

'Enter and View' Report

Bladder and Bowel Service

78 Mattock Ln, Ealing

London W13 9NZ



Healthwatch Ealing

6th December 2019

Service Visited:	Bladder and Bowel Service
Address:	Mattock Lane Health Centre, 78 Mattock Ln, Ealing, London, W13 9NZ
Service Manager:	Rosemary Gifford
Date & Time of Visit:	6 th December 2019 (10 am – 1 pm)
Status of Visit:	Unannounced
Healthwatch Ealing “Enter & View” Authorised Representatives:	Fatima Abdi, Sahar Alla, Ranjana Selvaraj
Lead Authorised Representative:	Fatima Abdi
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 and View services in the borough of Ealing. These visits are conducted by teams of trained Enter and View Authorised Representatives and can be announced (prior notice is given) or unannounced (no notice is given).

Purpose of the visit

The Health and Social Care Act allows Healthwatch Ealing Enter and 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 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 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, 3 Enter and 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. HWE had liaised with the

CQC, Clinical Commissioning Group (CCG) and the Local Authority (LA) to create an Enter and View Programme. A number of health and social care providers were selected to be visited. Our reason for visiting this community health service was to observe how the Bladder and Bowel Service manages bladder and bowel patients.

Acknowledgements

Thanks to our Enter and View Authorised Representatives: Fatima Abdi, Sahar Alla and Ranjana Selvaraj.

Thanks to the staff, patients and visitors of Mattock Lane Health Centre (Bladder and Bowel Service) 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 assessment 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 prostatectomy, faecal incontinence, neurological bladder and bowel incontinence, nocturia, constipation and childhood continence difficulties.

Care is provided at 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 service provision of Community Health Services in 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 service.

Observations about the Bladder and Bowel Service

Arrival

Upon arrival, we spoke to the receptionist who informed us staff members and management were busy with patients.

The receptionist was polite, friendly and approachable. We showed our ID badges and handed the letter to the receptionist explaining the purpose of our visit to the community health service. The letter was then passed onto the Bladder and Bowel Specialist Nurse, who came and received us after a while. On the day of the visit, the manager was not on site so we did not get the opportunity to speak to the management, but we explained the purpose of the visit to the nurse before continuing with it.

Transport and Accessibility

The clinic is easily accessible. The 483, 607, E7, and E8 buses go directly to the clinic and there is a three-minute walk from the bus stop to the Health Centre.

Entrance area

The health centre entrance area was a clean and well-maintained environment. Upon entering the building, there is a long corridor across the entrance area, leading to the GP surgery, which is towards the centre and right. The Community Health Service area is located on the left side and there is a patient waiting area with enough chairs for patients and visitors.

Enter & View Representatives noticed a separate reception area (on the left-hand side to the main entrance door) specifically for the community health service with clear signage and a separate entrance to access community health services. There is a designated consultation room for patients however there was no signage on the door to state this was for the Bladder & Bowel Service.

There were no hazards detected in the entrance area and the corridor appeared spacious enough for wheelchair users.

Notice board

All information displayed on the notice board was clear, bright and easy to read. The notice board contained information on voluntary organisations and services including the Ealing Stroke Club, Oneyou and Samaritans. Also, there was general information on the CQC inspection result for the Trust. However, there was no specific information displayed relating to the Bladder and Bowel Service.



Figure 1: Notice board

Fire safety

'Enter and View' Authorised Representatives did not witness a fire exit at the clinic during the visit. However, there were signs displayed next to the reception areas leading to a fire exit. A fire alarm was fitted in the waiting area, as was a notice board about "Fire action".

Odour and Environment

The clinic was clean, well-maintained and well-lit, as were the treatment/consultation rooms. The consultation room was spacious and well-ventilated, and the consultation room appeared to be clean and fresh, ready for the next patient.

Accessibility to toilets

Toilets were accessible and the signage was reasonably clear. Enter and View Authorised Representatives saw that the toilets were untidy with used tissues on the floor. There were separate toilets for males, females and disabled.

Check in system for patients

A self-check in system was in place for patients and we witnessed some patients using it although it was located too high for some patients, indicating it was not wheel-chair friendly. Also, a further check-in machine located besides the notice board was not working.

Opening days and times

We were informed, via the signs displayed in the GP practice area, of the opening times for that service, however there were no opening times on display at the Community Health Service reception. Subsequently, Enter and View Representatives were informed the Bladder and Bowel Service runs every Friday (all day) at Mattock Lane Health Centre.

We were informed there were four clinics operating on different days throughout the week, provided by West London NHS Trust. The Adults Bladder and Bowel nurse conducts weekly appointments at Mattock Lane Health Centre, Acton Health Centre, Jubilee Gardens Medical Centre and Grand Union Village Health Centre. A Paediatric Bladder and Bowel nurse conducts weekly appointments at Featherstone Road Health Centre.

However, when a patient has been seen by the nurse, they continue to have their reviews with the nurse which usually takes 6-8 weeks for a follow up appointment and this is based on patient choice,

Reception table - practice leaflets

Leaflets were on display for various health services but there was no specific information about the Bladder and Bowel service. 'Enter and View' Authorised Representatives witnessed a few leaflets on the reception desk about prescriptions. In addition, there were leaflets about community health services, how to access psychological services, early education and vaccinations, but no specific Bladder and Bowel Service leaflets on the reception desk.

Signage

The signage at the reception was clear and concise. There was a clear sign displayed on the reception desk stating: 'The community reception is closed for lunch from 12:30 pm to 1:30 pm' and what patients should do next when they arrive.

Feedback/suggestion box

There was no feedback/suggestion box displayed at the clinic.

Observations of the patient consultation room

Consultation room

The consultation room was clean, well-lit, and well-ventilated. The entrance and corridor had good accessibility. It was spacious enough, containing a bed, desktop table, treatment kit and chairs for patient and visitors. There was a hand sanitizing area available for patients.



Figure 2: Consultation room

Signage

There are no clear signs to indicate the Bladder and Bowel consultation/treatment room. The Enter and View Representatives and patient were taken by the nurse to the consultation room.

Toilets

There were toilets by the consultation room, one male toilet and one female toilet. The member of staff kindly offered to escort the patient to the toilet.

Observation of patient consultation

The patient was called in by the nurse for their appointment. Before observing the consultations, informed consent was obtained from the patient by our Enter and View Authorised Representatives, after informing the nurse.

Case one:

The Adult Specialist nurse was very polite, supportive and understanding of the patient throughout the consultation.

The patient consultation/assessment lasted for half an hour and the nurse showed knowledge of the patient's history.

Current situation explained/discussed:

There was good communication between the nurse and patient. The nurse was listening to the patient attentively throughout the appointment, including the patient's concern about the frequency of passing urine at night, and the need for an extra pad. The nurse explained to the patient about the types of pad and informed the patient that new samples would be sent to them.

Diet and exercise:

The patient explained to the nurse that she drinks a lot of water to keep healthy, hence passing urine in the night. Fluid advice was provided in response.

The member of staff provided advice around bladder training; however the patient responded that the method doesn't help.

Medication:

The nurse discussed the current medication the patient is using, and the patient fed back that the medication was working very well and the symptoms had improved.

Practical assessment - Urine test:

The patient was given a urine collection tube and the patient was guided by the nurse to the toilet. After the urine sample was collected and delivered to the nurse, the nurse tested the sample and provided the result.

Follow-up:

At the end of the appointment, the member of staff booked a further review for patient.

Interview with staff member

The member of staff told us that she has been working across different sites in Ealing.

Induction process

The Nurse fed back that she was up to date with her trainings.

We were informed that most training is done online. She added when she joined the clinic, mandatory training was done face to face on topics including Mental Health Capacity, Dementia, and Safeguarding.

During the induction process, she felt supported by her management and colleagues. The induction lasted for 1 to 2 weeks. Staff felt the induction process ran smoothly.

Support from management

During the interview, the member of staff informed us there had been huge changes over the last three years and many staff had left due to management style, this in turn had an impact on patient care and service delivery.

Staff breaks

Enter and View Authorised Representatives were informed by staff that the lunch break lasts for 30 minutes.

Staff meeting

Staff advised our Enter and View Authorised Representatives that staff meetings used to be weekly, however, this is no longer the case. We were told meetings are conducted when necessary or if any issues arise.

Safeguarding procedure

The member of staff told us she is aware of the safeguarding procedure and how to raise a safeguarding alert. She stated that reports go to the manager first and then to the safeguarding team.

Handover procedure

Staff told us assessments are done by each staff member. She explained at the end of each assessment, a care plan is put in place and review is booked if necessary, advising and referring patients. The member of staff told us she liaises with the GP, sending information and updating records via online systems.

Method of booking an appointment/ease of getting an appointment

Appointments or referrals are done via GP, but the consultation can be done at the patient's home. Generally, the appointment waiting time is two months, but patients can be seen before if there are cancellations.

Emergency appointment

If an emergency appointment/assessment is required, the administrator would liaise with the patient accordingly.

Patient communication and feedback

Enter and View Authorised Representatives were informed by the member of staff that good communication is practiced throughout the consultation. This is done by listening to the patient's story and checking whether they have understood what has been discussed or advised.

We were told by the member of staff that telephone reviews are conducted, however, this has sometimes caused difficulties due to communication barriers and, in some cases, this would require the staff member to book another clinic appointment.

Enter and View Authorised Representatives were told the member of staff follows up with patients and if she cannot get hold of the patient or receives no response within 14 days, a letter will be sent to the GP and patient. According to the member of staff, patients are aware on how to provide feedback to the service. The GP letter includes all the contact details including phone number and email.

Challenges

Staff advised us that there is a shortage of staff for the service. Enter and View Authorised Representatives were told a lack of staff had led to others feeling overwhelmed, overworked and stressed, which sometimes result in sickness or absence from work.

We were informed that there had not been enough staff over the last three years to conduct the appointments, which had impacted on the delivery of patient care.

Interview with patient

Appointment (method of booking an appointment, ease of getting an appointment)

On receipt of a referral, admin staff book appointments or home visits as appropriate.

Treatment, care and support from staff

A patient we spoke with informed us that she is happy with the quality and level of care delivered by the service. She described the nurse as 'patient and friendly'. The patient told us she attended the clinic twice and had been seen by the same nurse.

The patient told us the incontinence pads are delivered on time. She highlighted to our Enter and View Representative that the quality of pads does not match her needs.

Communication

The patient told us she does not receive any information about her condition or how to stay well.

Further discussion on this topics, feedback and complaints, and medication was cut short due to the patient being called in by staff for their appointment.

Lifestyle (diet, fluid intake, exercise etc)

The patient informed us they had been given advice around adequate daily fluids by the member of staff.

Conclusion

Overall, this was a positive visit to Mattock Lane Health Centre. The consultation room was clean and well-maintained. During our visit, the staff were polite and friendly towards the patient, treating them with dignity and respect.

The staff we spoke to were friendly and supportive however staff felt improvement could be made for overall effectiveness of patient care and delivery.

Good practice

1. Enter and View Authorised Representatives witnessed strong communication, both between staff members and with patients.
2. The clinic demonstrated a good level of cleanliness across the entire community health service.
3. Despite apparent staff shortage, Enter and View Representatives were impressed with staff attitude towards the patients, treating them with care and dignity.

Recommendations

Housekeeping/Facilities

1. During the interview, the staff advised rooms are limited to service here and staff could benefit from more clinical room availability.
 - a. *The trust may want to review this issue and facilitate more room availability.*

Patient Consultation

1. Telephone consultation reviews has led to communication barriers, hence, staff would directly book another appointment.
 - a. *Review telephone communication procedures and ensure no delay for patient consultation reviews.*

Staff

1. Across all sites, staff indicated a lack of staffing was impacting on the level of care they could provide.*
 - a. *Management to review the shortage of staffing levels within the service.*
2. During the interview, staff advised over the last three years management style and support had changed within the Bladder and Bowel Service.
 - a. *Management to consult with staff to understand their concerns and where possible to implement practical changes.*
 - b. *To be reviewed 3 months after implementation to ensure effectiveness.*

c. Formal staff meetings were held on a weekly basis; however, meetings are now done if and when necessary.*

a. *Review formal staff meetings and improve communication with staff.*

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.*

Signage

1. 'Enter & View' Authorised Representatives observed no signage at the Community Health Service consultation area. *

a. *Ensure clear and appropriate signage for Community Health Service consultation/treatment rooms.*

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 area or on the trust website.*

a. *Review publication of opening hours information to support patients understanding and access of the service.*

*It should be highlighted there are number of recommendations were identified at Mattock Lane and to be implemented across all sites.

Appendix I

Observations about the Community Health Service

Name of the clinic	
Date/time of visit	

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

- 2) Noticed board

- 3) Fire safety (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

10) Leaflets/booklets etc

11) Signage – is it clear/concise?

12) Feedback/suggestion box

Other notes

Appendix II

Questions for management

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

Staffing and Recruitment

What is the staff makeup of the clinic?

What is the recruitment process?

Have you got any current staff vacancies at the moment?

Are staff paid in accordance to the minimum wage/London living wage?

Relationship with staff

As management, do you have good relationship with your staff?

How have you come to establish a good relationship with your staff? Are there any social gatherings or rewards programme in place for staff?

<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 the 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? (ego: 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>	
<p>Provision of home service</p> <p>Do you provide home services for bed bound patients?</p> <p>What is the process of delivering home services?</p> <p>What challenges do you face with the home service provision?</p> <p>Any other comments?</p>	

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?	

<p>Staff meetings</p> <p>Are there regular staff meetings? (e.g.: monthly)</p>	
<p>Safeguarding procedure</p> <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>	

Other notes	
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Appendix VI

Questions for patients

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.

Accessibility to Clinic How did you travel to the clinic today? How is the accessibility to the clinic (walk, car etc)? Is it wheelchair accessible? How is the car park accessibility?	
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Appointments (Method of booking an appointment, ease of getting an appointment)

How long have you been coming here for your appointments?

What was the referral process like from your GP to the service?

What is the process for booking an appointment?

Can you book over telephone/online/ walk-in?

What is your preferred method of booking an appointment? (phone or 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?

<p>Treatment and care</p>	
<p>Are you happy with the quality and level of treatment and care?</p> <p>What could be improved?</p> <p>Do you see the same clinician each time?</p> <p>Incontinence products and devices (e.g. pads)</p> <p>Do you have good access to the pads and equipment devices?</p> <p>Are you given choice of incontinence pads?</p> <p>Are you with happy with quality of pads?</p> <p>Are you given the relevant information and advice regarding a wide range of incontinence devices?</p> <p>If so, have you been given training on how to insert the incontinence devices?</p> <p>Are you given choice around your options/treatment?</p>	
<p>Involved in the decision about your care</p> <p>Do you feel involved with the decision making regarding your care?</p> <p>Are family/relatives/carers involved with your decisions regarding your treatment/care?</p>	

Communication

How do you keep informed about your condition and how to stay well?

Have you been provided with relevant information about your condition from the clinic? Are you happy with the level of communication with staff?

Any other comments or feedback?

Feedback and complaints procedure

Are you aware about the feedback and complaints procedure? Do you know how to make a complaint and provide feedback?

Have you given any feedback or made a complaint before?

Is information about to make a complaint easily available?

Support from staff

Do you feel supported by staff? If so, how?

Do you feel listened to by staff?

Do the staff treat you with the dignity and respect?

<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>	

Appendix V

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 and View visit today at

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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 and View visit.

Date.....

Signature:

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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 relatives and staff members at the Bladder and Bowel Service. The observations made in this report only relate to the visit carried out on the 6th 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.