



Enter and View Visit Report

Wednesday 21 September 2011

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Service Visited

Drop In Service
Audiology Unit
Darlington Memorial Hospital
Hollyhurst Road
Darlington
DL3 6HX

Date of Visit: Friday 19 August 2011



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Drop in Service, Audiology Unit

1. Introduction

County Durham and Darlington NHS Foundation Trust is an integrated acute and community Trust providing healthcare across County Durham, Darlington and surrounding areas. The Trust delivers its healthcare service in community, home and hospital settings.

The Enter and View reps visited the Audiology Unit on the 1st floor of Darlington Memorial Hospital spending 2 hours on Friday 19 August from 14.00 hours.

This report sets out the findings and recommendations of the reps regarding the “drop in service” provided by the audiology department.

2. Purpose of Visit

The aim of the visit was to look at the “drop in service” provided on a regular basis by the audiology department. This service enables patients to visit without prior notice, in order to discuss hearing problems including malfunction of hearing aids.

3. Limitations of Visit

No judgements have been made in relation to the clinical effectiveness of the service. The reps focussed their attention on the overall quality of the service from an operational view.

Method

4. Data Collection

The information contained in this report was collected by

- Semi-structured interviews carried out on a one to one basis.
- The nature of the operation precluded the interviewing of staff. However all staff members present provided the interviewers with completed survey forms.
- Observations made by the reps

Copies of the survey and interview questions are available upon request.

5. Sample

A total of nine patients were interviewed in the waiting area, with a further 5 patients declining to be interviewed. 6 members of staff completed the survey form in their own time and mailed them to the team during the next fortnight.

6. Collation and Report development

The completed questionnaires and handwritten general observations were handed to one Enter and View rep for collation and development of the first draft report. It has then been refined with the contribution of the other two reps. Finally the Service provider was asked for comments relating to accuracy.

Findings

7.0 Enter and View reps observations

The Enter and View reps focussed their observations on the environment and on access to the site and information. The nature of the drop-in service restricted access to the waiting room and one consultancy room. Each rep made their own assessment which were in close agreement.

7.1 Signage

The entrance to the site was good but the route to the drop off was poor and confusing. The parking areas were clearly visible but the disabled parking was in the A&E ambulance arrival area which does not seem appropriate.

There are two reception entrances and no clear signage. The Audiology Department does not appear on the information boards. Fortunately the staff members on the main reception were very helpful and gave clear and audible instructions on the location of the audiology department on the 1st floor.

7.2 Information Provided

The drop in system is available between 13.30 and 16.00 hours on Fridays and therefore waiting times are not predictable. Each patient is given a numbered card on arrival and a duplicate of this is held up in front of the television screen providing a visual as well as a clear vocal signal indicating which patient is the next to be seen. The unpredictable nature of the service does tend to encourage patients to arrive early around 13.00 hours. This meant that when the reps arrived at 14.00

hours the waiting room was very crowded with all the seating being occupied.

7.3 Waiting Area

The drop in centre was in a relatively small area of the Ear Nose and Throat (ENT) departments.

- Condition and Decoration – rated as adequate

Although a little tired – the consultancy rooms were being redecorated. One small corner had been equipped as a children’s play area.

Since conducting this report we understand that the entire Audiology Department has been redecorated including the waiting area and toilets

- Cleanliness – adequate
- Comfort – adequate

Although the presence of the monthly Action on Hearing (RNID) stand reduced the space in the already crowded room.

- Warmth – good

It was a very warm summer’s day and the lack of any air-conditioning coupled with the inability to open windows due to the loud external mechanical noise, made the waiting area somewhat stuffy and hot.

- Lighting – adequate

It could be improved if the light covers had the flies and dust cleaned out.

- Noise – good

- Accessibility – adequate
- TV Subtitles – Yes with the sound turned down.
- Is there a Loop System – No
- Facilities/ W.C. – good

Clean and well signed. The receptionist was aware of the failure of the hand drying system and had reported it.

- Refreshments – none

There was a water dispenser in another section of the Ear Nose and Throat (ENT) department but it was not sign posted.

- Reading material – adequate

There were leaflets from Royal National Institute for Deaf People (RNID), National Deaf Children’s Society (NDCS), MINEARS etc but some were out of date. There was no “light” reading material, magazines or newspapers available.

- Hand Gel Dispensers – yes and full

7.4 Staff/patient interactions

The staff stand in front of the TV and hold up the patients number card and call out the name and number of the patient. Most patients were accompanied by someone and this helped. All staff members were wearing name badges.

7.5 Parking

There are several parking and disabled parking areas. Signage pointing to them was poor though on that Friday afternoon there was a sufficient number of empty spaces.

There was no indication of alternative parking areas if a particular care park was full.

8. Patient and Carer Questions

8.1 Reason for visiting?

Hearing Aid problem	Carer
7	2

8.2 How long were you waiting?

Under			
15 mins	30 mins	45 mins	60 mins
2	2	4	1

8.3 Were you urged to use hand gel?

No

(Other options were available, but not selected.)

8.4 How did you travel?

Car	Taxi	Walked
6	2	1

(Other options were available, but not selected.)

8.5 How clean is the department?

Very clean	Fairly clean
2	7

(Other options were available, but not selected.)

8.6 Could you locate the department easily?

Yes	Had to ask
7	2

8.7 How would you rate the reception when booking in?

Professional

(Other options were available, but not selected.)

8.8 What do you think of the waiting facilities?

Excellent	Good	Average	Very Poor
1	6	1	1

(Other options were available, but not selected.)

8.9 What, if any improvements would you like to see?

- More seating
- Redecoration

8.10 Are you aware of where the toilets are?

Yes	No
8	1

8.11 Have you used the toilets?

Yes	No
3	6

8.12 How clean are they?

Very clean	Fairly clean
2	2

(Other options were available, but not selected.)

8.13 Were you or anyone with you told where the refreshments were?

Yes	No
1	8

8.14 How did staff attract your attention?

All patients said staff used numbered cards and called out.

8.15 Did staff talk in front of you as if you weren't there?

Yes	No
0	9

8.16 Did staff protect your privacy when discussing your case?

Yes	No
9	0

8.17 Did staff introduce themselves?

Yes	Some	No
4	3	2

8.18 Do you feel you were treated with respect and dignity while visiting the department?

Yes	No
8	1

8.19 Do you know whom to contact if you have a complaint about the service?

Yes	No
3	6

8.20 Have you received adequate help and support since you became deaf or deafened?

Yes	No
8	1

9. Staff questions

There were 5 audiology staff and 1 receptionist on duty during the 2 hour period of the visit. The nature of the drop-in operation meant that rep interviews were not possible. However all six of those present on the day did complete and return the survey forms and their comments are included in this report.

9.1 Please describe what deaf awareness training you have had?

Deaf awareness training is incorporated into the professional audiologist qualification. This is strengthened by further internal training including hearing therapy.

9.2 Do you feel that you have received adequate training?

All staff replied yes.

9.3 Can you sign (British Sign Language), if so at what level?

All staff replied no.

9.4 Do all staff members get the same training?

Yes for base line training – specialised training and updates are provided as required.

9.5 How do you deal with patients that have support needs – i.e. visually impaired, language problems?

The patient management systems flags up patients who have specific needs.

- Staff will allow extra time
- Interpreters may be booked
- Leaflets available in Braille and other languages
- Referral to hearing therapist
- Family member or friend may attend the session

9.6 What are the procedures for pre-booking Interpreters?

The audiologist completes the relevant form and the receptionist uses the Trusts procedures and books with Everyday Language Solutions.

9.7 How do you monitor and update the waiting times?

The management staff and receptionist monitor the waiting lists and inform the regular staff meetings so that they can inform patients at the point of first contact.

9.8 Do you inform patients of waiting times?

All first and review patients are told of waiting times for hearing aids and reassessments at the time of their first contact with the department, prior to entry on the waiting list.

9.9 What is the average waiting time from hearing test to hearing aid?

This depends on whether the patient is a first time or review user and could be up to 18 weeks. However currently the average waiting time is 6 to 8 weeks.

9.10 Where do you direct a patient who is unhappy with their treatment or had a complaint?

The procedure follows 3 steps

- Try to resolve the problem themselves
- Refer to a senior member of staff
- Direct them to PALs

9.11 Do you have sufficient equipment?

All staff said yes and if something is not available within the department it could be borrowed within the hospital i.e. wheelchairs.

9.12 If there is an occasion for a letter to be sent to the patients General Practitioner (G.P.) is a copy sent to the patient?

All staff replied no, although one would be sent if the patient asked.

9.13 How do you categorise the degree of hearing loss to the patient and G.P.?

- Mild
- Moderate
- Severe
- Profound

Staff would also mention whether it was sensory, neural or conductive.

9.14 How do you handle a newly deafened individual?

Patients are informed of their degree and type of hearing loss, what aids would be suitable and date, time and place of the next appointment.

9.15 Do you refer them for help and support?

If the patient requires further help especially for tinnitus or environmental aids, then a referral to hearing therapy would be made with the consent of the patient.

9.16 What information do you provide them with?

All patients fitted with a hearing aid are issued with a fitting pack detailing all the information, help and support required. This includes:

- Leaflets
- RNID Solution Catalogues
- Communication devices
- Deaf aware course at the local college
- Lip reading courses.

9.17 What process and procedures do you have in place?

All patients are sent a follow-up questionnaire 8 weeks after the fitting of the hearing aid, together with the rehabilitation that goes with a hearing aid fitting.

10. Conclusion

The welcome from the senior member of staff Helen Gregory and the receptionist was excellent. The requirements of the drop-in operation, excluded the other members of staff from meeting with the reps.

However we are grateful that all staff members did complete and return, at a later date, the survey forms.

The seating in the drop-in centre waiting room (20-22 seats) were all occupied when the reps arrived at 14.00 hours, the start of the session. This was due to patients arriving ½ hour early in order to be dealt with promptly. All patients had been attended to by 15.30 hours, including one of the reps who had a slight problem with a hearing aid

The general atmosphere of the unit was one of efficient, friendly and caring staff, who's services were very much appreciated by the patients.

11. Recommendations

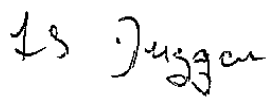
- 11.1 There were no refreshments available in the waiting area and although there was a water dispenser in the adjoining ENT site, it was out of sight and not sign posted. This situation needs to be rectified.
- 11.2 The signage for the hospital parking and the entrance is poor and should be improved. Alternative sites should be displayed.
- 11.3 Consideration should be given to moving disabled parking from the A&E entrance, especially since recent surveys show a loss of NEAS A&E ambulance time of 30,000 hours annually between ambulance arrival and departure times.
- 11.4 Consideration should be given to providing “light” reading materials i.e. magazines/newspapers especially for the carers accompanying the patients.
- 11.5 The numbered card system used in the waiting area (point 7.3) seemed to work well and should be recommended to other NHS waiting areas as the minimum standard system to use. The ideal 'equal access' system is the provision of a personal pager for all appointment attendees, which both flashes and vibrates when it's that person's turn for their appointment (as per Hexham General Hospital Outpatient Department)".
- 11.6 Unless the present drop in system can be modified to give a more even spread of attendees, then the provision of more seating should be considered.

12. Acknowledgements

The Enter and View team would like to express their thanks and appreciation to the staff and patients for their openness and enthusiasm in helping with this survey.

13. Signatures of Authors

Signed:  Date: 24.10.11

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