

# **HEALTHWATCH HERTFORDSHIRE**

## **Enter and View Visit Report**

**Name and Address of Service**

**Ernest Gardiner Treatment Centre**

**Pearsall Close, Letchworth Garden City, SG6 1QZ**

**Name of Provider**

**Letchworth Garden City Heritage Foundation**

## Healthwatch Hertfordshire Enter and View Visit Report

**Premises visited:** Ernest Gardiner Treatment Centre

**Date and Time of Visit:** Tuesday 10<sup>th</sup> November 12.45pm

**Visit Conducted By:** Virginia Kirri-Songhurst, Sally Gale,  
Sundera Kumara Moorthy

### Acknowledgements:

We would like to thank the staff and patients for their hospitality and the Matron for inviting us to the Centre.

### Purpose for the Visit:

Healthwatch Hertfordshire was asked by the Matron Lorraine Roberts, responsible for the Ernest Gardiner Treatment Centre, if an Enter and View visit could be undertaken by HwH to give them some independent feedback on their service. It has been registered with the CQC since 2013 but has not been inspected by them as yet. Following a meeting with Lorraine Roberts, a proposal for a visit was put together and agreed by the HwH Quality Improvement Sub- Committee.

### Methodology:

Healthwatch Hertfordshire (HwH) is the independent health and social care champion. Local Healthwatch is in place to gather the views and experiences of people accessing services, to use this information to influence decisions and to provide information and advice to the local community about health and social care services.

Legislation allows HwH authorised representatives to 'Enter and View' health and social care premises to see and hear for themselves how services are provided.

This was an announced visit using questionnaires for residents, staff and observation from 12.45 pm to 2.45pm. The focus is on privacy and dignity and the environment. The NHS Patient Led Assessment of the Care Environment questions for Treatment Centres were used as a basis for looking at the environment.

The report will be shared with the relevant Clinical Commissioning Group, Care Quality Commission and Hertfordshire Care Providers Association and will be published on our website [www.healthwatchhertfordshire.co.uk](http://www.healthwatchhertfordshire.co.uk).

## **Disclaimer**

The report relates only to a specific visit (a point in time) and the report is not representative of all service users (only those who contributed within the restricted time available).

## Healthwatch Hertfordshire Enter and View Visit Report

### 1. INTRODUCTION

The Ernest Garden Treatment Centre offers nursing, occupational therapy and physiotherapy treatments to the communities of Letchworth Garden City and Baldock. It is a privately owned and privately run facility offering free healthcare (the only one in the country). It is run by Letchworth Garden City Heritage Foundation supported with funds raised by the League of Friends for medical equipment (a charitable service of the Heritage Foundation, Letchworth Garden City).

It opened approximately 30 years ago as a Hospital, but over the past 4 or 5 years has become a treatment centre for any citizen, over 18yrs old, of Letchworth Garden City or Baldock, or patient of a GP in either place.

There is a mixture of outpatient and morning patients who can arrive by Heritage Foundation Transport. Treatment consists of Physiotherapy, Occupational Therapy and Nursing. In the afternoon there is a mix of outpatients and also some groups, eg. Hip and Knee. These groups serve a social as well as a medical function and patients may come for many months or years. There are also clinics for taking blood tests.

Transport is provided by the Heritage Foundation for those that need it.

There is a holistic approach to patient care with each patient, attending for the morning, having a full assessment at the first appointment when a treatment plan is written using as many of the facilities as thought necessary and progress is monitored. Treatment regimes are open-ended.

### 2. FIRST IMPRESSIONS

2.1 It was easy to find the Centre. Although it is in a side road, there is a small signpost opposite the road, but not on the main road. Public transport is available on the main Baldock road.

2.2 It is a clean and well-maintained building with well-tended grounds and a small, well-marked car park. There are 2 disabled parking spaces and 5 non-disabled spaces.

2.3 There is lighting and good disabled access.

2.4 The reception area has a lowered area for wheelchair users, but this was awkward to access and a little less accessible than the main area of the desk. We were welcomed and asked to sign in. It would have been better for the drop down side of the reception desk to be immediately opposite the entrance door.

2.5 There is a hearing loop present and there is signage to indicate this.

2.6 The Matron was waiting for us and greeted us with much enthusiasm, she then showed us around.

2.7 The inside is bright and welcoming, very little sign-posting, but there is no need for it. It is nicely decorated with some very nice and relevant pictures on the walls, but no large clocks or calendars.

2.8 There are various notice boards with information about many things including results from user questionnaires and the changes made following the comments. The complaints policy is on show in several areas, however when clients were asked no one knew what it was. There is information about different societies and social care advice.

2.9 There is a photo board showing all members of staff with their names and positions. The staff all wore a uniform and name badges however the latter were small and pale and not very easy to read.

2.10 A lot of the internal walls are bare brick and there was a lot of Blu-Tack on the walls where there had once been posters which look untidy.

### **3. FINDINGS**

#### **3.1 Environment**

3.1.1 The environment was generally warm and welcoming. The clients that came to the maintenance group were very relaxed and getting on with their individual exercise regimes. All of the exercise equipment was clean and ready for use. Some of the clients were cleaning the equipment after use for the next person.

3.1.2 The ambient temperature was very comfortable and there were no unpleasant odours. The lighting was bright and in some places there was plenty of natural light.

3.1.3 It was generally clean and tidy, although there was some dust in places, particularly on the weighing machine. There was a cleaning trolley unattended in a corridor which was quite dirty - it had a lot of cleaning chemicals left unattended on the top shelf; VKS brought this to the attention of the Matron.

We saw no evidence of colour-coded cleaning equipment at the time.

3.1.4 There is a large kitchen area which used to be used to serve food when it was a day hospital. This is open plan in the gym area and was accessible to anyone present which could be dangerous for confused clients due to the accessibility of very hot water. We observed two notices indicating 'staff only' but it will not stop a confused client.

3.1.5 There is a neat and tidy patio area with seating which the Matron told us was not used, there was also a potting shed.

3.1.6 We looked at 3 clinical rooms that were clean and tidy although an electric fan in one room was very dirty. All of the lights were working. Surfaces and equipment were clean.

Anti bacterial gel was widely available throughout the unit.

3.1.7 The seating was all clean and in very good order, but all seats were of the same height. They all had arms but no high seating was available. We were told that they were not aware of any problems for the clients using them. Apparently 2 bariatric chairs are on order.

3.1.8 There is a table with seating next to the Gym area where drinks are served. There was a separate area for clients to have private one to one treatment which could be curtained off from the main gym area.

3.1.9 There is an occupational therapy area which has sliding doors for privacy. There is a kitchen area and a bath for people to practice with bath aids.

3.1.10 The door of the linen cupboard in the corridor, which is a waiting area, did not close properly but was clean and neat inside. There was a sign for the physiotherapy waiting area on this door, which was a little confusing as it suggested that the door led to a waiting area.

3.1.11 Signs on the doors were generally good, in contrasting colour with large print. All of the doors are uniform in colour and design.

3.1.12 The floors all have patterns.

3.1.13 Access was good around the whole building. Handrails in a contrasting colour were along all walls. However the rails could be difficult to grip as you

could not get your hand around the rail.

3.1.14 All corridors are wide enough for a wheelchair and there are 2 disabled toilets. However the emergency cords are not long enough and need to be 10cm from the floor, adding a short length of cord with another bangle would solve this.

The signs on the toilet doors were both words and pictures. Unfortunately the Ladies toilet had just had a new, white seat fitted, otherwise the toilet seats were black so contrasted with the surrounding white walls.

The grab rails are white and difficult to see. The Matron told us that one lady had complained that there were no rails because she could not see them against the white background.

The floor and walls were contrasting colours, the doors were a different colour from the walls, but all the same colour i.e. wood.

The foot pedal bins in the toilets would be difficult for wheelchair users to operate. There are also wall mounted bins, but no changing facilities. We did not see any cleaning schedules in the toilets.

## **3.2 Privacy and Dignity**

3.2.1 All staff carry a card with information about safeguarding and the relevant phone numbers.

3.2.2 Not all treatment and consultation rooms/areas have doors, some have curtains, however the door was not closed during the phlebotomy clinic and VKS was concerned about the lack of privacy and dignity for the clients. People waiting outside could hear what was going on and could see in when walking past.

3.2.3 There is a small area by the gym which a nurse can use as office space so as to be on hand if a patient has a problem, which is very nice. There is a spare couch in this area which is not used for patient treatments.

3.2.4 Patient notes are kept in filing cabinets with numbers rather than letter codes in a lockable room out of sight. We were shown a very pleasant staff recreation room with a kitchen area.

### **3.3 Working with other Services**

3.3.1 We were informed that there is good liaison with other services, referral being from a health professional, GP, district nurse or hospital, but patients can self-refer and are either asked to see their GP for referral, or the unit may do this for them with their permission. Full reports on progress are sent to the GP, with the patient's permission.

3.3.2 There is also liaison with other local services such as care homes etc. and the unit gives talks etc. to interested parties, particularly about the falls prevention initiative they are hoping to set up.

## **4. MONITORS CONCLUSIONS**

The Centre appears to be a very friendly, inviting and professional, well run unit which is of great benefit to the local people. It is under-utilised, which is a great pity, but has the benefit of there being more time for those patients who attend, including the fact that patients are able to remain for as long as it is of help, even if the help is purely social.

The staff and patients that we spoke to all seem very happy, and patients all felt they had benefitted greatly, particularly with increased confidence.

## **5. AREAS OF GOOD PRACTICE**

1. High level of maintenance of building, including décor, and grounds.
2. Holistic attitude to patients.
3. Inclusive attitude and approachability of staff.
4. One to one treatment and therapy.
5. Always having time to talk to clients, their family, friends and carers.

## **6. RECOMMENDATIONS**

1. Lengthen the emergency cords in the toilets to meet Building standards part M: The cord should have two bangles one at 1 metre and the second at 10cm from the floor.



2. Possibly purchase some taller seating.
3. Enquire into how to remove the Blu-Tak from the brick surfaces.
4. Repair linen store door and re site notices for the waiting area.
5. Possibly re arrange and drop reception area by the entrance for easier wheelchair access.
6. Consider doors to close up the open plan kitchen for health and safety of confused clients.

Please see the action plan response from Ernest Gardiner Treatment Centre on pages 10 and 11:

**Ernest Gardiner Treatment Centre**

**Healthwatch action plan**

<b>Suggested area of action</b>	<b>Action to take</b>	<b>By whom</b>	<b>When and action taken</b>
Lengthen emergency cords in toilets to meet building standards part M: the cord should have 2 bangles one at 1 metre and the second 10cm from the floor	Formal request to foundation maintenance team to fit a second bangle to emergency pull cord 10cm from floor.	Lorraine Roberts/ Anne Cross	ASAP. 09/12/15 – this has been actioned.
Possibly purchase some taller seating.	Speak with OT and Physio to gain their advice if they feel this is necessary.	Lorraine Roberts	2 Bariatric chairs ordered October 2015. Physio and OT recommend use of propad cushion placed in seat of chairs if required for patients who require higher seating. Also discussed with OT option of fitting chair raisers but concluded not safe practice.
Enquire how to remove blu-Tak from the brick surfaces.	Formal request to foundation maintenance team.	Lorraine Roberts	November 2015 request sent. Maintenance team have attempted to remove with wire brush. They will arrange to attend when no patients in vicinity to try to remove with acetone.
Repair linen store door and resite notices for the waiting area.	On further inspection door closes no further action required. Notices have been relocated.	Lorraine Roberts/Anne Cross	Action taken immediately.
Possibly rearrange and drop reception area by the entrance for easier wheelchair access.	Discuss with reception staff and fellow colleagues	Lorraine Roberts	Reception area updated within last 6 years. Receptionist will always stand to attend to people if required.

			She will also offer to sign visitors in if required. Higher ledge also offers some protection for receptionist and signing in book is easier to access/complete by visitors.
Consider doors to close up the open plan kitchen for health and safety of confused clients	Review fire risk assessments. Discuss with H&S advisor.	Lorraine Roberts	Due to our focus on physical rehabilitation service users/patients are low risk of wandering and confusion. All patients who are waiting/using the area near the kitchen are risk assessed using our special points system.

#### Action Plan from Report comments

- Dusty weighing scales have been added to the cleaning rota. Dirty fan disposed of.
- Unattended dirty cleaning trolley brought to the attention of housekeeper and she is aware not to leave unattended and keep clean.
- Colour coding of cleaning equipment already in place in cleaning cupboard.
- Ladies toilet seat has been changed back to black.
- Blue grab rails ordered for all areas requiring and request made to maintenance team to fit.
- Cleaning schedules for the toilet are included on the housekeepers cleaning schedule.
- Doors are currently left open during clinic times (in line with practice at a local phlebotomy clinic). To address privacy and dignity people who are attending for blood clinic are now issued with an information card advising them that they can request the door be closed. Signs for the doors are on order that will also advise people that they can request the door be closed.
- Complaints procedure. As well as being clearly displayed pre attendance letters have been amended to advise people that they can speak with a member of staff or Matron if they have any concerns/comments or complaints.