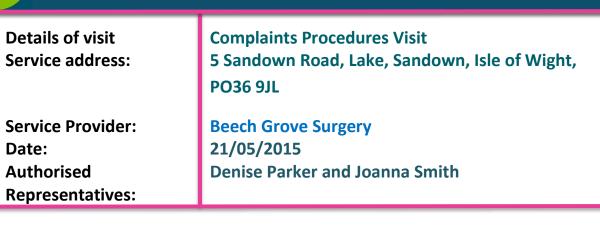
# Enter and View Report | Single Provider



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Isle of Wight

## 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.

This surgery was not particularly forthcoming with the Healthwatch Isle of Wight Volunteers and they were asked to visit a branch surgery instead.



### **Results of Visit**

#### Accessibility

#### **Complaints Procedure Posters and Leaflets**

Within the surgery there was a complaints poster displayed on the wall in the reception area. The poster was positioned in a noticeable, however the size of the text was not readable with ease. The information provided on the poster was easy to understand but was out of date information (included reference to PCT).

The panel felt they would know how to make a complaint based on the information provided on the posters and would know how long the process would take.

There was nothing to indicate that the posters are available in any other format such as another language or braille.

No Healthwatch materials were displayed throughout the surgery.

#### **Staff Conversations**

During the visit the panel asked 2 staff members how to make a complaint.

**Response 1** - The staff member indicated that they were busy. They then had difficulties locating the complaints procedure before telling the panel that complaints should be made in writing to the practice manager.

The staff member said that complaints could only be made on behalf of relatives or strangers with the consent of the patient.

The staff member was not very confident in their response and was not particularly polite.

**Response 2** – Any staff will listen to a patients concerns and would ask if it is something they can help with, if not they would be given a copy of the complaints procedure.



## **Recommendations**

Healthwatch Isle of Wight Recommends the following:

1. Leaflets should be created and be displayed / 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.

3. All staff should be trained in the handling of complaints and a consistent message given to all service users.

4. Independent advocacy should be widely advertised throughout the surgery and included on the GP designed posters and leaflets to ensure service user are aware they have a choice to be supported with the complaints process.

5. All staff should be receive training on the Health and Social Care Regulations relating to Healthwatch's Enter and View function.

