Peapell, Kerry Smith, 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 Hawthorn Medical Centre 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 Hawthorn Medical Centre.

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 [Hawthorn Medical Centre](#) from about 11.00 onwards on Monday 10 September 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.****

We subsequently had an exchange of emails with the practice manager to clarify the purpose of the visit:

We were asked “I would be interested to know what has prompted this visit? We recently had a CQC inspection that did not identify any issues at Hawthorn.”

We replied “No issues. We have commissioned SAM to undertake this work and the Quality Checkers will be looking at the surgery primarily through the eyes of people living with a learning disability or on the autistic spectrum.

Sometimes Enter & View visits are an opportunity to see and hear about good practice and tell others too.”



2.3 Summary of findings

A full set of recommendations is on page 15-17.

- 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 patients and staff.

2.4 Results of visit

Building signage and disabled parking



On approaching Hawthorn Medical Centre, whether driving or walking, it is clearly signposted on the roadside and pavement, although there is no easy read signage depicting a medical building. Neither are any of the signs pointing to the entrance in easy read format.

There is a good sized car park on site and three spaces for disabled parking. However, on driving into the entrance, although there is a sign (not in easy read format) indicating that patient parking is available, it does not mention disabled parking. The spaces are, however, located closest to the entrance of the surgery. At the time of our visit, unfortunately one of the disabled spaces was being used by a patient without a Blue Badge who was “dropping off a prescription”, and another vehicle was parked blocking access to the disabled bay and part of reception.



Access to the building

There is a dropped kerb for wheelchair users, however there is still a lip which would be difficult to manoeuvre a wheelchair over, particularly if the patient did not have any support. The location of the dropped kerb was also considered to be at odds with the location of the disabled parking spaces. It meant that wheelchair users or those with walking aids would have to walk a few metres into the traffic of the busy car park to access the dropped kerb. This was considered to be a safety risk. There are also some uneven paving stones which could potentially be a trip hazard.



The entrance doors automatically open on approach. There is an intercom on the wall but no explanatory sign on why and when to use it. The intercom is sited too high up on wall to reach if you are a wheelchair user.

There was printed information on the entrance doors about opening hours, the Prescription Ordering Direct telephone line and the pharmacy but none was in easy read format. As the doors automatically opened on approach, it was very difficult to read any of the information. It took over 5 minutes before there was a break in patient traffic before we could access the information.

At the time of our visit, accessibility into the building was made very difficult as the reception and pharmacy areas (sited immediately as you enter the building) were very busy and patients were queuing outside. It was noted that there were no signs asking patients to refrain from blocking the entrance.

Initially there was some confusion regarding the entrance to the Medical Centre. On the side of the building there appears to be another entrance which is now obviously no longer in use. However because of the printed information on the glass windows and the wall letter box and entrance sign, it drew our attention. Again it was noted that none of the information was in easy read format and the active letter box was sited too high up the wall for a wheelchair user.



In the building

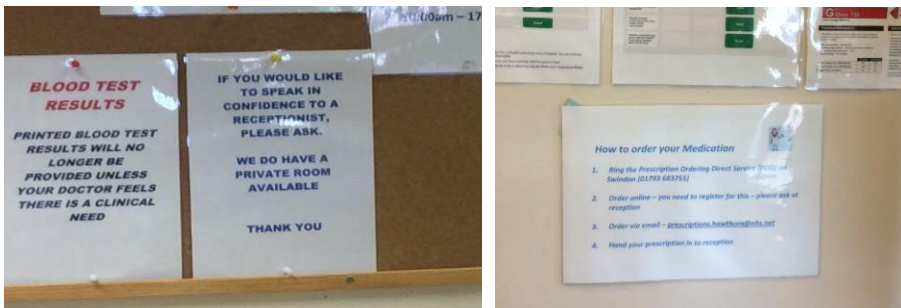
Reception

Reception was very busy at the time of our visit and there was only one member of reception staff. Given how busy it was, there was very limited room to move around. It would be difficult to manoeuvre a wheelchair into the building and into the waiting room (as it would also be for those patients with walking aids or pushchairs).

Although there are automated check in screens located in the waiting room, it appeared that most patients were choosing to queue at reception to check in. There was a sign referring patients to the screens but it was a faded notice, not clearly visible and not in easy read.



There appeared to be no private areas and all conversation in reception (and the pharmacy) could be overheard by everyone. It was later noticed that there was a sign in the staff area behind the reception check-in counter, offering a private room if required. However, this was spotted quite by chance. It was not clearly visible nor was it in easy read format.



There were a number of posters and leaflets on display in the reception area but not all were in easy read format nor were they clearly displayed. This was considered to be a concern as there was a lot of information which could be really important and helpful to patients, especially those with learning difficulties. For example, the communication card, offer of chaperones, hearing loop facility, wheelchair facility and mobile text reminders.



Reception health and safety issues

There seemed to be a lack of information regarding the safety of patients in the event of a fire or evacuation. There were no visible posters outlining the procedures in the event of such emergencies. There was only one fire extinguisher in reception and one appeared to be missing from its site. There was no explanatory information for either staff or patients that we could see. The emergency alarms did not have any explanatory information either.



The door which leads through to the pharmacy consulting room opens out into reception and could possibly hit patients queuing. There is a sign warning patients of this but it is not in easy read and a large poster underneath it could distract. The push button entrance to the waiting room was faded and difficult to read.



The hand sanitizer unit was not in easy read format. The “no smoking sign” on the door leading into the waiting room was faded and not in easy read.



An observation was also made regarding the layout of the pharmacy which was felt could be a potential safety issue. The dispensing area is separated from patients by a serving

counter. However the counter is not secure and does not block off access into the dispensing area and it would be possible for any patient to enter this area.

Waiting Area

The waiting room was spacious and welcoming. It was tidy, bright and airy and there were magazines for patients to read and toys for children. There was plenty of seating and a space for patients in wheelchairs, although the space allocated was not clearly signposted nor was the sign in easy read format. There were 4 high back chairs with arms suitable for people with age and mobility difficulties but there were no wide seats.



There are 2 automated check in screens sited on the wall at 2 different heights to cater for those in wheelchairs. Although there was signage for patients, it was not in easy read format.



Patients are called through to their appointments by the doctor or nurse coming out to the waiting room which was felt to be user friendly. Although there was an electronic appointment display board located on the wall it was not in operation at the time of our visit. It was noted that photos of all the doctors and nurses were displayed on a notice board. That was very much welcomed and considered to be especially helpful to all patients, not just those with a learning difficulty.



Consulting rooms

There are two doors from the waiting room leading to the consulting rooms. Each door has a sign directing patients to the number of the consulting room but these were not in easy read format.



Notice Boards

There were a number of notice boards and information leaflets in the waiting room - not all of which were in easy read format. However the displays were tidy and the information was grouped together according to the subject matter (for example carers, young people, meningitis, non 999 treatment etc.) 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.



Toilet Facilities

There is a door from the waiting room leading to toilets but the signage is not in easy read and there is no mention of a disabled toilet. There are 2 toilets, male and female but neither are adapted for disabled users. We spoke to two patients and they mentioned that they were not aware of the surgery having a disabled toilet and they were concerned about the lack of facilities. However we later found out that there is a disabled toilet located in the corridor of the consulting rooms but this was out of use. The Practice Manager could not confirm how long it had been out of service and when it would be repaired.



2.5 Feedback on discussion with Practice Manager and staff

We had an opportunity to talk to the Practice Manager and our findings were as follows:-

- Doctors, nurses and the office manager receive training to deal with people with learning difficulties. This training is not currently available to everyone. However, following our discussions, the surgery will look into the possibility of including all staff in this.
- The surgery does have a register of patients with learning difficulties, which is linked with Swindon Borough Council. Each time a patient telephones the surgery, it is flagged up from their details so staff will know that the individual may need more support. Each disability is coded and therefore staff are easily able to identify their needs.
- Patients are not automatically offered a double appointment but staff are at liberty to make that decision if they feel it is necessary or if the caller requests it.
- The surgery 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 displayed on the automated check-in screens on arrival.
- Patients are able to request repeat prescriptions on line or in person from reception and there is an on-site pharmacy.
- Chaperones are available if requested.
- Staff felt that some of their forms were in easy read format - for example the communication card and the annual health check appointment letter. In addition, in light of the Accessible Information Standard, registration forms have been altered to record patients' learning difficulties and to ensure that they are flagged up each time a patient contacts the surgery.
- Staff will try and help people with filling in forms but mostly patients are required to fill them in at home.
- Although the surgery does not use easy read reminder slips, there is a mobile text reminder facility.
- The surgery does carry out annual health checks for those on the register for learning difficulties and appointments due are flagged up each month on the computer system. A patient is sent a maximum of 3 easy read letters or reminders that their annual health check is due. The health check appointments are 30 minutes long and are carried out by a nurse. The patient is asked to bring their Health Action Plan and informed about bringing a carer with them if desired. The health check also covers health education including flu jabs, sexual health services and cancer screening. If appropriate the nurse will signpost the patients to other medical services including Community Navigators for extra support.
- If a patient does not respond to any requests to attend an annual health check, the practice will contact Swindon Borough Council to inform them and also to ensure that their learning disability register is up to date. Currently, of 80 Hawthorn patients on the register, 60 have attended their appointments.
- There are no facilities for blind patients - for example braille documents.
- There is a Language Line facility for non-English speaking patients.

2.6 Recommendations



Building Signage

- Building signage for Hawthorn Medical Centre could be improved with the addition of a medical sign and the entrance sign depicted in easy read format.

Parking and Signage

- There is an existing sign on the wall regarding car parking. Consideration should be given to an additional sign underneath making reference to disabled parking spaces and the location of the bays.
- Consideration should also be given to conducting spot checks on parking to minimise patients without a Blue Badge occupying spaces or blocking access to reception.

External Building/Premises

- Consideration should be given to relocating the dropped kerb in line with the disabled parking bays to avoid the necessity of patients walking into the line of traffic.
- Consideration should also be given to the levelling of uneven paving slabs to minimise potential trip hazards.
- Signage on the glass automatic doors regarding surgery opening times etc. could be made clearer and easier to read. Consideration should be given to a permanently fixed sign on the wall by the entrance so that patients are not reliant on the doors remaining closed to be able to see the information.
- Consideration should also be given to the siting of the intercom and to provision of easy read signage explaining how to use it.
- To avoid confusion regarding the “old entrance”, consideration should be given to removing the out of date signage.

Reception

- To avoid patient traffic blocking access to reception and the waiting room, consideration should be given to easy read posters requesting patients to keep access clear.
- Signage regarding automated check-in screens should be made more visible and in easy read format.
- Signage regarding the availability of a private room for confidentiality should be made more visible and 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.

Reception Health and Safety

- Consideration should be given to emergency, fire and evacuation procedures being prominently displayed for both staff and patients and in easy read format.
- The “missing” fire extinguisher should be replaced.
- The “warning” sign on the door opening outwards should be more visible and in easy read format.

- The entrance button for wheelchair users should be made clearer as the print has faded.
- Signage for the hand sanitizer should be in easy read format.
- The “no smoking” sign should be made clearer and in easy read format.
- Consideration should be given to making the pharmacy secure from the possibility of unwanted intruders.

Waiting Room

- The space allocated for wheelchair users should be made clearer with more prominent signage and in easy read format.
- Consideration should be given to the availability of wide seating.
- Signage for using the electronic check-in screens should be in easy read format.
- Consideration should be given to easy read and directional signage for the location of the consulting rooms.

Notice Boards

- The heading information on the notice boards could be made more visible by larger print and in easy read format.
- All management and staff should be made aware of the Accessible Information Standard and consideration should be made to replace those leaflets and posters that do not meet the Standard.

Toilets

- Signage on the toilet door should be in easy read format and there should be additional signage in the waiting room informing patients that a disabled toilet is also available if required.
- Consideration should be given to ensure that the disabled toilet is repaired as soon as possible and made available on request.

Patient Discussion

- Unfortunately we only had an opportunity to talk very briefly to two patients during our visit. They expressed their concern regarding the lack of a disabled toilet and that they had been waiting for half an hour for their appointment. In fairness, when they were called in by the doctor he immediately apologised for the delay.

Practice Manager 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:-

- All staff undergoing training on dealing with adults with learning difficulties and being made aware of the Accessible Information Standard.
- Consideration that reception staff should automatically offer a double time slot and the chaperone facility to patients when booking an appointment. Whilst there are patient notices offering these, it is reliant on the individual to request these additional services. It was considered that staff would be better placed to

- ensure that all patients are made aware of these facilities.
- Consideration should be given to the process to ensure all those on the learning disability register do attend their annual health checks. Although the surgery does make three attempts to contact individuals and a further follow up with Swindon Borough Council, only 60 of 80 patients registered have attended their appointments.

Whilst it was acknowledged that no-one should be forced to attend the annual health check, it was considered that the surgery should at least have communication with those patients to understand why they did not choose to attend.

- The introduction of easy read reminder slips to complement the easy read appointment letters.
- Consideration should be given to the introduction of braille services for those patients with vision impairment.

2.7 Service Provider Response

“In response to the report, we would like to thank you very much for the very comprehensive content and raising awareness of the issues highlighted which we will be looking into next year as part of an overall review of the building.”

Mrs Sylvia Lavers
Deputy Practice Manager





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