

# 'Enter & View' Report

Right Start Diabetes Education Programme

Greenford Methodist Church, Ruislip Road,  
Greenford, UB6 9QN



Healthwatch Ealing  
5<sup>th</sup> February 2020

<b>Service Visited:</b>	<b>Right Start Programme – Diabetes Education Service</b>
<b>Address:</b>	Greenford Methodist Church, Ruislip Road, Greenford, UB6 9QN
<b>Service Manager:</b>	Diljit Sidhu
<b>Date &amp; Time of Visit:</b>	5 <sup>th</sup> February 2020 (1.30pm – 3.30pm)
<b>Status of Visit:</b>	Announced
<b>Healthwatch Ealing “Enter &amp; View” Authorised Representatives:</b>	Fatima Abdi and Ranjana Selvaraj
<b>Lead Authorised Representative:</b>	Ranjana Selvaraj
<b>Healthwatch Ealing contact information:</b>	Healthwatch Ealing, 45 St. Mary’s Road, Ealing, W5 5RG Tel: 0203 886 0830 Email: <a href="mailto:info@healthwatchealing.org.uk">info@healthwatchealing.org.uk</a>
<b>CQC rating of West London NHS Trust</b>	Good
<b>Date of CQC Report:</b>	21 <sup>st</sup> 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**

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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, two ‘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 Authorities (LA) to create an ‘Enter & View’ Programme. Several health and social care providers were selected to be visited.

## Acknowledgements

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

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

## Background

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Right Start is an education programme for people with Type 2 diabetes which involves diabetes specialists including dieticians, podiatrists and diabetes specialist nurses. The programme is designed to help patients understand Type 2 diabetes and increase confidence on how to manage Type 2 diabetes. Patients can attend Right Start Diabetes Education Programme if they have Type 2 diabetes, have access to the sites where the service is provided, are able to understand English or Punjabi, are registered with a GP in Ealing and able to commit to four sessions lasting two hours each week.

Provision of the "Right Start Diabetes Education Programme" is by Ealing Community Partners, West London NHS Trust, who took over the provision of Community Health Services from 1<sup>st</sup> July 2019.

Right Start is provided at four locations:

- Mattock Lane Health Centre, 78 Mattock Lane, West Ealing, W13 9NZ
- Greenford Methodist Church, Ruislip Road, Greenford, Middlesex UB6 9QN
- Jubilee Gardens Medical Centre, Jubilee Gardens, Southall, Middlesex UB1 2TJ
- Featherstone Road Clinic, Hartington Road, Southall, Middlesex, UB2 5BQ – (**these sessions are only provided in Punjabi**)

Healthwatch Ealing chose to visit the Right Start Diabetes Education Programme to understand how the service was functioning under the new provider.

## Observations about Greenford Methodist Church- Right Start Diabetes Education Service

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### Transport and Accessibility

The E7 and E9 buses stop just opposite the Church within a walking distance of two minutes. In addition, there is a car parking facility behind the building.

### Entrance area

The building where the “Right Start” programme takes place is located adjacent to the main Church building. The main door of that building has a clear label displaying “Right Start Diabetes Education Group” and that it takes place in Room 4 with the opening days displayed as “Tuesday mornings and Wednesday afternoons”.



**Figure 1:** Entrance to the main building

After entering the main door of the building, there is a long corridor across the entrance area with doors leading to rooms on the right side and with toilets (Male, Female, Disabled) on the left side.

The front entrance was not wheel-chair friendly.

### Signage

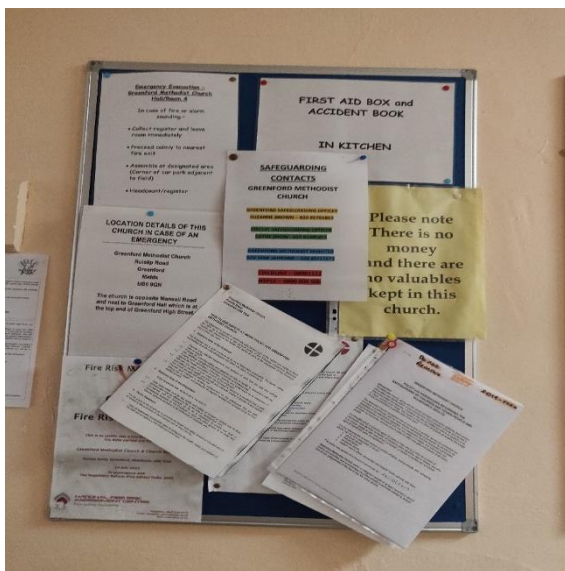
The signage appeared to be clear and concise and easy to read for patients, directing them to the ‘Right Start Diabetes Education Programme’ room.



**Figure 2:** Entrance to 'Right Start Diabetes Education Programme' room.

### Notice board

A notice board was on display in the corridor next to the room where the "Right Start Diabetes Education programme" takes place.

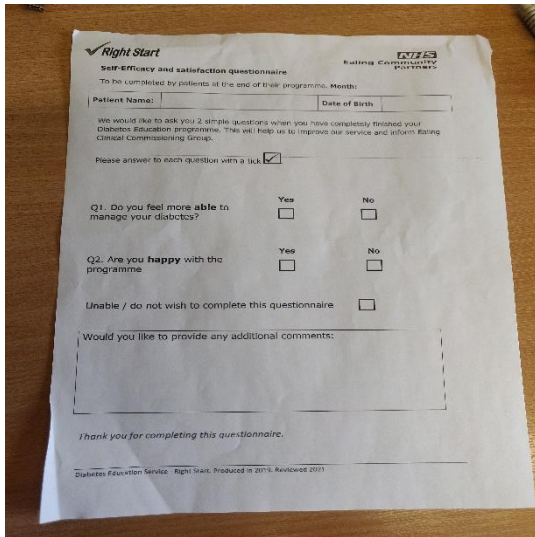


**Figure 3:** Notice board

Our 'Enter & View' Authorised Representatives did not see any information specifically relating to diabetes but it contained information on Evacuation plan, safeguarding contacts, First aid box and accident book, Health and safety in the workplace, Policy and procedures regarding the safeguarding of children, young people and vulnerable adults, Live at home scheme and others. We observed that all information was monolingual.

### Feedback/suggestion box

We observed there was no feedback/suggestion box in the education room, but at the end of the session, the participants are given a self-satisfactory questionnaire to provide their feedback.



**Figure 4:** Self-satisfactory questionnaire form

## **Fire safety**

There is a small sign on the front door of the education room indicating that it is a fire exit. Our 'Enter & View' Authorised Representatives were told that there are fire exits at the front and back entrance of the building. The evacuation plan was on display on the notice board outside the diabetes education room.

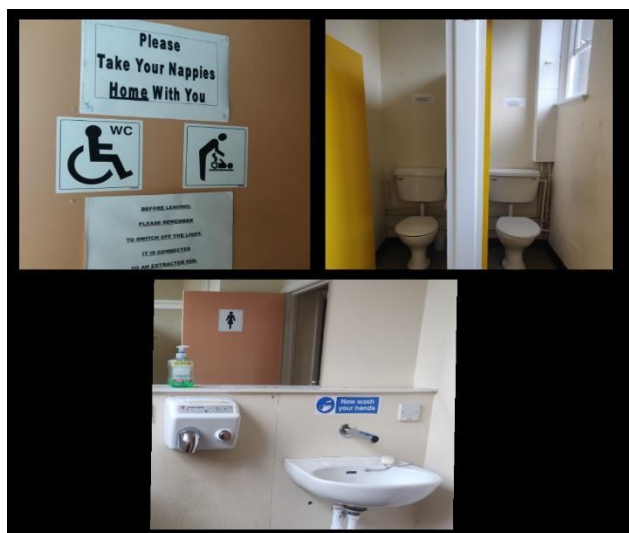
## **Odour and Environment**

The entrance area appeared to be well-lit, well-ventilated and well-maintained. The odour of the environment was good in general.

## **Accessibility to toilets**

After entering the main door of the building, there is a long corridor across the entrance area with doors leading to toilets on the left side.

There are gender-based washrooms. The female toilet had two cubicles, was clean, fully functioning and equipped with a separate hand wash and drying area. The male toilet was not visited by our 'Enter & View' Authorised Representatives. There is also a disabled toilet next to the female toilet, which was clean and tidy.



**Figure 5:** Toilets and Hand wash area.

### **Check-in system for patients**

There is no check-in system for patients, instead they directly entered the 'Right Start Diabetes Education Programme' room and were welcomed by staff and given a name badge upon arrival.

### **Opening times**

The Right Start education services at this location are open on 'Tuesday mornings from 9:30 am to 11:30 am and Wednesday afternoons from 1:30 pm to 3:30 pm'.

### **Observations about Diabetes Education session**

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On arrival, 'Enter & View' Authorised Representatives spoke to the staff (Nurse & Dietician) who were friendly and welcoming. The Enter & View visit was announced, and the lead Authorised Representative explained the purpose of the visit to the staff before the session commenced.

We observed the education room and there were 5 windows with curtains, on two of the walls, allowing natural light into the room. 'Enter and View' Authorised Representatives felt the room was cold. There was a radiator to keep the room warm, but loud noises were coming from this during our visit.

'Enter and View' Authorised Representatives saw a long wire connected to the projector across the room, which could cause a potential safety hazard.

The chairs were arranged around a circular table to accommodate the participants and help facilitate discussion.

There was a small cupboard in the room to store the diabetes education programme materials.

Our 'Enter & View' Authorised Representatives noticed that the patients, upon entering the education room, were greeted by both members of staff (Nurse & Dietician). The staff had a checklist, on which they recorded the attendance of the participants and each patient was given a paper-based name badge.

We were informed that the programme covers 4 weekly sessions on the 'basics', 'eating well with diabetes', 'footcare' and 'monitoring your diabetes and long-term management'. We observed the first session (basics).

The staff had a diabetes education information pack and visual aids on the table for demonstration.

The session started at the scheduled time of 1.30pm. The Nurse and Dietician introduced themselves at the beginning of the session. The dietician informed attendees about fire exits in case of an emergency. The participants were asked to turn their mobiles to silent mode and were told to step out to take any calls. Consent was obtained about a record of attendance being shared with the GP and other services. People who were not happy to share their information were asked to talk to the staff at the end of the session.



**Figure 6:** Delivery of the education programme by the staff with visual aids.

The Dietician made the participants feel comfortable and told them to ask any questions if they were not clear and gave a brief overview about all four sessions.

The session began with introductions from all participants, and details of their condition(s). We observed that some participants brought their medical prescriptions to the class.

The nurse gave a talk on "What is Diabetes and Insulin?" after which they had a short break for five minutes. The Dietician then delivered the next talk on "How eating healthy can help".



During the talk, participants were asked to refer to certain pages in the booklet provided. Both the Nurse and the Dietician demonstrated concepts by drawing on the whiteboard, which made it easier for the participants to understand.

In total, eight participants attended the session and of these, five were male and three were female.

### **Interviews with staff**

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Our 'Enter & View' Authorised Representatives interviewed the community nurse who originally retired in 2011 but has returned to work part-time. She added that the service is provided by West London NHS Trust, but her contract is with Central and North West London Trust.

### **Induction process**

The community nurse informed 'Enter & View' Authorised Representatives that her induction process was both online and face-face. She had received mandatory training including, but not limited to, safeguarding, clinical governance, fire safety and infection control.

### **Handover procedure**

The Nurse explained "after the new trust took over in July last year, we received a welcome pack in the meeting and via email. The entire transition is a long process."

She said the handover was mostly face-face with the manager and there is usually no overlapping between an existing and new employee.

### **Support from management**

The nurse explained that she felt supported by the management but at the same time she has concerns over her employment rights. She stated, "I'm still known as "Community nurse" though I'm on the right banding as "Diabetic specialist nurse".

She added that the contract for the Diabetes Education programme changed provider in July 2019 and that as yet, they are not fully integrated which sometimes results in confusion. She also highlighted that although she and the dietician work for the same diabetic education programme, they had been given completely different training.

### **Lunch/tea breaks**

The Nurse highlighted that they do have adequate breaks and the diabetes education programme is okay to work with.

### **Staff meetings**

The Nurse stated that there are 4-5 meetings in a year where staff can raise issues that need addressing.

She added there are two managers for the Diabetes Education programme, one for education and one for clinical, therefore she can raise her concerns with both, either on a one-to-one basis or via other means such as email, phone etc.

### **Safeguarding procedure**

The Nurse informed our 'Enter & View' Authorised Representatives that she has undergone safeguarding training, so is aware of the safeguarding principles and received an online information pack.

She added that she has not come across any safeguarding incidents with the current Trust but knows how to report one to the manager or the safeguarding team.

### **Patient feedback**

The Nurse informed our 'Enter & View' Authorised Representatives that they give a self-satisfactory questionnaire for the patient to complete it at the end of the session, which is not anonymous but they are also thinking about a Family & Friends form in the near future. She fed back that they received positive feedback - *"At the end of each session, the participants verbally appreciate our work."*

The Nurse highlighted there is also a patient group online where the patients can express their interest in the programme or what could be improved.

### **Challenges**

The Nurse shared some examples of the challenges she faces:

'No adequate facilities in the place where we conduct the session, for example, radiator in this room'

Dealing with a disabled person who attends this session by Dial-a-ride. The Nurse highlighted, in such cases, *'we take responsibility for their pick-up even though it is not part of our duty'*. She indicated that this is a Church with no reception to leave behind the patients, unlike the hospital setting, and that Dial-a-ride are often late.

### **Interviews with Patients**

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Our 'Enter & View' Authorised Representatives approached a service user for feedback. The patient was in a hurry to get back and we were unable to complete our full line of questioning.

### **Accessibility to Clinic**

Our 'Enter & View' Authorised Representatives were told by the service user that the venue of the Diabetes Education programme is easily h by bus and there is a car parking facility available for those who drive here.

### **Referral process**

We were told that she had been referred by her GP (Goodcare practice) and she found the referral process to be smooth and simple. The service user received a letter from her GP practice followed by a phone call providing information about the diabetes education service.

### **Booking sessions**

The service user informed our 'Enter & View' Authorised Representatives that this was her first session of the education programme. She added that the session times on offer (afternoon session) suit her preference and she usually books the session over the phone and is also aware of how to cancel the session if she is not able to attend.

She booked in the session after a recommendation from her friend who found the session to be very beneficial and useful.

'Enter and View' Authorised Representatives were informed by the service user if participants miss a session, they are able to make up the session via registration for the following month and complete the programme.

### **Involved in the decision about your care**

The service user stated that she feels fully involved in decision-making regarding her treatment/care, adding that her family members were not involved in this process.

### **Feedback and complaints procedure**

We were told by the service user that she is not aware of how to make a complaint or provide feedback.

### **Advice, information, and support**

The service user explained that she is informed about her condition by: the GP through regular health check-ups; online resources such as leaflets, etc; attending more diabetic sessions. She added that she can call the GP directly if there she has any issues or queries.

She told us that she has been provided with a diabetes kit including machine and blood test strips.

### **Good practice**

The service user highlighted the following:

*"I found the first session of the diabetes education programme to be good, engaging and well-detailed. I have a family history of type 2 diabetes, but I had little knowledge about it prior to*

*this session. I feel I have a better understanding of type 2 diabetes as the session is very clear. Also, I can bring anyone with me for the session.”*

## **Conclusion**

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Overall, this is a well-run service. The education room is clean and well maintained. During our visit, we saw that the staff were friendly and attentive towards patients, educating them with dignity and respect.

Staff were open about their experiences of the ‘Right Start Diabetes Education Programme’ at Greenford Methodist Church. The staff we did speak with positive about the service but felt some improvements could be made about the room where they deliver the programme.

We interviewed the patient, but they were in a rush hence we were only able to capture only some aspects of the service.

## **Good practice**

1. The Education programme is patient-centred as the staff delivered the session describing complex or technical concepts using words and terms that patients can understand.
2. Better lesson plans such as including resources like Visual aids.
3. The programme is designed to be flexible. If the participant has missed one of the sessions, they still can register for the following month and complete the programme.
4. During our interview with the nurse, she said they are working on the “written feedback system” which is yet to be discussed/presented in the meeting.
5. Appropriate staffing level - The programme runs throughout the year and there is always a person to accommodate one’s absence.
6. Attendance – The nurse stated that this is a well- run service with a good number of participants attending the session.

## **Recommendations**

1. There was a long wire connected to the projector across the room, which is a hazard risk.
  - a. *To ensure health and safety checks for hazards in the room.*

**Provider response: The facilitators have been advised to follow the Health & Safety rules in order to protect the patients and themselves from trips and slips.**

**The facilitators have been advised to rearrange the set-up of the room to ensure that the long wire connected to the projector is not a hazard to themselves or the patients.**

**We will review and purchase extension cable and protective cover to reduce risks to visitors.**

2. Authorised Representatives observed that one of the patient moved to sit close to the radiator as the heating output of the radiator did not satisfy the demand of the room. Also, there was a loud noise from the radiator that needs to be addressed.
  - a. *Review the heating radiator issue and ensure adequate heating facilities to meet patient's needs.*
  - b. *Review the loud noise to ensure disruption is kept to minimum.*

**Provider response: Health and Safety assessments are conducted at all venues where education is delivered in the community, however at non-NHS locations (in this case, a church hall) reasonable efforts are made to limit risk.**

**In some cases environmental changes (i.e. temperature, lighting and ventilation) are not in the immediate control of the service. Actions are taken to best mitigate these to make the environment pleasant for learning.**

**All Educators have health and safety training.**

**All issues to do with radiators have been fed back to the freeholder and if the environmental difficulties persist, we will explore alternative venues in future. Currently courses are also being delivered online.**

3. Nurse expressed to Authorised Representatives that Dial-a-ride often turn up late and take responsibility for pick-up and drop off for less mobile patients.
  - a. *Management and staff to review the issue with the trust.*

**Provider response: The issues with Dial-a-ride are outside of the control of ECP, and we make reasonable efforts to start and finish sessions on time.**

4. Authorised Representatives observed the front entrance was not wheel-chair friendly.
  - a. *Ensure consideration that front entrance of the building is wheel chair accessible.*

**Provider response: All facilities used are assessed to meet wheelchair access. Non-NHS sites have adaptive ramps provided on request. We will improve communication with patients to make them aware of this.**

## Appendix I

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### 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:	

### **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 with the minimum wage/London living wage?

### **Relationship with staff**

As management do you have good relationship/rapport with your staff?

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

### **Induction and training**

What induction do staff receive?

How long is the induction process?

What is the handover process for new staff? How long is this handover process?

What type of training do staff receive? (E.g.: classroom based, online, shadowing)

What training is mandatory and what training is preferred?



<p><b>Staff meeting</b></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><b>Supervision and appraisal</b></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><b>Audits and checks</b></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><b>Safeguarding</b></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><b>Complaints procedure</b></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><b>Views collected</b></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><b>Skills and knowledge of staff</b></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><b>Translation/preferred language</b></p> <p>Is there accessible information available for patients on how to access translators?</p> <p>Do you request a translator on behalf of the patients?</p> <p>Are patients able to bring family or friends during the session?</p> <p>Any other comments or feedback?</p>	

## Appendix III

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### Questions for staff

Name of service	
Date/time of visit	

<b>Induction/training process</b>  How was the induction process?  Did you feel supported during the induction process?  What training have you received?	
<b>Support from management</b>  Do you feel supported by management? If so, how?	
<b>Staff breaks</b>  Do you receive adequate staff breaks?	
<b>Staff wages</b>  What are the current staff wages (including senior staff)?	

<p>Do you receive staff wages according to the minimum wage?</p>	
<p><b>Staff meetings</b></p> <p>Are there regular staff meetings? (E.g.: monthly)</p>	
<p><b>Safeguarding procedure</b></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><b>Handover procedure</b></p> <p>What is the handover procedure at your service?</p> <p>How do staff communicate over the handover process?</p>	
<p><b>Patient feedback</b></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><b>Good practices</b></p>	
<p><b>Challenges</b></p>	
<p><b>Other notes</b></p>	

## Appendix IV

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### Questions for patient

<b>Name of service</b>	
<b>Date/time of visit</b>	

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.

<b>Reception/check in</b>  When you arrive, what is the check in process?  Is there a receptionist/staff member on hand?  Was the receptionist welcoming?	
<b>Accessibility to Clinic</b>  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?	

<p><b>Booking sessions</b></p> <p>How long have you been coming here for your sessions?</p> <p>What was the referral process like from your GP to the service?</p> <p>What is the process for booking a session?</p> <p>Can you book over telephone/online/walk-in?</p> <p>What is your preferred method of booking an appointment? (phone or online or walk-in)</p> <p>Can you book to see a specific clinician? Do you have any choice?</p> <p>Do the session times on offer suit you?</p> <p>Are you happy with the booking process?</p> <p>Do sessions run on time?</p> <p>If you want to change your booking, what is the process?</p> <p>Do you ever have to cancel a session?</p> <p>Have you self-referred or been referred by a health professional?</p>	
<p><b>Involved in the decision about your care</b></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>	
<p><b>Communication</b></p> <p>How do you keep informed about your condition, treatment and care and how to stay well?</p> <p>Have you been provided with relevant information about your condition from the diabetes education service?</p>	

<p>Are you happy with the level of communication with staff?</p> <p>Any other comments or feedback?</p>	
<p><b>Feedback and complaints procedure</b></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><b>Support from staff</b></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 dignity and respect?</p>	
<p><b>General questions (diabetic education service)</b></p> <p>What is your experience of using the service?</p> <p>How long have you been using the service?</p> <p>Are you happy with the quality of the service?</p> <p>Any other comments or feedback?</p>	
<p><b>Advice, information and support</b></p> <p>What advice have you been given by clinicians regarding your type 2 diabetes?</p> <p>What support is available for you to manage your type 2 diabetes?</p> <p>Have you been provided with the relevant information to manage your type 2 diabetes?</p> <p>Any other comments or feedback?</p>	

<p><b>Translation</b></p> <p>Do you have access to translators or interpreters?</p> <p>Is it easily accessible?</p> <p>Are you aware on how to contact the relevant translation service?</p> <p>Are you happy with level of communication?</p> <p>Are you able to bring family/friends for support during the session?</p> <p>What difficulties have you faced?</p>	
<p><b>Challenges</b></p>	
<p><b>Other notes</b></p>	

***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 the Diabetes Education Service. The observations made in this report only relate to the visit carried out on the 5<sup>th</sup> February 2020.***

***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.***