

Enter and View Report

Bladder and Bowel Service

Featherstone Road Health Centre,
2a Hartington Rd, Southall, UB2 5BQ



Healthwatch Ealing

10th December 2019

Service Visited:	Bladder and Bowel Service
Address:	Featherstone Road Health Centre, 2a Hartington Road, Southall, UB2 5BQ
Service Manager:	Rosemary Gifford
Date & Time of Visit:	10 th December 2019 (10 am – 1 pm)
Status of Visit:	Unannounced
Healthwatch Ealing “Enter & View” Authorised Representatives:	Fatima Abdi, Eunice Park, Ranjana Selvaraj
Lead Authorised Representative:	Ranjana Selvaraj
Healthwatch Ealing contact information:	Healthwatch Ealing, 45 St. Mary’s Road, Ealing, W5 5RG Tel: 0203 886 0830 Email: info@healthwatchealing.org.uk
CQC rating of West London NHS Trust	Good
Date of CQC Report:	21 st December 2018

Healthwatch Ealing (HWE) has the power to ‘Enter & View’ services in the borough of Ealing. ‘Enter & View’ visits are conducted by teams of trained ‘Enter & View’ Authorised Representatives.

Purpose of the visit

The Health and Social Care Act allows Healthwatch Ealing ‘Enter & View’ Authorised Representatives to observe service delivery and speak to patients, residents, staff, relatives, friends and carers. The visit can happen if people tell us there are concerns, but equally, the visits can take place when services have a good reputation. We can therefore learn from shared examples of what they are doing well from the perspective of the people who experience the service first-hand.

‘Enter & View’ visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with the HWE Safeguarding Policy. If at any time an Authorised Representative observes a potential safeguarding concern, they will inform their lead. The lead Authorised Representative will then end the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) and Ealing Council’s Safeguarding Team.

On this occasion, three ‘Enter & View’ Authorised Representatives attended the visit. The Authorised Representatives spoke with patients, staff and visitors. Recommendations have been made on how to improve the service and good practice has been highlighted.

In planning this visit HWE had liaised with the CQC, Clinical Commissioning Group (CCG) and the Local Authority (LA) to create an 'Enter & View' Programme. A number of health and social care providers were selected to be visited.

Acknowledgements

Thanks to our 'Enter & View' Authorised Representatives: Fatima Abdi, Eunice Park and Ranjana Selvaraj.

Thanks to the staff and patients for taking the time to speak with us.

Background

The Bladder and Bowel Service is a Community Health Service offering assessment, treatment and support for adults and children with a bladder and bowel condition. The service offer assessments at clinics, which have disabled access. It can offer assessment in a patient's own home if individuals have a condition that prevents them from leaving the house easily. Conditions the service can care for include stress and urge urinary incontinence; functional urinary incontinence; urinary incontinence after a prostatectomy; faecal incontinence; neurological bladder and bowel incontinence; nocturia; constipation; childhood continence difficulties.

Care is provided from the following sites:

- Acton Health Centre, Church Road, Acton, W3 8QE
- Featherstone Road Health Centre, Hartington Road, Southall, UB2 5BQ
- Grand Union Village Health Centre, Taywood Road, Northolt, UB5 6WL
- Jubilee Gardens Health Centre, Jubilee Gardens, Southall, UB1 2TJ
- Mattock Lane Health Centre, 78 Mattock Lane, Ealing, W13 9NZ

Provision of the Bladder and Bowel Service is by Ealing Community Partners, West London NHS Trust, who took over the provision from 1st July 2019.

Healthwatch Ealing chose to visit the Bladder and Bowel Service in order to follow up on concerns previously received from patients and to understand how the service was functioning under the new provider.

Observations about Featherstone Road Bladder and Bowel Service

Transport and Accessibility

The E5 bus stops just around the corner from the clinic and there is an adjoining carpark for over 140 vehicles. The carpark is very close to the clinic entrance.

The reception and clinics are all on the ground floor and there is adequate space between reception desks and seating for wheelchair movement.

Arrival

On arrival, Enter & View Authorised Representatives spoke with the multi-lingual receptionist who was friendly and welcoming. The visit was unannounced, and a formal letter was provided outlining the purpose of the visit. This was passed to the Bladder and Bowel Nurse on duty who then came and welcomed us. On the day of the visit, the Service Manager was at a different site. The lead Authorised Representative explained the purpose of the visit to the Nurse before the visit commenced.

Entrance area

The Bladder and Bowel Community Health Service shares the same building with Featherstone Road Health Centre and other services contained within the building.

After entering the main door of the building, there is a long corridor across the entrance area, with doors which lead to the GP practice. There is a separate patient waiting area and reception desk for both Community Health Services and the GP practice.

The reception area appeared clean and tidy at 10:00 AM. While there was a sign-in book at the Community Health reception desk, we were not asked to sign in. Subsequently, children dropped sweets and packaging. The receptionist was observed asking the parent to clean up and providing a tissue to do so, but the request was ignored, and the floor remained littered.

The seating area was clean, tidy and clutter-free. Seating appeared to be new and was adequate even when it became busier mid/late morning.

The entrance was accessible for wheelchairs, however, Authorised Representatives observed a few less mobile patients having difficulty negotiating the corridor.

There was a water dispenser next to the Community Health Service reception desk with a signboard displaying information in multiple languages.

Signage

There is a joint reception with three windows, two for the GP clinic and one for the Community Health service. We had to enquire with the receptionist in one of the windows as there did not appear to be any obvious directing signs to the Community Health Service/Bladder and Bowel

reception desk. We observed the signage was put up in an A4 sheet in a plastic wallet by the Community Health receptionist's desk only after our enquiry on arrival. This, however, still didn't help anyone find the desk when they entered the building as it was around the corner and not visible from the entrance. By contrast, the two GP receptionists had clear signs on their desks.

Notice board

A Community Health Service notice board was on display in the patient waiting area containing information about various other Community Health Services and other services and organisations such as Ealing IAPT, the Mental Health Therapy number, Patient transport service, Quality standards information, Ealing Families Directory, a 'Stop abuse of NHS staff' poster and rating of the service by the Care Quality Commission. Authorised Representatives did not see any information specifically relating to the Bladder & Bowel Service or information on display.

There was also another notice board that incorporated PALS information and leaflets about sexual health and cervical screening. All information was monolingual except for a 'Do you need an interpreter' poster, which was translated in a range of languages.

In addition to the notice boards there was a flyer holder on the wall adjacent to the Community Health Service reception desk containing flyers from different third sector organisations.

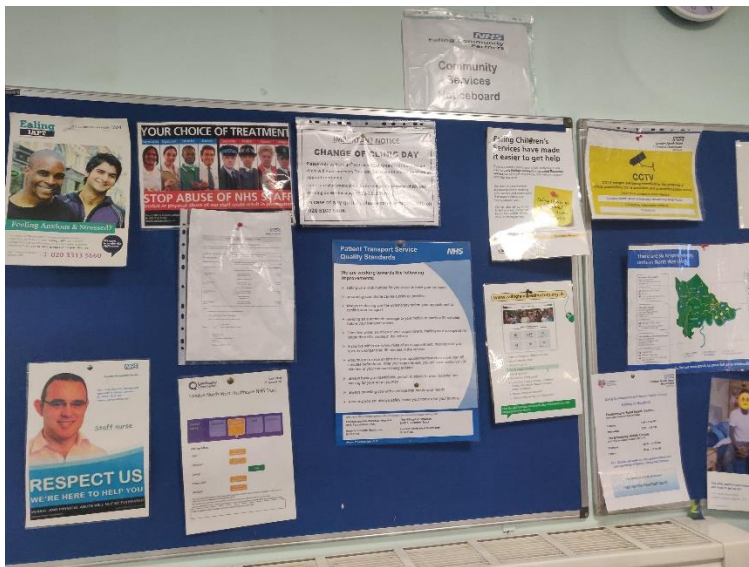


Figure 1: Notice board

Fire safety

There was a small sign above the front door indicating that it was a fire exit. 'Enter & View' Authorised Representatives did not observe any separate fire exit door other than the main door to the building, however the evacuation plan was on display at the entrance of the building.

Odour and Environment

The reception area was well lit and had internal windows looking on to a small courtyard. It was a large open area and appeared to be well ventilated. The odour of the environment was good in general.

Accessibility to toilets

There was a gender-based washroom at the waiting area shared between the GP practice and Community Health Service patients. The female toilet had three cubicles, was clean, fully functioning and equipped. The male toilet was not visited by our 'Enter & View' Authorised Representatives. There was also a disabled toilet next to the consulting room of the Bladder and Bowel Service, which was clean and tidy. Further toilets for staff were located in each of the corridors leading to treatment rooms.

The provision appeared to be adequate and no queuing was observed even when the reception filled up.

Check in system for patients

There were two self-check in systems exclusively for patients who had appointments with GPs and an electronic board displaying a patient's name, to call patients in. If wanting to check in with Community Health Services - the Bladder and Bowel Clinic in this instance - you had to ask where to find the appropriate receptionist as there was no sign indicating where they should go. Having found the right desk, patients check in face-to-face, with their name being entered into the system by the receptionist to alert the clinic of their arrival.

The receptionist was observed being efficient, they knew when people were due in, when they were late and when they were probably not going to show.

Opening times

There were no opening hours on display specifically for the Bladder and Bowel Clinic in the reception area (or on the website). The paediatric specialist Nurse at the centre on the day of our visit worked full time in the clinic and was involved in home, school and Nursery visits. Appointments are arranged by the Nurse herself and during the visit Authorised Representatives observed her booking a patient in for an appointment in six months' time during a consultation.

Observations about Consultation area

Consultation room

Authorised Enter & View Representatives were able to enter the consultation room after obtaining consent from the patient or their parent. The consultation room was well lit and ventilated. It was spacious enough to accommodate one patient along with their parent/carer/attende. The room contained an examination bed, desktop table with computer,

a chair, and a treatment/test kit. Right next to the desktop, there was a handwashing area with sanitising facilities.



Figure 2: Consultation room

Signage

There did not appear to be any signage directing patients to the consulting room. Patients and Enter & View Authorised Representatives were taken into the treatment room by the Nurse.

Toilets

There was a disabled toilet right next to the consultation room of the Bladder and Bowel Service. It was clean and tidy.

Observations of patient consultations

Before 'Enter & View' Authorised Representatives observed a consultation, informed consent was obtained from the parent/carer of the child/patient, after informing the Nurse in charge.

There is currently only one appropriate clinician for the patient we saw - the paediatric continence specialist nurse. We observed that the patient(s) are taken into the consultation room by the nurse without any delay once the nurse is notified about their arrival by the community health service receptionist.

Case 1:

The patient we saw was seen on arrival.

The paediatric continence specialist nurse was attentive and engaging with the child and mother. Enter and View Authorised Representatives observed her being very friendly and supportive.

The half-hour assessment was comprehensive, carried out sensitively and sympathetically by the Nurse, who managed to engage with both the child and the mother while at the same time gathering all relevant information, making decisions, and typing up the notes. The Nurse appeared experienced in how to take a case history of the patient including the child's presenting illness, family history such as pregnancy, birth, post-partum complications, medical history of both parents, etc

Daily diet and medication were discussed.

The mother was given information about appropriate times to administer drinks and advisability of starting toilet training.

Enter & View Authorised Representatives were informed that, normally children under five are not eligible for NHS nappies/pads, but because the child was physically outgrowing what could be purchased and because of the quantity required, the Nurse decided the supply of NHS nappies was appropriate. The paediatric specialist Nurse described the two pads/nappies that were appropriate. The child was measured and samples of the two types available were ordered on the spot and would be with the family within the week. The mother was informed that she could determine which of the two nappies/pads was better for her child.

The Nurse explained she would liaise with nursery to establish a toileting regime and discussed possible toilet training. An appointment for six months' time was made, with the mother selecting a time in the day that best suited her. She was given the Nurse's mobile number so she could make direct contact if she had any queries or problems. The next appointment was arranged to take place with the same Nurse.

The notes of the assessment were forwarded there and then to the child's GP.

Authorised Representatives observed the Nurse being sensitive to the child's and parent's needs. We found the communication between the Nurse and the patient's parent to be good. The mother appeared grateful for the help being offered for her child.

Case 2:

The appointment was quick and lasted only 10 minutes due to the child exceeding his targets set by the nurse. The child no longer wets himself and had made great improvements since his last visit. The nurse was very supportive and encouraging towards the child.

The mother had a concern about the child's diet which she raised with nurse and some healthy alternatives were suggested to be included in the child's diet by the nurse.

Interviews with staff

Our Enter & View Authorised Representative interviewed the Paediatric Continence Nurse who had been working for 3 months under a contract with the new provider (West London NHS Trust). Prior to this the Nurse had been delivering the service under the previous service provider.

Induction process

The Paediatric Continence Nurse informed Authorised Representatives that most of her induction process was online. She had received mandatory training, including safeguarding, information governance as well as training around bladder and bowel conditions and equipment/pads, etc.

The Nurse informed us that she is the only paediatric Nurse within the service and management had been very supportive in her learning and development. She highlighted that her relevant educational interests had been addressed by the management.

Handover procedure

The Nurse explained her handover procedure, informing Authorised Representatives that she observed her predecessor for a 5-day period, including observation of consultations and tests, which she stated was 'quite specific and unique'.

She stated: "I received feedback from her until I had my confidence...I felt very able to take it over and have faith in my own ability".

The Nurse stated that she felt very well supported during the entire process.

Support from management

The Nurse explained that she felt supported by the management and that they discuss what works well and what needs improving. She indicated that the management is flexible in terms of working from home and she is free to plan her own diary and carry out her plans.

We were told by the Nurse that there was an issue she raised with management regarding home visits. The management had provided the necessary support to address her issue: "Initially, I was going alone for the home visit. I raised this issue with the management, and they provided me with an extra support and two of us go for the home visit now".

Staff breaks

The Nurse highlighted that the service was busy and accommodating the treatment/care needs of the patients and the number of appointments impacted upon appropriate staff breaks. There was a query raised around the appropriate staffing levels/ratios for the service and number of patients.

Parking facilities

The Nurse highlighted that there was limited car parking facilities at the building. She informed Authorised Representatives that sometimes parents have to leave the consultation room in the middle of an appointment to change their car parking. She highlighted that this caused appointments to run over schedule and had knock on effects for subsequent appointments and clinic timings. In some instances, the Nurse stated she will apologise to parents for delays and suggest they rebook the appointment for the first appointment the following day.

Staff wages

We were informed by the Nurse that she is paid as per the NHS banding. She stated she was previously on a higher band and had to step down a band under the new contract. She highlighted this was disappointing but reiterated that she enjoyed the job.

Staff meetings

The Nurse stated that there are monthly staff meetings where staff can raise issues that need addressing. She highlighted that most concerns are solved through the meetings and follow up processes.

Safeguarding procedure

The Nurse informed our Enter & View Authorised Representative that she has undergone safeguarding training online and received an information pack. She added that she had once reported a safeguarding incident to the safeguarding team and informed her manager about it. In addition, she highlighted that if they are attending a school visit, the school Nurse is also informed.

From the interview, Authorised Representatives felt confident that the Nurse knew whom to go to/contact if there was a safeguarding concern.

Patient feedback

The Nurse felt there was not a good feedback system in place for the service to communicate with patients. However, she also highlighted that the service was 'new' having recently changed provider and looking to make improvements in the near future.

She highlighted a specific example, stating that special needs children at school were unaware of the services limitations e.g. pull-ups are no longer provided. The Nurse highlighted that it would be helpful to have a system in place to share relevant information with patients and families, particularly around any service changes.

Challenges

The Nurse shared some examples of the challenges she faces:

- Dealing with autistic children was challenging, particularly when triggers are unknown by staff. The Nurse highlighted, in such cases, she relied heavily on parents, stepped away and let the parent(s) handle the situation, supporting as requested by the parent(s). In addition, she indicated she gives her cooperation if the parent and child wish to step outside the consultation room/building for some time.
- Working alone and not as part of a team, in terms of feeding back.
- Dealing with assessments and consultation when the parent has additional children present. This is particularly problematic for assessments which are approx. 1 hour long. While attention is focussed on the child patient, additional children will be 'running around'. The Nurse indicated that if there are two parents, she will ask one to

take the sibling(s) outside. On occasion, if it is difficult to focus, appointments may need to be rebooked. The nurse indicated that parents are very reasonable and focus on the child patient during appointments.

- 'Enter and View' Authorised Representatives were informed by the nurse that there is a shortage of staff within this service.

Interviews with Patient

Our Enter and View Authorised Representatives approached a patient for feedback. The patient indicated a difficult assessment managing their child and declined to feedback further.

Conclusion

Overall, Enter & View Authorised Representatives concluded that the service is well-run. The consultation room is clean, with suitable facilities and the service is run by knowledgeable, experienced, engaging and friendly staff. The staff member was observed being attentive towards patients and treating them with dignity and respect.

Areas of both good practice and areas for improvement are highlighted below.

Good practice

1. Current staff are an asset to the service. They were observed being highly efficient and effective; communicating sensitively and constructively with parents and children; making decisions to support best care; liaising with external agencies; enacting paperwork and follow up quickly; and providing a flexible service that met patients' needs.
2. Regular staff meetings are in place and provide opportunities for staff feedback and problem solving.
3. The new provider of Community Health Service appears to be communicating well with Bladder and Bowel staff, providing support and addressing areas of concern that are raised.

Recommendations

Facilities

1. Less mobile patients were observed having difficulty negotiating the corridor within the Health Centre.
 - a. *Test accessibility with patient groups and report recommendations to building owner.*

2. Patients (and Enter & View Authorised Representatives) were initially unable to locate the correct reception/desk to report to on arrival. When they did 'check in' at the desk there was no sign in facility.
 - a. *Ensure adequate building signage for Community Health Services and associated clinics.*
 - b. *Ensure clear reception desk signage for Community Health Service and associated clinics on each day.*
 - c. *Review appointment letters and patient communication to ensure clear guidance and instructions regarding building and service location/features and where to go on arrival.*
 - d. *Review use of check in or sign in facilities.*
3. Less mobile patients were observed having difficulty negotiating the corridor within the Health Centre.
 - a. *Test accessibility with patient groups and report recommendations to building owner.*
4. Patients (and Enter & View Authorised Representatives) were initially unable to locate the correct reception/desk to report to on arrival. When they did 'check in' at the desk there was no sign in facility.
 - a. *Ensure adequate building signage for Community Health Services and associated clinics*
 - b. *Ensure clear reception desk signage for Community Health Service and associated clinics on each day*
 - c. *Review appointment letters and patient communication to ensure clear guidance and instructions regarding building and service location/features and where to go on arrival.*
 - d. *Review use of check in or sign in facilities*
5. There are limited car parking facilities specifically for the Health Centre and parents often have to leave the consultation to deal with their car parking. This causes delays to appointments and clinic timings.
 - a. *Review appointment letters and patient communication to ensure clear guidance on transport and car parking facilities to facilitate reduced disruptions.*

Staff

1. The nurse shared that it was a challenge working alone and not as part of a team, in terms of feeding back.
 - a. *Review opportunities for staff to discuss patient cases with peers, both internally and externally with peers in other Trusts.*

Patient care

1. Patients were unaware that pull-ups were no longer available.
 - a. *Ensure efficient and effective communication channels are in place with patients and schools to keep them up to date on important service changes and other service information.*
2. The nurse shared feedback on the challenge of carrying out an assessment when additional children/siblings are present.
 - a. *Review appointment letters and patient communication to highlight the issue, enabling parents, where possible, to make appropriate arrangements and or inform staff in advance to enable staff to prepare, where possible.*
 - b. *Review availability of toy/reading/play equipment.*
 - c. *Review additional staffing support options to assist nurse in managing assessments when additional children are present*

Feedback

1. There is no feedback or suggestion box displayed at the reception area.
 - a. *Review the feedback system in place and ensure clear guidance on how to access feedback or complaints procedure.*

Leaflets/posters

1. Enter and View' Authorised Representatives observed no leaflets or posters on Bladder and Bowel at the clinic.
 - a. *Review the external and internal posters/leaflets about Bladder and Bowel so patients are kept informed.*
 - b. *Review the material on an annual basis.*
 - c. *Ensure the availability of material for patients and visitors.*

Opening hours

1. There are no clinic opening hours on display in the reception are or on the trust website.
 - a. *Review publication of opening hours information to support patients understanding and access of the service.*

Appendix I

Observations about the Community Health Service

Name of the clinic/practice		
Date/time of visit		

1) Entrance area (any odours and general environment including cleanliness)

2) Notice board

3) Fire exit (e.g. fire procedure)

4) Accessibility to toilets and cleanliness- for patients, visitors and staff

5) Digital board (displaying patient name and announcement) – is it clear/easy to read?

6) Check in system for patients

7) Environment of the practice (e.g. lighting, ventilation)

8) Opening times including weekend opening times

9) Reception table- practice leaflets, voluntary organization leaflets /booklets etc

10) Signage – is it clear/concise?

11) Additional facilities: Change room for staffs

12) Feedback/suggestion box

Other notes:

Questions for management

Name of service	
Date and time of visit	
Name of manager:	
Manager since:	

<p>Staffing and Recruitment</p> <p>What is the staff makeup of the clinic?</p> <p>What is the recruitment process?</p> <p>Have you got any current staff vacancies at the moment?</p> <p>Are staff paid in accordance with the minimum wage/London living wage?</p> <p>Relationship with staff</p> <p>As management do you have good relationship/rapport with your staff?</p> <p>How have you come to establish a good relationship with your staff? Are there any social gatherings or rewards programmes in place for staff?</p>	
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<p>Induction and training</p> <p>What induction do staff receive?</p> <p>How long is the induction process?</p> <p>What is the handover process for new staff? How long is this handover process?</p> <p>What type of training do staff receive? (E.g.: classroom based, online, shadowing)</p> <p>What training is mandatory and what training is preferred?</p>	
<p>Staff meeting</p> <p>Are there regular staff meetings? (E.g.: monthly)</p> <p>Formal. How many formal meetings are held throughout the year?</p> <p>Informal (briefing) How and when is the informal meeting conducted?</p> <p>How is case work shared/communicated between the team?</p>	
<p>Supervision and appraisal</p> <p>What is the supervision and appraisal policy?</p> <p>Are there supervision and appraisal training available for staff?</p> <p>Any other comments or feedback?</p>	

<p>Audits and checks</p> <p>Do they carry out their own checks and audits? (E.g.: patient records)</p> <p>Where are patient observation notes kept?</p> <p>Were there any recent improvements or concerns to the service through these checks and audits?</p> <p>How are concerns or improvements made aware to staff?</p>	
<p>Safeguarding</p> <p>What is the safeguarding policy?</p> <p>Are staff aware on how to make a safeguarding alert?</p> <p>Is safeguarding information available to staff? If so, how?</p> <p>How often are safeguarding concerns raised?</p>	
<p>Complaints procedure</p> <p>What is the complaints procedure?</p> <p>Is the complaints procedure easily accessible/available to patients?</p> <p>Are all complaints recorded and investigated?</p> <p>How often are formal/informal complains raised?</p> <p>What recent changes have been made as result of patient feedback?</p>	

<p>Views collected</p> <p>How are patients/families/ carers views about the service collected? (e.g. surveys, questionnaires)</p> <p>If views are collected, how are they circulated to families/carers?</p>	
<p>Skills and knowledge of staff</p> <p>What support do staff receive?</p> <p>What steps are taken to keep the staff up to date in terms of skills and knowledge?</p> <p>Are staff provided with ongoing training?</p>	
<p>Incontinence products and devices (e.g. pads)</p> <p>What types of incontinence products are available to patients?</p> <p>What type of incontinence devices are available to patients?</p> <p>Are they easily accessible to patients? Are they provided by the NHS or external organisations (e.g. charities)?</p> <p>What choice do patients have?</p> <p>Are patients happy with products?</p>	

Provision of home service

Do you provide home services for bed bound patients?

What is the process of delivering home services?

What challenges do you face with the home service provision?

Any other comments?

Appendix III

Questions for staff

Name of service	
Date/time of visit	

Induction/training process How was the induction process? Did you feel supported during the induction process? What training have you received?	
Support from management Do you feel supported by management? ? If so, how?	
Staff breaks Do you receive adequate staff breaks?	
Staff wages What are the current staff wages (including senior staff)? Do you receive staff wages according to the minimum wage?	
Staff meetings Are there regular staff meetings? (E.g.: monthly)	
Safeguarding procedure	

<p>Are staff aware on how to make a safeguarding alert?</p> <p>Is safeguarding information available to you? If so, how?</p>	
<p>Handover procedure</p> <p>What is the handover procedure at your service?</p> <p>How do staff communicate over the handover process?</p>	
<p>Patient feedback</p> <p>How do you engage with patients to gain feedback?</p> <p>Are patients aware on how to provide feedback to the service?</p>	
<p>Good practices</p>	
<p>Challenges</p>	
<p>Other notes</p>	

Appendix IV

Questions for patient

Name of service	
Date/time of visit	

Healthwatch Ealing is an independent body who is committed to trying to make changes to health and social care services that reflect the needs of the people in the local community. We are visiting today to collect patient feedback and views on the adult Bladder and Bowel Service. The information provided by you in the questionnaire will be used anonymously for research purposes only.

<p>Accessibility to Clinic</p> <p>How did you travel to the clinic today?</p> <p>How is the accessibility to the clinic (walk, car etc)?</p> <p>Is it wheelchair accessible?</p> <p>How is the car park accessibility?</p>	
<p>Appointments (Method of booking an appointment, ease of getting an appointment)</p> <p>How long have you been coming here for your appointments?</p> <p>What was the referral process like from your GP to the service?</p> <p>What is the process for booking an appointment?</p> <p>Can you book over telephone/online/walk-in?</p> <p>What is your preferred method of booking an appointment? (phone or</p>	

online or walk-in)

Is it easy to make an appointment?

What options are there if you need an emergency/urgent appointment?

Can you book to see a specific clinician? Do you have any choice?

Do the appointment times on offer suit you?

When booking, how far ahead do you have to wait for an appointment?

How often do you have an appointment?

Are you happy with the booking process?

When you are at the clinic, how long do you have to wait to be seen? Do appointments run on time?

If you want to change your booking, what is the process?

Do you ever have to cancel an appointment?

Does the clinic ever cancel your appointment?

Reception/check in

When you arrive what is the check in process?

Is there a receptionist/staff member on hand?

Was the receptionist welcoming?

Treatment and care

Are you happy with the quality and level of treatment and care?

What could be improved?

Do you see the same clinician each time?

Incontinence products and devices (e.g. pads)

Do you have good access to the pads and equipment devices?

Are you given choice of incontinence pads?

Are you with happy with quality of pads?

Are you given the relevant information and advice regarding a wide range of incontinence devices?

If so, have you been given training on how to insert the incontinence devices?

Are you given choice around your options/treatment?

Involved in the decision about your care

Do you feel involved with the decision making regarding your care?

Are family/relatives/carers involved with your decisions regarding your treatment/care?

<p>Communication</p> <p>How do you keep informed about your condition the treatment and care and how to stay well?</p> <p>Have you been provided with relevant information about your condition from the clinic?</p> <p>Are you happy with the level of communication with staff?</p> <p>Any other comments or feedback?</p>	
<p>Feedback and complaints procedure</p> <p>Are you aware about the feedback and complaints procedure? Do you know how to make a complaint and provide feedback?</p> <p>Have you given any feedback or made a complaint before?</p> <p>Is information about to make a complaint easily available?</p>	
<p>Support from staff</p> <p>Do you feel supported by staff? If so, how?</p> <p>Do you feel listened to by staff?</p> <p>Do the staff treat you with the dignity and respect?</p>	

<p>Medication</p> <p>What are your experiences of using medications?</p> <p>What type of medication do you take to manage your bladder and bowel?</p> <p>Do you have any choice around the type of medication?</p>	
<p>Lifestyle (diet, fluid intake, exercise etc)</p> <p>What advice have you been given by the doctor or Nurse regarding your bladder and bowel?</p> <p>What support is available for you to manage with your bladder and bowel?</p> <p>Have you been provided with the relevant information to manage your bladder and bowel?</p> <p>If yes, have you been referred to the right health professionals or organisations?</p>	
<p>Other notes</p>	

Patient Consent form

Information about Healthwatch Ealing's Enter & View visit:

Healthwatch Ealing is a consumer champion for health and social care. We are committed to trying to make changes to health and social care services that reflect the needs of the people in the local community. We are visiting a number of community health services throughout the year for the purpose of observing and collecting the views and feedback of service users.

We are carrying out an Enter & View visit today at
.....

Date: Time: we would like to ask for your consent for Healthwatch Ealing and Authorised Representatives to observe your appointment.

I,consent to
Healthwatch Ealing observing my appointment for the purpose of
the Enter & View visit.

Date:

Signature:

Disclaimer

This report is a representative sample of the views of the staff members that Healthwatch Ealing spoke to within the time frame. This does not represent the views of all the patients and staff members at Bladder and Bowel Service. The observations made in this report only relate to the visit carried out on the 10th December 2019.

'At this stage, we have informed the provider that they are welcome to make a response. We are yet to receive a response, however, dialogue is still open and once we do receive a response it shall be included alongside the final report'.