

## Darent Valley Hospital Access Visit

Thursday, 29 April 2010

11.00am to 2.20pm

Darent Valley Hospital, Darent Valley Hospital, Darenth Wood Road, Dartford DA2 8DA

### Conducted by

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| John Beadle      | LINK participant and representing users with a hearing disability   |
| Lynne Martindale | LINK participant and member of the Tunbridge Wells Access Group and Kent Association for the Blind, representing sight impaired users and those with a hearing loss |
| Kath Pavely      | LINK Governor and participant and member of the Tunbridge Wells Access group representing wheelchair users and double amputees                                      |

### Supported by

|              |                                 |
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| Graham Hills | Operational Director, Kent LINK |
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## 1. Introduction

The LINK had been approached by Darent Valley Hospital to help with the development of their Single Equality Scheme by providing an independent review of the hospital's accessibility.

The team met with Lesley Goldsmith of the Trust before the visit and was pleased to learn of some innovations that make services at the hospital more accessible:

- i. Introduction of a volunteer 'Feeding Team' to help feed patient who need help and with making choices on the menu. The team currently has 14 such volunteers and hope to recruit more
- ii. Easy to read menus are in the process of being developed
- iii. Lesley agreed to look into the arrangements for the Trust to provide deaf awareness training.

## 2. Findings

### 2.1. Hospital approach:

Two of the team were from out of area and found the signage off the A2 confusing, which resulted in them heading for Bluewater Shopping Centre rather than the Darent Valley Hospital turnoff.

### 2.2. Car parks:

- i. The car park to the hospital was well signposted
- ii. Limited availability for all public access. Queues at all available car parks between 11.00am and 2.00pm; suggest that appointment letters indicate the need to arrive at least half an hour beforehand to avoid missing appointment
- iii. Our blue badge holder was unable to find a disabled parking bay in the main car park
- iv. Not enough disabled bays and not wide enough to enable occupants to get out easily – especially in the A&E car park
- v. The disabled bays were some distance from the main entrance
- vi. A&E car park – only two spaces allocated for the disabled
- vii. Not adequately signed at eye level. Space allocated is insufficient to allow drivers or passengers to exit their vehicles easily
- viii. Access to ticket machine for exit is difficult for those with limited mobility in their shoulders
- ix. Access to Payment Booth for Disabled Badge Holders not easy due to height of counter and the narrow path makes turning around impossible for some wheelchairs. Kath felt that it would be useful to have somewhere to validate a disabled parking ticket inside the hospital building
- x. There is a dropping off point close to the main entrance but the whole area was very congested with people parking on the double yellow lines. Our visitor with local knowledge said that the drop off point for passengers tends to be blocked at many times of the day due to “illegal” long term parking.

### 2.3. Hospital entrance:

- i. The entrance and surrounding area is level and accessible to all users
- ii. Our guide dog was confused by the closure of one of the main entrance doors, which had been closed to reduce draughts. The notice advising that the door was non-operational was on the other side the glass door, which the dog could not see
- iii. It would have been helpful to have had some audible system advising on the operation of the gel dispenser
- iv. Our blind visitor and the visitor in a mobility scooter visited the café just off the reception area. When the blind visitor asked the café staff member to remove her teabag for her, she was told, “sorry, we don’t do that”.

Neither of our visitors were offered assistance with taking hot drinks to a table. I believe that the café is an independent concession, but the staff should be made aware of the need for assistance for disabled visitors

- v. Reception Desk is fitted with a Loop System
- vi. When we arrived there was a single 'meet and greet' volunteer but when we later returned at 11.53am to the reception area there were none. We later learned that cover tends to concentrate on the busiest times – 10.00am to 12noon and 2.00pm 4.00pm, but it was acknowledged that it was often difficult to provide two meet and greeters during these times. There were none after 6.30pm. Also the one male 'meet and greeter' we spoke to had been waiting some few months for his t-shirt that would enable him to be easily identifiable. Female 'meet and greeters' are provided with a sash. In the absence of a meet and greeter the receptionist at the information desk keeps a watch out for those who need advice
- vii. The meet and greeters we met had not had deaf awareness training. The greeters should also be aware that a white stick denotes a blind person, but a deaf / blind person has a red and white striped stick
- viii. Also the meets and greet volunteers are not able to accompany the patients to the areas they need to get to – they have to get a porter to do this
- ix. We found the main hospital notice information directional board too confusing and difficult to follow. The use of medical terminology, such as phlebotomy, radiology instead of blood testing and x-ray, as an example. It would in our opinion have been helpful to have separated out patient areas and wards. Listings in alphabetical order are helpful but not when the word 'the' is placed before the name. No mention of ENT or Audiology Clinics, despite the fact that these patients need visual information
- x. There was no signage (outside of the lifts) in Braille
- xi. Although there was plenty of seating there weren't any with arms to aid those without strength in their legs to get up
- xii. We visited the toilets in this area and have the following observations to make:
  - Pleased to see dedicated baby changing and feeding room
  - Two disabled toilets provided – Kath commented on the practical problems for her in operating a foot pedal waste bin.

#### **2.4. Main Outpatients:**

- i. Lynne found the subdued lighting in the corridor out the outpatient area difficult, particularly in seeing the signs
- ii. Kath could not see some sign because a leaflet rack obscured her vision out the main entrance to out patients
- iii. The fire doors in this and other areas, except those that were open and controlled by the fire alarm system
- iv. We noted the following in relation to disabled access in the main waiting area:

- Individual Reception Desks fitted with Loop systems but there was no visual call-system. Patients have to hope that they hear their name called out
  - Height of reception desk – Kath waited outside one for a period without seeing the receptionist or being seen by her
  - When Kath spoke to the staff member at the only desk, she could see over and was told that the staff member was from another department, and that Kath should go to see ‘the supervisor’ at the other end of the desk. It was the supervisor that couldn’t see Kath and vice versa
  - No easily visible area identified for audiology patients, although space is reserved in one section of the waiting area for several Clinics. For audiology patients staff have to come out and fetch patients. Could this limit the number of patients able to be seen? No information leaflets regarding ancillary services for audiology patients on view in the Waiting Area.
- v. Patient Information Notices stuck to the walls but in positions where it was impossible to read them unless seated next to them
  - vi. Public telephones situated in a position where it is virtually impossible to use them especially when the waiting area is crowded
  - vii. Fire evacuation notices not clear and at difficult height for wheelchair users. Are they really necessary? Much better to have designated staff to evacuate public and patients if necessary and have much simpler notices
  - viii. There were no chairs in this area that had arms, making it difficult for those without the strength to get up unaided.

## **2.5. Signage:**

- i. Colour coded carpet might have been correct at the time when the hospital was first opened but there are now anomalies. For example, Urgent Care Department. Might be better now to use coloured lines on the walls
- ii. We attempted to use the colour symbols, colour coded carpet route map and symbol system to find the urgent care area. Our team found the carpet route difficult to follow – the carpet has faded and they take you in various directions. We believed that a clear colour line on the wall would have been easier to follow
- iii. We found on our way to the urgent care ward a number of bedsteads left in the corridor with other containers and trolleys. As Lynne pointed out to us for a blind person with a white stick a bedstead in such an area would be a serious and dangerous obstacle.
- iv. Staircases had no signs other than on the wall above the opening in the wall. There was no tactile signage for the staircases

## **2.6. Urgent Care:**

- i. We were pleased to see a tactile sign on the toilet doors and chairs with arms
- ii. Several notices stuck to the walls – not professional appearance
- iii. No Loop system at Reception Point
- iv. TV operational in waiting area but not set for subtitles for the hard of hearing
- v. Trolley and other obstacles in a door way.

## **2.7. X-ray:**

- i. No arms on chairs in main waiting area.

## **2.8. Accident and Emergency:**

- i. No Loop system at Reception Point
- ii. No arms on what looked like uncomfortable wooden chairs
- iii. Baby changing and feeding facilities available in Paediatric area and gynaecology area
- iv. Reception area quite cluttered with wheelchairs.

## **2.9. Physiotherapy**

- i. No Loop system at Reception Point
- ii. There is a notice requiring patients to remove Hearing Aids before entering the treatment areas. Is this really necessary? Even for carers of patients in wheelchairs? Presents problems and anxiety for those who cannot communicate without a hearing aid.

## **3. In conclusion**

Our thanks go to all the Darent Valley Hospital staff that helped up during our visits and for their obvious enthusiasm for wanting to improve access for all users of the hospital.