Goodmayes Medical Centre

Practice Manager: Sumathi Sundarrajan & Dr Shah

Authorised representatives: Hyacinth Osborne & Lee Chesing

Date of visit: 6th June 2018

Recommendations made in original report	Provider Response	Comments from Review
 The surgery should consider having a website so that patients can access any necessary information on there. This website should be accessible to people with communication impairments. Patients should be able to: Change the size of the text; some people with a visual impairment need information in a large font size. 	We are in the process of having surgery website. However, in surgery NHS choices website we have mentioned the service regarding accessible information to people with communication impairment.	The website is up and running but not fully operational. However, it should be fully running shortly.
 Change the colour of the background; some people cannot read text if there is insufficient contrast between text and background. 		
 Navigate the whole website without a mouse; some people 		

 who are blind/partially sighted with mobility impairments rely on the keyboard. Access website information via screen readers and translation software (such as Browesaloud®6) especially for people with visual impairments. 		
2. A Communications handbook with basic images of common BSL and Makaton symbols should be available in the reception thus enabling staff to communicate more effectively with patients who have communication impairments.	Communications Handbooks with basic BSL and Makaton Symbols for our Reception team have been ordered and we await delivery.	There is a communication book in reception. Representatives were shown the book.
3. Although we understand that people with communication needs often attend the visits with their carers, staff should reduce reliance on carers, family and friends to relay information to the individual. This is because it compromises a patients' right to privacy and dignity.	We have protocol in place which helps us to understand the needs of the patient with carers so that we can have a direct support with these cohort of patients. This will help reduce our reliance on the carers, family and friends both for the medical and physical needs as well as their privacy and dignity.	Patients are seen in private without carers. The communications book is used depending on the disability of the patient. If it is necessary to speak to the carer, permission is sought from the patient to do so. They endeavour to use all necessary means to relate to patients without the carer being present.

4.	Visual impairment and deaf awareness training should be provided for all staff members as an annual roll on programme. This would enable staff to know how to communicate better with a deaf/blind person.	We are in the process of arranging training relating to visual impairment and deaf awareness for all staff.	Staff training has taken place via elearning on line. Follow up sessions and refreshers are expected.
5.	Staff should be trained on how to provide information in an easy read format for patients with learning disabilities.	There is a folder available in reception on "How to provide Information" in an easy read format for patients with learning disabilities and all the staff are aware of this.	This training has taken place.
6.	The surgery should consider changing the fire alarms so that there is a flashing light as well when the alarm sounds.	We are in the process of changing the fire alarm and hope to have them done shortly.	There is no flashing red light as well as sound for the fire alarm. Dr Shah said they have spoken to the electrician regarding this and were told that in order to put these lights in they would have to remove all the ceilings in the surgery. This would cause a lot of disruption to the whole surgery. The practice manager said they have upgraded the existing fire alarm system and have also installed smoke alarms.
7.	The surgery should provide information on complaints/compliments in a variety of formats such as large print for patients.	We have already displayed information on complaints/compliments in a large print format for patients.	Information on the complaints procedure is now available in several formats. This was shown to the representatives.

8. Posters and leaflets in the waiting area should be simple to understand and accessible for people with communication needs. It would be useful to have the information about Accessible Information Standard on a large A3 paper so that it is more visible.	We are currently still in the process of producing large print posters and leaflets and hope to have them available shortly.	An Accessible Information Standard poster is available on a large A3 paper.
9. It would be useful to reduce the amount of information on the wall and noticeboard, as this makes it difficult for patients to notice important information.	All important information on the notice board is regularly updated and monitored. The old information is removed on a regular basis.	The practice manager said the amount of information on the noticeboard has been reduced. She said that the posters are now being reviewed on a regular basis and removed to reduce clutter.
10. The surgery should provide training for staff members on how to use the hearing loop.	We are in the process of arranging training for all staff on the Hearing Loop System.	All staff have now been trained on how to use the hearing loop.
11. The sign for the hearing loop should be enlarged and placed in a visible position.	We have displayed the enlarged sign for the hearing loop and placed in a visible position.	It was noted that the hearing loops signs had been enlarged and placed strategically for patients to see.
12. The surgery should consider putting yellow strips on the stairs to make it more visible for people with a visual impairment.	We are booking appointments for all the visual impairment and disability patients on the ground floor, not on the first floor consulting room. However, we will take your recommendation into consideration to put yellow strips on the stairs to make it more visible for patients with visual impairment.	The stairs leading upstairs have been clearly marked with yellow and black strips. However, Dr Shah pointed out they were not happy with this as the strips keep tearing and someone could catch the heel of their shoe in it, causing them to fall.

13. The surgery should consider fitting a standalone sign in front of the surgery because the current sign is small and difficult to see from a distance.	We will contact the signage company to process the current sign outside in larger size to enable patients to view from a distance.	The surgery have contacted the signage company but to date no decision has been made about the sign. One representative pointed out that the existing sign was inadequate. They were told they are in the process of their annual update and did not know if a free standing one would be allowed. The surgery said they would contact the council to see if they would be willing to erect a sign at the corner of the road.
14. It would be useful to put a sign on the table so that visually impaired patients are aware that the table is there.	We will provide a sign on the table so that visual impairment patients are aware that the table is there.	There is no sign on the table, however the surgery has put some yellow and black tape around the edge of the table. This will make it easier for those with a visual impairment to see the table.
15. Staff should be provided with the necessary procedure for assisting Deaf people out of the building in the case of a fire.	Training will be provided for all staff for assisting deaf/disabled patients out of the building in case of fire.	There is now a procedure in place to enable staff to assist deaf people out of the building should there be a fire.
16. The surgery needs to put a procedure in place to identify communication needs of existing patients.	We have displayed a poster in reception area asking patients to make reception staff aware of any communication impairment they may have.	The surgery have implemented this. All needs are recorded on the patients file and they are flagged on the 'pop up' system in the patient's records.