



Hivewatch Enter and View report Yate Minor Injuries Unit 28 September 2017

Authorised representatives

Mike Clothier supported by Joanna Parker

Will Lake supported by Dominic Box

Alison Head supported by Linda Broad

Healthwatch South Gloucestershire

T: 01454 543 402

E: info@healthwatchesouthglos

W: www.healthwatchesouthglos.co.uk

Contents

Contents	2
1 Introduction.....	3
1.1 Details of visit	3
1.2 Acknowledgements	3
1.3 Purpose of the visit.....	3
1.4 How this links with Healthwatch South Gloucestershire strategy	4
2 Methodology	4
2.1 Planning.....	4
2.2 How was practice observed?.....	4
2.3 How were findings recorded?	5
2.4 About the service	5
3 Findings	6
3.1 Outside the building.....	6
3.2 Inside the building	6
3.3 Talking to members of staff	9
3.4 Talking to patients.....	10
4 Conclusion.....	12
5 Recommendations.....	13
6 Appendices	18



1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Yate Minor Injuries Unit Yate West Gate Centre 21 West Walk Yate BS37 4AX
Service Provider	Sirona care & health is the service provider of Yate Minor Injuries Unit and North Bristol NHS Trust is the provider of X Ray services.
Date and Time	28 September 2017 11.00am - 1.00pm
Authorised Representatives	Mike Clothier supported by Joanna Parker Will Lake supported by Dominic Box Alison Head supported by Linda Broad
Healthwatch Contact details	01454 543 402 info@healthwatchsouthglos.co.uk www.healthwatchsouthglos.co.uk

1.2 Acknowledgements

Healthwatch South Gloucestershire and The Hive authorised enter and view representatives wish to express their gratitude to the staff and patients who participated in conversations with us during these visits, especially the support given by the Matron at the Minor Injuries Unit.

1.3 Purpose of the visit

Healthwatch South Gloucestershire and The Hive undertook a two hour morning enter and view visit to Yate Minor Injuries Unit, housed at the Yate West Gate Centre. The purpose of the visit was to find out and understand how a person with



a learning disability could access the services they need and identify the experience of care for people with a learning disability.

The Hivewatch enter and view visit to Yate Minor Injuries Unit is part of an ongoing programme of work being implemented by Healthwatch South Gloucestershire and The Hive to understand the quality of the care experience for people with learning disabilities within local services. This programme of work has been called 'Hivewatch'.

1.4 How this links with Healthwatch South Gloucestershire's work plan for 2017-18

A key priority laid out in the Healthwatch South Gloucestershire work plan for 2017 is to engage with people with learning disabilities, and in partnership with The Hive, to undertake enter and view visits to health and care services across the district. Enter and view provides an ideal tool to identify the experiences and views of service provision by people with learning disabilities.

2 Methodology

2.1 Planning

A planning meeting was held by The Hive and Healthwatch South Gloucestershire. Training has been given to The Hive members to enable them to become authorised enter and view representatives. All enter and view volunteers have a DBS check and are given an identification badge to wear during the visit. Healthwatch volunteer enter and view representatives have been 'buddied up' with the trained Hivewatch volunteers to assist them to observe health and care services in action, and to agree questions to use during enter and view visits.

2.2 How was practice observed?

On Thursday 28 September 2017, six Healthwatch and Hivewatch authorised enter and view representatives visited Yate Minor Injuries Unit. Information was gathered from the Healthwatch and Hivewatch representatives' observations of staff interactions with the patients.

Observations were gathered by the Healthwatch and Hivewatch authorised representatives working in pairs.



Conversations with staff and patients were semi-structured and underpinned by the use of a checklist template and list of prompt questions developed collaboratively by Healthwatch and Hivewatch volunteers.

The checklist covered areas to consider such as:

- the entrance to the surgery; outside and inside the building
- the reception area
- the waiting room
- speaking to patients about their experience
- speaking to members of staff about their approach to caring for people with a learning disability
- implementation of the Accessible Information Standard

Observations and conversations were recorded during the enter and view visit.

2.3 How were findings recorded?

Notes were made by the Healthwatch authorised representative, who worked closely with each Hivewatch representative during the visit, and the Healthwatch South Gloucestershire Volunteer Support Officer then compiled the report based on the records from the conversations and observations. This report was then shared in draft form for all representatives to discuss and agree before the report was shared with service providers to agree any factual changes required.

2.4 About the services

Yate Minor Injuries Unit

Sirona care & health (Sirona) run the Yate Minor Injuries Unit that provides treatment for adults and children. The X-ray service at the Minor Injuries Unit is provided by North Bristol NHS Trust (NBT).

3 Findings

Executive summary

Healthwatch and Hivewatch volunteers were surprised at the lack of knowledge about the Accessible Information Standard at the Minor Injuries Unit.

3.1 Outside the building

Disabled parking: There appeared to be insufficient parking available for those people who probably need it most. There are six disabled parking bays adjacent to the main entrance to the West Gate Centre, all of them were full at the time of the visit. There is also a drop off bay off area comprising three car spaces. These spaces were full with parked cars; only one of which was displaying a disabled person's car parking permit.

Paths / paving: It was noted that at least one of the pavement areas that had been lowered to enable easy access for people with a disability was blocked by a car parked in a disabled parking bay. This would appear to be a design fault, not the fault of the driver parking the car.

Car park: The car park was full and busy with people being dropped off and picked up. It was observed that there were bicycle racks available by the drop off / pick up zone which were unused, but there was no seating available. An elderly gentleman with a walking frame was waiting to be picked up and appeared to be finding it difficult to remain standing.

Easy access doors: The double width entrance doors opened automatically providing plenty of space for disabled people to access the building.

Signage: The signs from the road and car park to the Minor Injuries Unit were all in a good position and were clear. The signs at the pedestrian entrance were also clear and in a good position. The sign that is easiest to see over the main entrance to the West Gate Centre has a red background and states that it is the way in to the Minor Injuries Unit. Other services available in the building, are on a white background, written in a small script and difficult to see.

3.2 Inside the building

Ground floor: Unfortunately upon walking in to the building from the car park entrance the first thing that you see is the large reception desk which is intended to serve the Minor Injuries Unit. This is not made clear with signage; and indeed it looks like a general reception area for the whole building. The signs for a number of the other services, are on the wall behind anyone who is entering from the car



park. Not necessarily the first place a patient would look. These signs would be clearer for people to see if they were entering from the other side of the building, but are not in the direct line of vision when entering from the car park.

The ground floor entrance area was busy with people waiting at reception for the MIU, and using other services such as the pharmacy, podiatry and physiotherapy. The enter and view representatives suggested that it could be helpful to have a map locating each service on the outside of the building by the main door leading in from the car park.

The main entrance was clean and tidy with some natural light. There were a lot of signs in red with arrows indicating which route to take for services and the toilets. If people had a visual impairment or were unable to read it would not be immediately apparent where to go to seek assistance, other than the reception for the Minor Injuries Unit, which was busy. There were two chairs available for people to sit down.

Minor Injuries Unit: is situated on the ground floor on one level. Due to the number of signs, one of the Hivewatch volunteers had difficulty in finding the toilet sign. The male toilet had a sign on it saying 'out of use' but no instructions about where another toilet could be found.

Minor Injuries Unit reception: there was a clear sign for the reception saying 'Please Wait Here'. The sign was in a good position and was clear, we observed patients following this instruction.



The sign also explained who could be treated at the Minor Injuries Unit, however the font was too small and some of the words could not be understood by the Hivewatch volunteer. The Hivewatch volunteer had difficulty understanding what medical complaints the Minor Injuries Unit could or could not treat.

Whilst other areas of the reception space were well lit, the reception desk lights had been dimmed, which may make it difficult for people to read paperwork when at the desk. The reception desks were quite high but there were areas where



wheelchair users could access the reception. People signed in by speaking to the receptionist which was considered to be a good system to use and people who waited were seen quickly. The receptionists seemed helpful but were very busy.

There were a number of signs behind the reception area some of which could not be properly read due to the font size used. Due to the number of signs it took the Hivewatch volunteer a while to see the sign which told patients how long they would need to wait to be seen. This sign was showing a two hour wait.

There were notices on display boards from a number of different service providers. The display boards were positioned above eye level and were considered to be too high, the notices were behind glass. The shine from the glass, high position and small size font used meant that all but one of the notices could not be read.



Minor Injuries waiting room: during the visit there were a number of empty seats in the waiting area and people had plenty of space to move about. The toilets could be easily seen and accessed from the waiting room. There was a small child's play area with toys but no magazines or booklets for adults to read. There was a TV showing adverts and information about various services which could be easily read -



easy read format could improve the information. Music was being played, this was easy listening and quiet.

The waiting area was clean, tidy and smelt OK. There was a notice showing the waiting time of one hour. Patients were being called in personally by a nurse or doctor, this seemed to be done clearly and loudly and was thought to be a good personalised way of calling people in, particularly if they were nervous.

3.3 Talking to members of staff

Minor Injuries Unit

The Hivewatch volunteer spoke to the Matron

Question - Do all staff get training to deal with people with learning disabilities?

Answer - staff get annual training or update training from Sirona care & health on various things. We have had an update about learning disabilities. I feel confident that staff can support people with learning disabilities. The receptionists are good at identifying when people need extra help or are anxious and need to be seen more quickly

Question - Do you tell people how long they are expected to wait?

Answer - We have a triage nurse who see the patients first, we aim to triage within 15 minutes of arrival. We will tell people how long they need to wait and try to update the notices at reception and in the waiting room but we could do better at doing this.

Question - Are you able to help people fill in forms?

Answer - We do not have many forms but we can help if needed.

Question - Do you have access to patient's medical records?

Answer - Yes, we can get access to patient's records with their permission or when it is in their best interest. We have to ask permission and tell them why we are

looking. We have introduced Connecting Care which gives us access to other health organisations notes like mental health etc.

Question - Are your forms in Easy Read?

Answer - We do not get patients to fill in forms but we do have leaflets, but these are very wordy. I do not think these are in Easy Read.

Question - What changes have you made in light of the Accessible Information Standard?

Answer - I would like to see larger print used on the leaflets produced by Sirona care & health and we are getting name badges with bigger writing. These will be on a yellow background which helps people read them.

3.4 Talking to patients

Minor Injuries Unit: whilst outside the building we were approached by an elderly man using a walking frame who thought we were officials from the Minor Injuries Unit. After explaining who we were and why we were there he stated that there were not enough disabled bays for the number of elderly and infirm people who use the site. He is a regular user of both the GP and Minor Injuries Unit and said the disabled parking bays are always full and he regularly has difficulty finding a space.

Five patients were spoken to in the Minor Injuries Unit waiting room; they were asked about the waiting time, why they had attended the Minor Injuries Unit and any other comments.

The people we spoke to had been waiting times ranging from five - 50 minutes. However the person waiting for 50 minutes, had seen both a nurse and had had an



X-ray during this time and was then waiting to see the nurse about the results. People had seen the sign and were prepared for the one hour waiting time.

The people we spoke to had various reasons for attending the Minor Injuries Unit:

- “my GP told me to come here”
- “I am here for a planned X-ray”
- “I am visiting from Australia and my family who live in Yate told me to come to the Minor Injuries Unit”

Other comments people made:

- “I am worried I will not hear my name being called out as I am hard of hearing”
- “it has been straightforward and a quick process so far”
- “I must say I am very impressed. I am on holiday in England visiting from Australia, I have been seen very promptly and efficiently. I have seen a triage nurse and had an X-ray all within 50 minutes. You would not get this sort of quick services from a hospital in Australia. This is a lovely new clean building and I am very impressed”

4 Conclusion

Minor Injuries Unit: We were given a selection of leaflets produced by Sirona care & health on: Wound care, How to treat a wrist injury, Head injury advice for adults, and Insect bites and stings.

The leaflets were taken away and viewed by a number of different people who attend The Hive. The general view was that the layout, font, words used, and lack of photos meant that they were difficult to read and understand by people with learning disabilities.

Some of the comments made:



Lots of words

Too small to read

Too many words I do not understand

I need help in understanding it

I cannot read that

My Mum would read it and tell me what it says.

5 Recommendations

It is suggested that the **West Gate Centre** considers:

- creating more disabled parking bays
- reviewing the position of the lowered paving areas
- placing a seat for people near the drop off/ pick up bay
- reviewing signage over the main entrance to ensure all services available are written in an easy to read font
- reviewing signage inside for people entering the building from the car park
- placing a 'route map' to services outside the entrance to the building.

It is suggested that the **Minor Injuries Unit** considers:

- Staff awareness and compliance with the Accessible Information Standard
- wording on the sign of what can be treated be in Easy Read, namely larger font with simplified language and the use of pictures to illustrate and simplify the text. The use of black font on a yellow background would also help those with a visual impairment
- improve lighting at the reception desk



- re-position the notice board, remove the glass and consider use of Easy Read to encourage other services that display notices at this site to also use Easy Read
- have magazines available in the waiting room
- Sirona leaflets i.e. Wound care advice, Insect bites and stings, Head injuries for adults and How to treat your wrist injury available in easy read
- the use of a display board showing patients' names would improve the waiting room.

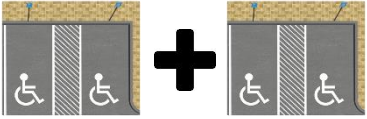






Recommendations summary



This is a list of what we think should be done to make the Minor Injuries Unit (MIU) better

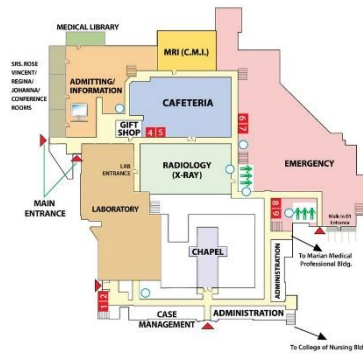
Recommendations	Comments from the MIU and GP
 We think West Gate Centre should:	



<ul style="list-style-type: none"> • put more disabled parking bays in the car park 	
<ul style="list-style-type: none"> • move the lowered pavement in the car park to a better place 	
<ul style="list-style-type: none"> • put a seat for people to sit on near the drop off & pick up bay 	
<ul style="list-style-type: none"> • change the sign over the main entrance to show clearly everything on offer <p>Make all the names bigger and easier to read</p>	 <p>BIG words</p> 
<ul style="list-style-type: none"> • change the signs inside the building to make it clear where to find what you need 	 <p>BIG words</p> 



- put a map outside the building showing where to find what you need





**We think
Minor Injuries Unit should:**

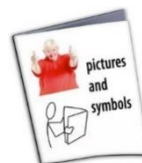
- tell staff about the Accessible Information Standard and what they should do to follow it



The Accessible Information Standard says that people who have a disability should get information in a way they can understand and have support with communication if they need it. It also tells people how to do these things.

- change the sign about who can be treated into 'easy read'

things like bigger words, simple language and pictures. Using black writing on a yellow background would also help people with poor eyesight



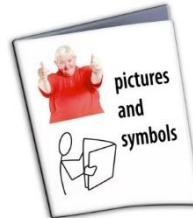
- make the lighting at the reception desk brighter



- lower the notice boards, take away the glass and use notices which are written in easy read.



Ask others who display notices to also use easy read.



- have magazines in the waiting room



- leaflets about
 - Wound care
 - Insect bites & stings,
 - Head injuries
 - Treating a wrist injury



and other local leaflets to be easy read

- when calling patients for treatment use a display board showing patients name



Disclaimer

- This report relates only to a specific visit on 28 September 2017.
- This report is not representative of all staff and patients (only those who contributed within the restricted time available.)

6 Appendices

6.1 What is enter and view?

Local Healthwatch are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities. A lot of the legislative requirements are based on these activities which include¹:

- promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services;
- enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved;
- obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known to providers;
- making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England;
- providing advice and information about access to local care services so choices can be made about local care services;
- formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England;
- making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the

¹ Section 221(2) of The Local Government and Public Involvement in Health Act 2007



CQC); and to make recommendations to Healthwatch England to publish reports about particular issues;

- providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

Each Local Healthwatch has an additional power to enter and view providers² so matters relating to health and social care services can be observed. These powers do not extend to enter and view of services relating to local authorities' social services functions for people under the age of 18.

In order to enable a local Healthwatch to gather the information it needs about services, there are times when it is appropriate for Healthwatch staff and volunteers to see and hear for themselves how those services are provided.

That is why there are duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch representatives to enter premises that service providers own or control to observe the nature and quality of those services. Healthwatch enter and view visits are not part of a formal inspection process neither are they any form of audit. Rather, they are a way for local Healthwatch to gain a better understanding of local health and social care services by seeing them in operation.

Organisations must allow an authorised representative to enter and view and observe activities on premises controlled by the provider as long as this does not affect the provision of care or the privacy and dignity of people using services.^{4 5} Providers do not have to allow entry to parts of a care home which are not communal areas or allow entry to premises if their work on the premises relates to children's social services.

Each local Healthwatch will publish a list of individuals who are authorised representatives; and provided each authorised representative with written evidence of their authorisation.

Healthwatch enter and view representatives are not required to have any prior in-depth knowledge about a service before they enter and view it. Their role is to

² The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

³ The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).

⁴ The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

⁵ The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).

observe the service, talk to service users, visitors and staff (if appropriate), and make comments and recommendations based on their subjective observations and impressions in the form of a report. The enter and view report aims to outline what volunteers saw and make suitable suggestions for improvement to the service concerned. The report may also make recommendations for commissioners, regulators or for Healthwatch to explore particular issues in more detail.

Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch enter and view visit are referred to the service provider and appropriate regulatory agencies for their rectification.

The enter and view visits are triggered exclusively by feedback from the public unless stated otherwise.

In the context of the duty to allow entry, the organisations or persons concerned are:

- NHS Trusts, NHS Foundation Trusts
- Primary Care providers
- Local Authorities
- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or Clinical Commissioning Groups to provide care services.

6.2 Enter and View Aim and Objectives

The aim and objectives of enter and view visits:

Aim

To find out about and understand how a person with a learning disability could easily access the GP and Minor Injuries Unit.

Objectives

- To undertake an announced E and V visits with Healthwatch authorised representatives buddying a Hive trained volunteer.
- To visit for a minimum of two hours.



- To have a minimum of three pairs of authorised representatives visiting, to ensure that as many staff and patients who wish to speak to Healthwatch South Gloucestershire have the opportunity to do so.
- To observe the overall service provided for patients.
- To produce a report of the findings from the observations and conversations and a report in easy read for people with learning disabilities.
- To make comments on the findings and make recommendations for change if appropriate.
- To share the final report with the minor injuries unit and appropriate organisations and agencies such as South Gloucestershire Local Authority and the Care Quality Commission.

6.3 Enter and View Methodology

A.1 The Healthwatch South Gloucestershire (HWSG) enter and view (E and V) planning group, comprising all HWSG E and V authorised representative volunteers, have discussed, agreed, and tested an approach to collect relevant information. The process was developed to enable a structured approach to gathering information but without being so prescriptive that it inhibits the E and V authorised representatives from responding to what they see and hear and thus pursue further information if necessary.

A.2 An aide-memoire observation record sheet has been drawn up and piloted and refined, as has a list of prompt questions.

A.3 Some of the prompt questions, which were found to be helpful if there was a hiatus in the flow of a conversation with a patient, included open questions.

A.4 The MIU was informed in advance by telephone and letter of the E and V visits, and dates and times are agreed. Posters about HWSG were sent to the services in advance so that these can be displayed on notice boards and used to inform patients and members of staff about the role of HWSG, the E and V visits, and to encourage staff to be present during the visits.

A.5 Each visit takes the form of a series of informal conversations with patients and staff. Enter and view authorised representatives also spend time observing the service provided and the environment, and considering what impact these would have on patients with a learning disability. The views of some of the members of staff, including managers, reception staff, are also sought.



A.6 All the authorised E and V volunteers including the Hivewatch volunteers have received the initial Healthwatch England approved E and V training and some subsequent training sessions in areas such Equality and Diversity and Safeguarding. Working in pairs, they are able to structure their questioning to ensure depth, and to converse within the specific abilities and needs of those to whom they were speaking. Each pair of E and V volunteers introduce themselves to patients and explain the purpose of their visit. Some patients are also given leaflets about HWSG which includes information about ‘how to tell your story’ in case any of them wish to send HWSG further information, or send it anonymously.

A.7 The data collected are the E and V representative volunteers’ subjective observations and notes from conversations with patients and members of staff. Observations are gathered by all the E and V representatives, are recorded contemporaneously and then collated afterwards and used to inform the report. The conversations are semi-structured, using the template and prompt questions. The notes taken during these conversations were collated and also used to inform the report. A quick debrief session for the E and V volunteers is held on site after each E and V visit and any learning, issues, or concerns taken forward to inform the next visit, and a final ‘wash-up’ session is held separately.

