



Castleton Road Health Centre 19 - 21 Castleton Road, Goodmayes, Ilford, Essex IG3 9QW

Monday 3<sup>rd</sup> July 2017

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Service Provider	Castleton Road Health Centre 19 - 21 Castleton Road, Goodmayes, Ilford, Essex IG3 9QW
Contact Details	Practice manager- Nasir Quraishi
Date/time of visit	Monday 3 <sup>rd</sup> July 2017, 10am -12:00pm
Type of visit	Announced visit
Authorised representatives undertaking the visits	Hyacinth Osborne Sarah Oyebanjo
Contact details	Healthwatch Redbridge
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# **Acknowledgements**

Healthwatch Redbridge (HWR) would like to thank the staff and patients at Castleton Road Health Centre for their contribution to the Enter & View programme.

# **Disclaimer**

Please note that this report related to findings observed during our visit made on Monday 3<sup>rd</sup> July 2017.

Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time of the visits.

# What is Enter & View?

Part of the local Healthwatch programme<sup>1</sup> is to carry out Enter & View visits. Enter & View visits are conducted by a small team of trained volunteers, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises.

#### Enter & View is the opportunity for Healthwatch Redbridge to:

- Enter publicly funded health and social care premises to see and hear first-hand experiences about the service.
- Observe how the service is delivered, often by using a themed approach.
- Collect the views of service users (patients and residents) at the point of service delivery.
- Collect the views of carers and relatives through evidence based feedback by observing the nature and quality of services.
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter & View visits are carried out as 'announced visits' where arrangements are made with the service provider, or, if certain circumstances dictate, as 'unannounced' visits.

Enter & 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 a service does well.

## Introduction

Healthwatch Redbridge (HWR) is conducting Enter & View visits to all GP practices across Redbridge as part of our work programme during July to October 2017.

Last year, Healthwatch Redbridge organised a series of workshops for practice managers across Redbridge, Havering, Barking and Dagenham to inform them about the Accessible Information Standard<sup>2</sup>. These visits are an opportunity for HWR to discover if the standards have been implemented across the borough.

## **Accessible Information Standard**

This standard aims to ensure that people who have a learning disability, communication impairment or sensory loss are provided with information that they can understand. They should also be able to receive support so that they can communicate effectively with health and social care services.

From 1<sup>st</sup> August 2016, all organisations that provide NHS or social care must follow the standard by law. For organisations to effectively implement the standard, they need to consider their policies, procedures, human behaviour and where applicable, electronic systems.

# Purpose of the visit

The visits were planned to evaluate whether GP practices across Redbridge are implementing the standards thereby ensuring that the needs of people with communication impairments are being met.

In addition to the workshop organised for practice managers, HWR also ran workshops for people with communication impairments. The feedback continues to show that people are not receiving information in a way that they can understand.

An example of when a patient's need was not met was when she asked her GP practice to provide information in large print but they continued to give her regular font. On one occasion, she missed her appointment because the letter that the surgery sent to her was not in the right font thus meaning that she was unable to read it.

<sup>&</sup>lt;sup>2</sup> https://www.england.nhs.uk/wp-content/uploads/2015/07/access-info-upd-july-15.pdf

NHS England reviewed the Accessible Information Standard during January-March 2017. Their subsequent report<sup>3</sup> found that many participants felt that the standard could have a significantly greater impact than it has done to date. This suggests that monitoring its compliance is necessary.

These visits will identify any areas where improvements could benefit patients. There is also an opportunity for Healthwatch to share examples of good practice found in GP surgeries across Redbridge. It is hoped that our findings will support practices in improving their services and making reasonable adjustments to meet patients' health care needs.

#### **Strategic Drivers:**

- Part of Healthwatch Redbridge's work plan 2017-18
- Implementation of NHS Accessible Information Standards
- Seldom heard groups and the way in which they are supported to communicate are of particular interest to local Healthwatch.

## Methodology

Each Enter & View visit was announced. All 46 GP practices were informed about the visit and given about three weeks' notice of the time period that the visit will take place. The practices were not given the specific time and date but rather given a two week time frame. Information provided prior to the visit included a brief summary of the visit and the role of the attendees.

Prior to the visit, HWR staff members worked with authorised representatives to prepare questions that will be used during the visit. There were three separate set of questions: one for lead staff member, one for other staff members and one for service users.

Each visit involved observing the external and internal areas of the surgery. Representatives had the opportunity to identify any issues or challenges that someone with an impairment might face when using the facilities in the surgery.

Where possible, the representatives spoke to the practice manager, other staff members such as the receptionist and nurses and service users. Due to the specific nature of the visit, it wasn't always possible to speak to patients with communication impairments.

<sup>&</sup>lt;sup>3</sup> https://www.england.nhs.uk/wp-content/uploads/2017/07/accessible-Info-std-review-report.pdf

At the end of the visit, staff members were informed that a draft report would be sent to them. A draft report was sent to each GP practice and they were given 20 working days to respond with their comments.

# Reviewing website accessibility

In addition to visiting the GP practices, all the practice websites were checked to find out whether they are accessible for people with communication impairments.

Three volunteers assessed each website using a checklist (Appendix 1) devised by HWR staff members. Two of the volunteers who reviewed the website had communication impairments; one of the volunteers was Deaf and the other volunteer has Asperger's Syndrome.

## Results of website review

- It is not possible to change the size of the text on the website.
- The colour of the background cannot be changed.
- The images have text descriptions explaining what the image is about.
- The website does not have a "sitemap" button.
- It is possible to navigate the whole website without a mouse.
- There is no audio content on the website.
- Information on the website is written in plain English.

## Results of the visit

#### Observations made outside the premises:

- Signage to the premises is clear and bold. However, it is difficult to see the signage from a distance. It may be useful to have a board in front of the building to enable people walking towards the surgery identify where it is located.
- There isn't sufficient and accessible parking close to the entrance. The street is very congested but patients can be dropped off close to the entrance.
- There is level entrance to the surgery meaning that a ramp/lift is not necessary.

#### Observations made inside the premises:

- On arrival to the surgery, there is a sign directing patients to the reception area.
- The patient has to knock on the door to alert the receptionist of their presence.
- When the representatives arrived at reception, they knocked on the door but there was no response. The representative knocked a second time before she got a response from the receptionist who continued facing the computer screen whilst responding.
- Reception staff have their backs to the door so when patients approach the reception area, it is difficult for the receptionists to know that they are there.
- The surgery has regular fire alarms without flashing lights. The fire exit sign was available in two different sizes. One of the signs was on the wall with other posters thus making it difficult for a patient to notice it.
- Only one of the fire exits was adequately signposted. The other fire
  exit did not have a sign but staff mentioned that this can also be used
  in the case of an emergency.

## Provider Response:

There is only one fire exit which is the main doors. The other doors are not a fire route.

 Signage to the consulting rooms was on the wall which was overcrowded thus making it difficult for patients to see it. During the visit, a patient was called to a room and he went in the wrong direction thus suggesting that he didn't see the sign.

- There was signage to the toilet however, this was also on the crowded wall. On the toilet door, there was a picture as well as the words.
- There was no complaints procedure information available. In the corridor, on the way to the consulting rooms, there were two forms asking patients for comments and suggestions. None of these forms informed patients about availability in other formats.
- The lighting in the corridor was poor thus meaning that someone with a visual impairment might find it difficult to read the form if they did notice it.
- The noticeboards were cluttered and it was difficult to read some of the information on the board. Posters were also on the walls next to the noticeboards.
- There were three hearing loop signs in the surgery. One of the signs
  was on the noticeboard and this was difficult to notice due to the other
  information present on the board. The second sign was on the side of
  the wall next to the reception area and the third one was on the
  window facing outside.
- The surgery has an electronic screen and a TV screen informing patients about the services available and the room that they need to go to when it is time for their appointment.
- Information presented on the TV screen was generally in a small font but when the patient's names appeared to inform them of the room for their appointment, it was bold and large.
- The font was white on a blue background and the TV screen also called out the patients name for people who have a visual impairment.
- The surgery had information about the Accessible Information Standard in the waiting area. There was also a poster telling people to inform staff about their communication needs.
- Furthermore, there was a poster informing people about the interpreter service.

## Speaking to staff

During the visit, we were only able to speak to one member of staff who was the receptionist.

- The staff member had a good understanding of the Accessible Information Standard.
- The staff member said that she has not been provided with training on visual impairment, hearing impairment and learning disabilities.
- The surgery has a computer system that flags up when the patient has a communication impairment. This also alerts the clinician so that the patient is supported accordingly.
- When the patient with an impairment has been identified, the clinician comes out to alert the patient when it is their turn.

- The staff member said that there is a portable hearing loop in the reception area. On 20<sup>th</sup> September, a representative checked the hearing loop and it was working.
- The staff member said that she is able to communicate with people who have communication impairments due to her experience rather than training that has been provided.
- She mentioned that most people with learning disabilities attend with their carers so staff do not have to provide a lot of support.
- When asked about the communication book, she said that she was not aware of it.
- She said that there is no flashing red light with the fire alarm. In the event of a fire, staff will ensure that everyone is evacuated from the reception in a safe manner.
- They have had a fire drill and no problems were flagged.
- She said that it would be beneficial to have training on supporting people with communication impairments.

#### Speaking to patients

Of the four patients that the representatives spoke with, only one patient had a communication impairment.

- Two of the patients had registered with the surgery within the last year and they both said that they were not asked about their communication needs.
- The patient with a visual impairment said that staff were unaware of his communication needs and do not provide information in an accessible format.
- The patient said that he usually attends the surgery with his son and the doctors provide any information that he is unable to understand to his son.

## Recommendations

- 1. To make the website more accessible, patients should be able to;
  - Change the size of the text; some people with a visual impairment need information in a large font size.
  - Change the colour of the background; some people cannot read text if there is insufficient contrast between text and background.
  - Access website information via screen readers and translation software (such as Browesaloud®<sup>4</sup>) especially for people with visual impairments
- 2. A Communications handbook<sup>5</sup> with basic images of common BSL and Makaton symbols should be available in the reception thus enabling staff to communicate more effectively with the patients who have communication impairments.

#### **Provider Response:**

Reception and all consulting rooms have a communication handbook.

- 3. Although we understand that people with communication needs often attend appointments with their carers, staff should reduce reliance on carers, family and friends to relay information to the individual. This is because it comprises a patients' right to privacy and dignity.
- 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.
- 5. Staff should be trained in how to provide information in an accessible format for patients with learning disabilities.

## Provider Response:

Staff have completed accessible information training via Bluestream and we're looking into face to face training also.

6. The surgery should consider changing the fire alarms so that there is a flashing light as well when the alarm sounds.

<sup>4</sup> https://www.texthelp.com/en-gb/products/browsealoud/

<sup>&</sup>lt;sup>5</sup> Example of a standard hospital communication book can be found at: http://www.uhs.nhs.uk/Media/SUHTInternet/PatientsAndVisitors/Learningdisabilities/Thehospitalcommunicationbook-part1.pdf

7. The surgery should have a complaints/compliments procedure and this should be available in a variety of formats such as large print for patients.

#### Provider Response:

The complaints procedure is displayed in reception for patients to view and I have updated the leaflet for reception to give to them.

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 information about Accessible Information Standard on a large A3 paper so that it is more visible.

#### Provider Response:

We do display the posters that are sent to us in A3, but we wouldn't be able to convert all our current posters to A3 size.

- 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.
- 10. The surgery should provide signage to the second fire exit and ensure that all staff members are aware of it.

## Provider Response:

As already stated the practice only has one fire exit, which is the front door. There is signage from the 2nd waiting area to show where the fire exit is towards the front door.

11. Staff should ask patients about their communication needs so that they can support them adequately.

## Provider Response:

We do have a procedures to ask patients their communication needs. Our new patient questionnaires ask this, there are posters asking for patients to inform us and our clinicians would also ask within consultations.

12. The surgery needs to put a procedure in place to identify communication needs of existing patients.

# **Service Provider Responses**

We would like to thank Castleton Road Surgery for the responses made and Healthwatch Redbridge has incorporated them within this report.

#### **Distribution**

- Castleton Road Surgery
- Redbridge Clinical Commissioning Group
- Barking, Havering and Redbridge Quality Surveillance Group
- Care Quality Commission
- Healthwatch England

#### Appendix 1 - Website accessibility checklist

# Website accessibility checklist Questions Can you change the text size? Yes Νo Comments Can you change the colour of the No Yes background? Comments Does the website have a "sitemap" Yes No button? Comments Are there keyboard shortcuts? / Can Yes No you navigate the website without a mouse? Comments Does the website have audio content? Yes No Comments Is the website content written in "plain Νo English"? Comments Additional comment

## Appendix 2 - Observation sheets

# Appendix 3 - Questions for lead staff

Yes No Comments Yes No Comments Yes No	Comments	Yes No Comments	Comments	Comments		within 20 cessary.			
15. Are you able to access:  • BSL (British Sign Language) interpreters  • <u>Signalong</u> (based on BSL)  • <u>MAKATON</u> (a language programme using signs	and symbols to help people to communicate)  16. Where/which organisations might you access the above if you use them?	17. Do you have a communication book?  NOTE FOR REPS: If they have one, please ask to see it and comment on what you have seen  18. If the next of kin/carer of the natient had any	communication needs, is information provided to them in a format that is accessible to them?	19. How would you know this and would it be on the patients records?  20. Is there anything you would like to share with	Healthwatch Redbridge?	Information for Manager when leaving Inform them that we will send a copy of the report within 20 working days for your comments & corrections if necessary.			
Yes No Comments	Comments Yes No	Comments Yes No Comments	st date training	Yes No Ye	Comments	Comments Yes No Comments		Comments	
7. Is there a process in place to ensure that the doctor/nurse dealing with the patient whilst they are in the surgery are aware of their communication needs before they start to interact with them?	8. Is there a hearing loop in the surgery, if there is what type of loop is it?  • Fixed/Portable/Both  9. Have staff been provided with training on how to Yes use it?	10. Are patients made aware that a hearing loop is available?	11. What training is provided to support all staff to communicate effectively with patients?	Deaf awareness training Communication training Dementia awareness Easy read training		12. How often do you have this training?      13. Is information available in different formats to Yes make it accessible to all patients and are patients aware of this? For example: large print, Comments easy read, Braille, Audio.	NOTE FOR REPS: Please ask to see examples of this if possible and comment on what you have seen	14. What format do you provide for people with: a. Hearing impairment c. Learning disabilities	2
RGE at		Yes No Please explain		Comments	Comments		Yes No Comments	Comments	
Questions for MANAGER/PERSON IN CHARGE at  GP Surgery  Name of Surgery:  Name of lead manager:	Name of Authorised Representatives:  Date:	<ol> <li>Are patients asked about their communication needs when they first register at the surgery? For example:         <ul> <li>Are they asked if they have difficulties with</li> </ul> </li> </ol>	sight/hearing? • Are they asked if they have a learning disability?	2. What have you put in place for existing patients to ensure that you are aware of their communication needs?		NOTE FOR REPS: If the manager seems unsure you can prompt them with the following questions:  Are they recorded on a database?  Or by any other means?	eption, is there a s?	5. If yes, what system do you use?  6. If there is no system in place can you explain the Comment reasons for this?	

# Appendix 4 - Questions for other staff

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Comments		Vac	Comments	Yes	Comments	Yes					Vec	2	Comments			Jonnand		Yes	Comments	Comments		
<ul> <li>6. Is there a hearing loop in the surgery, if there is         what type of loop is it?         <ul> <li>Fixed/Portable/Both</li> </ul> </li> </ul>	7. Are you aware of the ways that information should	be provided for people with:		vicual impairments	Violatinipalities	<ul> <li>Learcing disability?</li> </ul>	If yes, what are they?	NOTE FOR REPS. If the member of staff is struggling to give some examples you can prompt them.	<ul> <li>Hearing impairments -British sign language, subtitles on TV</li> </ul>	<ul> <li>Visual impairments - Large print or audio</li> <li>Learnine disabilities - Easy Read</li> </ul>	8 Do vou have a communications book?		NOTE FOR REPS: If they have one, please ask to see it and comment on what you have seen	<ol> <li>If there was a fire or emergency do you know if there is an appropriate alarm for those with hearing impairments? If yes, what is it? If possible,</li> </ol>	can you show us?  • Flashing red light	40 In the count of a first what is the presentation for	evacuating those who are Deaf or Blind?	11. Has there been a fire drill and if yes, did it flag	مر من المصورة	12 Is there anything was would like to share with	Healthwatch Redbridge?	
		I	2					Q.		2	2		Ŷ		ON.							
Surgery —			Yes	Comments				Yes Comments		Vec	Comments		Yes	Comments	Yes	Comments	Comments		<b>_</b>		Comments	
Questions for STAFF in GP Sur	Name of Authorised Representatives:		1. Are you aware of the Accessible Information	Standard (AIS)?	<ol><li>Have you been provided with training on how to support patients with:</li></ol>	NOTE FOR REPS: If they answer yes, please ask what	type of training it was and tick the appropriate box	Visual impairments: blind & partially sighted ne	Pade to lace	<ul> <li>Hearing impairments: profoundly deaf &amp; hard of hearing</li> </ul>	On-line	Face to race	amina Dicabilities	On-line Face to face	3. Do you feel that you would benefit from any other training with regard to AIS?		<ol> <li>How would a patient that has a specific need be identified? i.e. had hearing impairments, visual impairments or learning district.</li> </ol>	Would it be flagged up on the computer system	<ul> <li>Electronic system</li> <li>A card provided by curdent they show to staff on</li> </ul>	A card provided by surgery diey snow to stair on arrival	<ol><li>How would a patient with a hearing impairment know that they had been called for their</li></ol>	appointment?

## **Appendix 5 - Questions for Patients**

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Please explain

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Please explain

	Questions for PATIENTS at GP Surgery	urgery		5a. Do you feel that the doctors are able to	Yes
	Name of Surgery:			communication needs?	Please explai
	Name of Authorised Representatives:				
4	Date:			5b. Do you reet that the hurses are able to help you effectively according to your	
٠	1. When you registered at the surgery were you			communication needs?	Please explai
	asked SPECIFICALLY if you had any:			improved?	COMMISSION
	<ul> <li>hearing problems</li> </ul>	Yes N Comments	Ŷ.		
	+ that are with work	Yes	Ç.	7. What, if anything can be done to improve the Comments	Comments
	process with your signs	ments	1	way information is provided to you? For example:	
	<ul> <li>Or needed easy read information?</li> </ul>	Yes N Comments	o <sub>K</sub>	<ul> <li>large print,</li> <li>audio (spoken/recorded information)</li> <li>easy read</li> </ul>	
_	2. How were you asked about this?				
				<ol><li>Has there ever been a time when your communication needs have not been met?</li></ol>	Yes No
	3. Do you HAVE a communication need such as	Yes N	N <sub>o</sub>	For example, when being called for an	Dlease evenla
	נוספל וופוונוסופת מסטיפי	Comments -		information	
	NOTE FOR REPS: If the patient answers yes,	Please state			
	please continue with the questions, if they			11-4-1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
	answer no, please say "We are nere today to			<ol> <li>Is there anything else you would like to talk to its about?</li> </ol>	_
	speak to patients with communication needs, so we don't need to keep you any longer.				
	Thank you."				
	4. Are staff aware of your communication	Yes N	N <sub>o</sub>		
	needs?	:			
		Please explain			
1	5. Do you feel that reception staff are able to	Yes N	No No		
	netp you effectively according to your communication needs?	Please explain			
_			7		

Please explain

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