



**Details of visit**

**Service address:**

**Complaints Procedures Visit**

**West Street, Ryde, IW, PO33 2QG**

**Service Provider:**

**Argyll House Surgery**

**Date:**

**18/05/2015**

**Authorised**

**Sue Orchin and Mike Keen**

**Representatives:**

### Acknowledgements

Healthwatch Isle of Wight would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

### Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, it is only an account of what was observed and contributed at the time.



### What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and 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 they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.



## Purpose of the visit

This visit was arranged as part of the ongoing complaints work plan. The visit was designed to look at the accessibility of the complaints procedure throughout the GP surgery.

## Methodology

The visits took place unannounced. The GP surgery were made aware that healthwatch would undertake visits related to the complaints workplan and were given a 2 week window but were not informed exactly when, or what the visits would involve.

The visits framework contained 2 sections.

Section 1 looked at the accessibility. The walls, leaflet stands, desks, tables were observed to see whether information was available informing people of the complaints procedure.

Section 2 focused on staff knowledge of the complaints procedure. Staff members were approached and asked questions related to making complaints and their comments recorded.



## Results of Visit

### Accessibility

#### *Complaints Procedure Posters and Leaflets*

The panel found that there was a black and white complaints poster clearly noticeable being displayed on the practice information board. The poster was easy to understand with appropriately sized text. The panel felt confident that they would know how to make a complaint based solely on the information contained on the poster. The poster contained expected timescales for a complaint to be resolved and also a short description of what would happen if the complaint was not resolved within their timescale.



The poster did not appear to be available in other formats such as braille or another language.

There were no leaflets containing complaints information being displayed.

Also on display in the surgery were CQC and SEAP (independent advocacy service) posters. These posters had been displayed in noticeable positions and were found to be appropriately informative.

The leaflets did not appear to be available in other formats such as braille, or another language.

There were some Healthwatch materials within the surgery but these had not been positioned in noticeable places.

#### **Staff Conversations**

During the visit the panel asked a staff member how to make a complaint. The staff member complaints are put in writing for the practice manager or can be made verbally. When asked if a complaint could be made on behalf of a relative or stranger the response was yes but they would seek patients consent, the incident would then be investigated as far as possible.

The panel found that the staff member was very welcoming and helpful and knowledgeable in their response. There appeared to be a non-defensive culture with raising complaints.

During the conversations a staff member commented that they did not like to put out leaflets as it gets cluttered.

The staff were unaware of Healthwatch Isle of Wight.





## Recommendations

Healthwatch Isle of Wight Recommends the following:

1. Leaflets should be created and available throughout the practice to allow service users to take the information away with them. They should clearly state all the information a person would need to make a complaint, (including potential timescales involved)
2. All posters and leaflets should be available in other formats upon request.
4. Posters should be redesigned in colour to allow them to be noticeable and easy to read.

