## **Kenwood Medical Centre**

Practice staff present: Sadaf Khalid (Practice Administrator) & Haritha

Authorised representatives: Naina Thaker (Staff member) & Vivien Nathan

Date of visit: 2<sup>nd</sup> July 2018

Recommendations made in original	Provider Response	Comments from Review
report		
<ol> <li>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:</li> <li>Change the size of the text; some people with a visual impairment</li> </ol>	The surgery is working on having a website as we have realised how essential it is for people with communication impairments.	The Dr has requested a website which enables the font to be changed. They were not sure if it will have a screen reader.  The website is due to be up and running by the end of July 2018.
need information in a large font size.		
<ul> <li>Change the colour of the background; some people cannot read text if there is insufficient contrast between text and background.</li> </ul>		
<ul> <li>Navigate the whole website without a mouse; some people who are blind/partially sighted with mobility impairments rely on the keyboard.</li> </ul>		

<ul> <li>Access website information via screen readers and translation software (such as Browesaloud) especially for people with visual impairments.</li> </ul>		
2. Staff should receive training on AIS.	No response	All staff members have received this training via Bluestream (on-line training provider).
3. 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.	Staff training on AIS/visual impairment and deaf awareness is been looked into and we are organising it.	All staff have received Deaf awareness training via Bluestream or E-Learning.  Visual awareness training is not available via this platform and the surgery has requested this from the CCG.
4. Staff should be trained on how to provide information in an accessible format for patients with learning disabilities.	No response	The practice administrator and a member of the reception team undertook a face-to-face training session regarding this.  Patients are provided with a 20 to 30 minute appointment at the end of the surgery to allow them more time if they require.  Information would be provided in easy read and large font if required.

5. The registration form should include a question asking patients about their communication needs.	We have always been using an extra information request questionnaire form along with the standard registration form, which asks about the special needs and requirements.	Representatives were shown a questionnaire with a question asking the patient whether they have a learning disability. The question did not ask about hearing/ visual impairment.
6. The surgery should consider putting up noticeboards so that patients can be kept informed about things happening in the surgery.	The Display leaflet board has now been moved alongside to incorporate an extra notice board on the wall, opposite to the patients waiting area. So we are going to have 2 notice boards now.	There is one larger noticeboard which is updated regularly. It has been placed on the front wall so that the patients can see it clearly.
7. The surgery should have a complaints/compliments procedure and this should be available in a variety of accessible formats such as large print and audio for patients.	All staff have been well versed with Complaints/compliments procedure and we are making arrangements accordingly.	There is a complaint procedure on the noticeboard and also some copies on the reception desk. However the print is quite small.  It did not state that it can be provided in other formats.
8. The surgery should put a poster about Accessible Information Standards on the noticeboard. If possible, this information should be available on an A3 poster.	As the Accessible information standards posters are not on sale, I am making an arrangement to get it printed at photo shop and display on the noticeboard.	The AIS poster can now been seen on the noticeboard in A3 size.
9. The surgery needs to put a procedure in place to identify the communication needs of existing patients. Some patient acquire communication impairments after registration; reviewing a patients	The surgery has put in an alert to manage the existing patients, which will show a pop up as soon as you try to access the patients' records.	The communication needs of existing patients are normally identified if a letter has been received from a hospital consultant regarding any new diagnosis.

needs every few years would be good practice.		It can also be identified by the Dr when the patient mentions it during the consultation.
		This would in both cases be entered onto the EMIS system and a 'pop up' alert would appear when the patient name is brought up on the computer.
10. The surgery should consider changing the fire alarms so that there is a flashing light as well when the alarm sounds.	In regards to the Fire alarm - we have all these services in place by the NHS property services, as we are on the agreement with them. NHS property services claims to have the latest equipment in place and we are still trying to negotiate with our correspondent.	Due to the practice being in an NHS property, they are governed by them and at present they cannot do anything about the fire alarm.