

Enter and View Report

Bradley Medical Centre
Unannounced Visit
14th September 2018



healthwatch
Wolverhampton

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What is Enter and View

Part of Healthwatch Wolverhampton's remit is to carry out Enter and View visits. Healthwatch Wolverhampton Authorised Representatives will carry out these visits to Health and Social Care premises to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as Hospitals, Residential / Nursing Homes, GP Practices, Dental Surgeries, Optometrist and Pharmacies. Enter and View visits can occur if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation so that we can learn about and share examples of good practice from the perspective of people who experience the service first hand.

Healthwatch Wolverhampton's 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 Wolverhampton's Safeguarding Policy, the service Manager will be informed, and the visit will end. The local Authority Safeguarding Team will also be informed.

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Provider details

Address: Hall Green Street, Bilston, WV14 8TH

Practice Manager: Savita Kainth

Acknowledgments

Healthwatch Wolverhampton would like to thank the management, staff and all the patients and relatives for their co-operation during our visit.

Disclaimer

This report is related to findings and observations made during our visit that took place on Tuesday 14th September 2018 at 10:00-12:00. The report does not claim to represent the views of all service users, only those who contributed during the visit.

Authorised Representatives

Janice Edwards, Lead Authorised Representative

Tina Richardson, Authorised Representative

Anu Sandhu, Authorised Representative

Who we share the report with

This report and its findings will be shared with Bradley Medical Centre, Wolverhampton City Council, Councillors, Wolverhampton Clinical Commissioning Group (CCG), the Care Quality Commission (CQC) and the Local Medical Committee (LMC). The report will also be published on the Healthwatch Wolverhampton website.

Healthwatch Wolverhampton details

Address:

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Website: www.healthwatchwolverhampton.co.uk

Free phone: 0800 470 7944

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Healthwatch principles

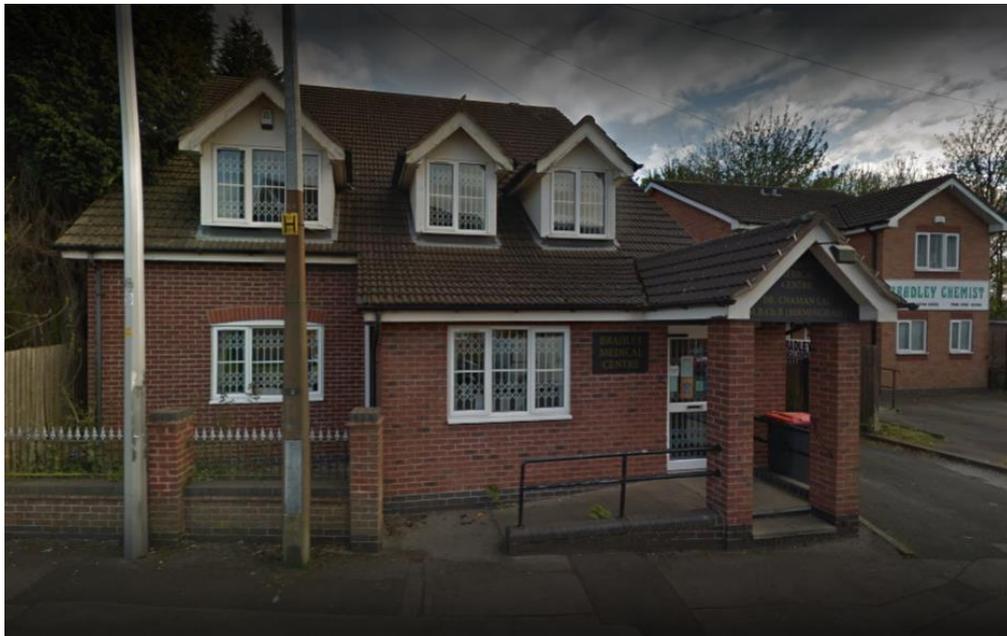
Healthwatch Wolverhampton's Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients reaching crisis
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family
4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about Health and Social Care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the Health and Social Care system
6. **Choice:** Right to choose from a range of high-quality services, products and providers within Health and Social Care
7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community

Purpose of the visit

There are a number of factors which resulted in a Enter and View visit taking place at Bradley Medical Centre, including:

- A recent CQC Inspection rated the practice as “Requiring Improvement”



Bradley Medical Centre

What we did

Upon arrival the Authorised Representatives made themselves known to staff, before talking to a number of patients, a member of staff and the practice manager about the service.

Findings:

Environment

Authorised Representatives observed that the entrance to the practice was well signposted and easily accessible with a ramp and hand rails. The exterior of the building appeared to be well maintained.

The main door is automatic and opens up in to a small hall way, the second door appeared to be narrow and its not sure how accessible this second door is for people in wheelchairs. There was a sign which asked that pushchairs and prams be left in this hall way, this could be a hazard should there be an emergency.

There is a car park at the rear of the building, however it was not clear if there was a disabled parking spot and there is limited parking on the road.

It was observed that there were a number of sanitising hand gel dispensers inside the practice.

There is a small child's play areas, the toys looked well cared for but they were a limited choice but sufficient to keep children occupied while waiting.

It was observed that there are signs informing patients about interpretation services, including sign language.

Staff wore uniforms, this made it easy to identify them visually.

The furniture appeared to be well maintained and in a good condition, chairs had arms which would aid people when standing up. There was no unpleasant odour.

There was a TV in the waiting room, this was turned off during the time of our visit.

There were no aids or adaptations which would support people with mobility issues, visual impairment or dementia and while there was plenty of signage this may not be dementia friendly.

There were no obvious hazards observed during the visit.

Essential services

We had mixed feedback about people's ability to access appointments when they needed them, half of the patients who took part felt they were able to while the others felt that they could not.

Only one patient felt that they could access same day appointments, patients told us that they need to call in to the practice at 8:15am to try and get a same day appointment and that waiting for appointments could be anything from a few days to 3 weeks.

Patients who had experience of accessing emergency appointments did tell us that it was easy for them to access these appointments and that they had been referred to other services when needed such as the Hospital.

Two patients told us that they had been referred to out of hours or extra GP appointments at another practice, while the others did not know that this was possible.

The staff who took part in the visit explained that they support patients in accessing services by signposting them to leaflets, verbally signposting, ringing hospitals, opticians, nurses, social services etc. The practice manager also explained that it is based on medical need and referrals are made and information given at the appropriate time.

The practice manager explained that they support patients to take preventative steps to look after their own health and wellbeing by running:

- Well clinics
- Asthma clinics
- Screenings
- Dementia reviews

Access

All of the patients who took part in the visit said that they felt they were treated fairly by staff and GP's. They also felt they were able to be themselves with out fear of discrimination.

When asked if they have ever been discriminated against or harassed by other patients, staff or the medical staff, patients told us that they had not, and no concerns were raised.

When asked about how the practice provides a safe space for patients of different ethnicities, sexual orientations or gender identities, both members of staff and management explained that patients can use privacy cards and that there is signage in the waiting area to promote that patients can speak in private. There is also an interpretation service made available.

Safe, dignified and quality service

When asked about how safe they felt at the practice, all of the patients who took part stated that they did feel safe. They also felt that they were treated with respect by everyone at the practice.

When asked if they were treated with compassion, all patients said that they were, however one patient then explained that while generally they do “it depends on the person who sees you”.

All of the patients explained that they felt staff-maintained dignity and privacy, that staff were friendly and helpful and meet their specific needs.

Both the management and staff who took part explained that all patient information is dealt with in strict confidence, and that confidentiality agreements are signed. They also explained that should a member of staff, a patient or a relative wish to raise a safeguarding concern that this is done via Safeguarding Service, Social Services or through the Practice Manager, staff have all had Safeguarding Training.

When asked about staff training in relation to Dementia, staff were unsure what was in place, however the practice manager explained that the Doctors are Dementia Friendly Trained and that they plan to train the rest of the staff too.

Staff also have a set of mandatory training which takes place annually.

Information

We had mixed feedback from patients about if they had ever been asked about their preferred communication method and if they had any communication needs such as visual or hearing impairment.

For the patients who had been asked, they did feel that the practice meets these needs, and one patient felt that they could do more.

When we asked patients if they have received any information about any changes taking place at the practice, or any other regular communication such as a newsletter, again there was mixed feedback. All but one of the patients were interested in receiving regular communication from the practice.

It was observed by Authorised Representatives that there was a notice board which did appear to be kept up to date. It is also understood from talking to staff that the website is kept up to date.

Choice

One patient told us that they had no choice over the treatment they received, the GP they had their appointment with or when their appointment was. Other patients felt that they did have choice in these areas except for when their appointment was.

Some of the patients felt that they had some choice over which Hospital they were referred to when this had happened, while others did not.

Staff explained that they will try to accommodate a choice of appointment where possible, and the practice manager explained that there is a choice of a morning or afternoon appointment and that there are 12 emergency appointments available every day from 8am.

They also explained that patients have a choice of which GP they see but that the wait may be longer, if the appointment is for an emergency the patient will be provided with an available GP.

Being listened to

All of the patients who took part felt that they were able to ask questions if they did not understand something and that they were able raise concerns with staff if they needed too.

Patients felt that if they raised concerns that these were taken seriously by staff at the practice and that they responded quickly and positively.

Most of the patients said they knew how to make a complaint if they needed to, however it was clear that some patients were not sure.

All but one of the patients told us that staff actively ask for patient feedback, and they felt their views were listened to even if no further action was taken.

When asked, staff explained that there was no longer a Patient Participation Group (PPG) in place, however the practice manager told Authorised Representatives that they took place every 6-8 weeks. The practice manager also explained that posters about the PPG are in the practice and local church.

The practice manager also explained that there is a practice survey, friends and families test, complaints/suggestions box, and patients can verbally provide feedback via the PPG. It is also understood that the PPG would discuss any feedback and take this on board.

Being involved

Patients who were able to answer questions about being involved said that they did not know what a Patient Participation Group (PPG) was and that they had been given no information about the PPG.

While not knowing about the PPG, patients still felt that the practice did enough to involve patients.

Patients also felt that they did not have enough time to raise their medical concerns with their GP but did express their understanding with one patient saying, “GP’s are under pressure and only have 10 minutes”. Patients also explained that they felt GP’s would and do take as much time as needed to address or assess any medical concerns. One patient did explain that GP’s are often running late on appointments by as much as 40 minutes.

The practice manager explained that they refer to the Social Prescribing team to help tackle isolation and loneliness and that home visits take place where appropriate.

Recommendations

1. To investigate alternatives to storing prams and pushchairs in the hallway which is narrow as this could present a hazard particularly should an emergency occur
2. Investigate the possibility of the disabled parking bay in the car park being better signposted
3. Seek advice on the internal signage to ensure it is dementia friendly
4. Not all patients knew about out of hours or extra GP appointments, the practice should ensure that it is offering these to people on a consistent basis
5. All staff to be dementia friendly trained
6. Some patients felt they were not given a choice over which hospital they were referred to. The practice should take steps to ensure that patients’ choice is respected and encouraged
7. There should be clear information available to patients that outlines how they can make a complaint should they need to
8. There was inconsistency between staff and managements understanding of the Patient Participation Group and if it was active or not. As patients are more than likely going to be asking frontline staff about the PPG they should be fully aware of its existence and activity.
9. Investigate ways of promoting the PPG to the patients, including those patients who perhaps have not used the practice for a while

Questions

1. The TV was turned off, is this due to technical issues? Is there a need to have this on in order to inform patients about key updates from the practice and also announce when patients are being called in for their appointments?
2. There seems to be an inconsistent patient experience of being able to access appointments, some felt they were not able to access them when needed while others did. Does the practice know of any reasons why there is an inconsistency here?
3. A number of clinics were mentioned to us, including Well Clinic, Asthma and Screening services. How often do these occur and how are patients informed?
4. We had inconsistent feedback from patients relating to if they had been asked about their preferred communication needs. Does the practice know why there is an inconsistency here?
5. Patients are interested in receiving more communication from the practice, such as a newsletter. Would this be something that the practice would implement or investigate further?
6. How does the practice feedback to its patients once it has received feedback? This should be done if changes are made or not.

Provider feedback

The following feedback was received from the provider:

Regarding the environment:

- We do have a dedicated disabled car park space on the back car park
- We do have a disabled toilet facility
- We do have a hearing loop device at the reception window for people who are hard of hearing
- We do have a wheelchair that is available on request to patients to allow a family member to bring a patient from the car park who might have mobility problems.

Regarding the appointments:

- We do have 12 emergency appointments that are available from 8.00am every morning and patients are aware of this
- Also, our next routine appointment is always in 1-week time for a GP
- No patient has to wait 3 weeks for a routine appointment- this might arise if the patient wants to see a specific doctor or be seen at a specific time (e.g. late evening). On the whole we try to best accommodate patients, but this is not always possible if the patient has a specific request

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