

Enter and View Report

Wednesfield Dental Practice
Semi-announced Visit
21 February 2020



healthwatch
Wolverhampton

Healthwatch Wolverhampton, Regent House, Bath Avenue, Wolverhampton, WV1 4EG

Freephone 0800 470 1944

Email info@healthwatchwolverhampton.co.uk

www.healthwatchwolverhampton.co.uk

What is Enter and View

Part of Healthwatch Wolverhampton's remit is to carry out Enter and View visits. Healthwatch Wolverhampton Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrist and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation so that we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Wolverhampton's 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 Healthwatch Wolverhampton's Safeguarding Policy, the service manager will be informed, and the visit will end. The local authority Safeguarding Team will also be informed.

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Provider details

Name and Address of Service: Wednesfield Dental Practice, 74 Lichfield Road, Wednesfield, Wolverhampton, WV11 1TP.

Manager: Denise Baynham

Service type: Dentist

Client type: Patients

Acknowledgments

Healthwatch Wolverhampton would like to thank the Manager, Senior staff member, staff and all the patients and family members for their co-operation during our visit.

Disclaimer

Please note that this report is related to findings and observations made during our visit on 21 February 2020 and 3 March 2020. The report does not claim to represent the views of all patients, only those who contributed during the visit.

Authorised Representatives

Emily Lovell, Lead Authorised Representative

Kerry Southall, Authorised Representative

Daz Richardson, Observing Authorised Representative

Who we share the report with

This report and its findings will be shared with Wednesfield Dental Practice, City of Wolverhampton Council, Care Quality Commission (CQC) and Healthwatch England. The report will also be published on the Healthwatch Wolverhampton website.

Healthwatch Wolverhampton details

Address:

Regent House

Bath avenue

Wolverhampton

WV1 4EG

Website: www.healthwatchwolverhampton.co.uk

Free phone: 0800 470 1944

Social media: HWWolverhampton

Healthwatch principles

Healthwatch Wolverhampton's Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients' reaching crisis
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family
4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system
6. **Choice:** Right to choose from a range of high quality services, products and providers within health and social care
7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

Purpose of the visit

A semi-announced Enter and View visit was undertaken at Wednesfield Dental Practice after patients shared their experiences with Healthwatch Wolverhampton.



Wednesfield Dental Practice

What we did

Authorised Representatives introduced themselves to a receptionist on the desk, who promptly asked them to sign in and pointed out the fire assembly point. They were introduced to the senior staff member on duty as the manager wasn't available. Authorised Representatives were given a tour of the practice and engaged with a staff member and senior staff member. Unfortunately, due to staff annual leave Authorised Representatives were unable to speak to patients on the day of the visit. Authorised Representatives arranged to return on the 3rd March 2020 to engage with patients and this was announced to the practice. On our return visit Authorised Representatives engaged with a number of patients and the manager.

Summary of Findings:

The visit to Wednesfield Dental Practice was mixed, none of the patients Authorised Representatives engaged with raised any concerns, however Authorised Representatives did observe some health and safety concerns which were reported to both the senior staff member and the Care Quality Commission (CQC). Recommendations have been made around, patient feedback and involvement, health and safety, interpreters and, inclusivity and diversity.

Findings:

Environment

External

The dental practice was set back from the road and had a small carpark in front of it, which wasn't particularly well kept or well presented. The surgery was well signposted; however, the signs had started to fade due to sunlight. There was a ramp and handrail leading to the front entrance to the practice, however the automatic push door was not working and would cause great difficulty to a wheelchair or pushchair user. Staff told Authorised Representatives that they would go out and help these patients as they would know when they were due in.

Internal

Inside the practice was clean and in good condition. It was split across two floors with a small waiting area and consulting rooms on each floor, two downstairs and one upstairs. Opposite the downstairs waiting area was the reception desk and two consulting rooms off to the side. The chairs in the waiting area lined the exterior walls, none of the chairs had arms to aid patients standing up nor was there a designated space for a wheelchair, Authorised Representatives asked a member of staff how they would make space for a wheelchair user and they explained that chairs would be moved out of the way. The reception desk was tall and did not have a lowered area for wheelchair users. The desk was covered in clipboards and new patient forms for new patients to complete as they arrived at the practice, these were tidied throughout our visit. Information leaflets and noticeboards decorated the walls in the downstairs waiting area, these were only displayed in English. There was a NHS Friends and Family Test (FFT) box, however the feedback forms for these were hard to find. There was also a feedback book which contained a few pages of positive written feedback between 2015 and 2019. Another booklet was available for patients which listed the different services provided by the practice.

Authorised Representatives were shown two unoccupied consulting rooms whilst on the visit which were both of good condition; clean and well maintained. The upstairs room was very cold; however, staff explained the upstairs area was not being used that day and the dentist that used this room was on annual leave.

Upstairs was accessed by a set of stairs; the practice did not have lift access. Upstairs also housed the staff room, office, staff toilet facilities and cupboards containing hazardous materials. All of these doors were either keypad coded or padlocked but were all left open and unlocked apart from the staff toilet. The cupboard containing hazardous materials was signposted "caution hazardous substances". The door to the upstairs was not locked on our first visit despite all of the areas being open. The cupboards and doors being left unlocked was reported to the senior staff member at the end of our first visit. On arrival at our second

visit staff explained that the practice had been victim to a break in, which explained why the doors were open, however these had all been fixed and cupboards were locked.

Whilst on the visit, Authorised Representatives observed a staff member being very curt with another, in the reception area.

Essential services

None of the patients that Authorised Representatives engaged with had been referred to additional services by the practice. Staff told Authorised Representatives that they could refer patients to the hospital if necessary, this was done by the dentist and they were able to refer into the NHS or privately.

One patient had been given self-care information by the practice, others had not, and another patient felt that this information was not needed.

Access

All patients that Authorised Representatives engaged with were able to access appointments when they needed them, whether they were routine or emergency appointments. Staff told Authorised Representatives that patients were able to access appointments by emailing, telephoning the practice or walking in. Patients were sent a recall reminder for 6-month appointments by a letter or text reminder and patients were able to choose this contact method.

Patients all felt fairly treated by staff members and staff told Authorised Representatives that all patients were able to access the service on an equal basis to others; wheelchair users were supported using the front door and a space was cleared for them in the waiting area, there was also a hearing loop available in the reception area for hard of hearing patients. Staff explained that there were issues around booking interpreters so to “work around languages” patients were asked to bring a family member or interpreter to following appointments.

Staff were asked how they offer support to patients who are Deaf, staff explained that dentists would lift their mask when explaining the procedure so patients could lip read if they were able.

Safe, dignified and quality services

All patients felt that they were treated with respect and compassion by staff members, one patient told Authorised Representatives; “they are very good”.

Staff told Authorised Representatives that patients’ privacy and dignity were maintained by; keeping the door shut, shredding confidential paperwork, not repeating personal information over the phone or taking patients into a private

room to discuss confidential matters. Staff also explained their safeguarding process to Authorised Representatives, this entailed following written guidance if patients were to continue to not attend appointments and then escalate this to the appropriate authorities to be investigated.

Staff received online training that was reviewed regularly by management; however, they were not dementia friendly trained.

Information and Education

Staff told Authorised Representatives information regarding opening times, out of hours and extra appointments was displayed on the NHS website and as the automated welcoming message on the telephone line. The practice was open 365 days a year, but only took emergency appointments on a Sunday.

Patients had not been asked about their communication needs or preferred communication methods, however patients were happy with the communication they were receiving from the practice; “do whatever works” and that their needs were being met.

Patients were asked if they would like to receive anymore information from the practice, a new patient answered yes to this question and felt more information would be beneficial, however, an existing patient said they were happy with the information that they had already received.

At the end of each appointment patients were provided with a FP17 form which describes their treatment plan, this would be signed by both the dentist and the patient with both keeping a copy.

Choice

Only one patient Authorised Representatives engaged with had not been given a choice of their dentist, they explained that this was due to it being an emergency appointment and they were happy to see anyone. All patients had a choice in the date and time of their appointment, this was supported by staff and Authorised Representatives continually observed staff asking patients their preferred date and time of appointment.

Being listened to

Patients that did not understand something said they would feel happy to ask staff questions for clarification. Patients also felt able to raise concerns with staff, however not all patients Authorised Representatives engaged with knew the complaints procedure.

Some patients felt that staff did not actively seek their views as they had not ever been asked to leave feedback, one patient explained this might be because they were relatively new to the practice. Staff told Authorised Representatives that they used the NHS FFT and gave these to most patients after their appointments; patient concerns were reviewed in practice staff meetings and it was discussed how staff would work to improve them. The practice did not have a practice survey to gather the views of patients.

Being involved

Patients felt that staff responded quickly to their needs and one patient told Authorised Representatives: “I’m quite happy with everything here”. Staff explained that patients were kept involved regarding their treatment and dentists gave patients choices during their appointment and request consent before carrying out the procedure.

Staff were asked how they minimise any loneliness and isolation concerns in patients. Authorised Representatives were told that they build up rapport with patients by getting to know them and if staff had any concerns, they would either refer to social prescribing or raise a safeguarding referral with the local authority.

Recommendations

1. Ensure the exterior of the property is continually well maintained.
2. Ensure the disabled access/automatic door is fixed and a new sign is put outside in the meantime to notify patients.
3. Consider putting some chairs with arm rests in the waiting area for patients that need more support standing.
4. Ensure there is a designated wheelchair space in the waiting area, rather than just moving chairs out of the way.
5. Ensure FFT are readily available throughout the practice and patients are being encouraged to complete these.
6. Ensure that staff attitudes are appropriate.....
7. Ensure that the doors leading to private or hazardous areas are always kept shut and locked.
8. Consider making patients aware before their appointment that they will need their own interpreter.
9. Consider offering an interpreter service so patients aren't expected to bring family members.
10. Consider offering staff members dementia training.
11. Ensure that all patients are aware of the complaint's procedure, should they ever need to use it.
12. Consider carrying out practice surveys to gather patient experiences and feedback.
13. Consider doing a 'You Said, We Did' board to feedback changes that have been implemented through the FFT.

Provider feedback

Thank you for feedback from your visit on the 21st of February 2020 and the 3rd of March 2020.

The practice as a whole take the safety and experience we provide to patients very seriously and will be implementing some changes and staff training in the near future.

The practice has since November 2019 has been reviewing all areas of our service and a restructure has taken place. We have acquired the services of a new practice manager with vast experience in compliance and patient experience, previously being the CQC practice manager. She has made a number of important changes to improve compliance including putting the patients interests first. We will be continuing to make improvements in all areas of concern or in areas where it is felt we could do better.

1. The owners of the practice have been informed that the exterior of the property needs to be better maintained and that the faded signs need attention. This has been arranged for as soon as the lockdown situation allows.
2. We have contacted a company to repair the automatic push button on the main entrance to help wheel chair and pushchairs users to enter the building.

Please note that the reception desk does have a lower accessible area which is at the side of the reception with space for a wheel chair.

3. We have ordered some chairs with arm rests in both of our waiting areas for patients who need support whilst standing.
4. We will remove some chairs from the ground floor waiting area and erect a sign to show the area is for wheelchair users
5. FFT surveys have been now been placed around the practice and staff are going to receive training on actively encouraging patients to complete them.
6. We have spoken to the staff on duty and no member of staff could recall being spoken to by another member of staff in a curt or inappropriate manner. They all said that they were more than happy how team members spoke to others and they felt they were a little family. But we take on board that to a person in the waiting room the comment made could of come across as curt and all staff have been spoken to about how patients or visitors may perceive conversations between them.
7. The hazardous materials cupboard did infact have a working lock on it (confirmed by lock smith) All staff have been informed of this and the importance of keeping it closed at all times. We have as you are aware had the office and staff room locks repaired now. We can assure you that prior to the lock being repaired all sensitive information was stored in cabinets securely locked within the office.

8. We are aware that using a family member as an interpreter is not good practice as the patient may be pressured into treatment they do not want without our knowledge. We have 2 members of staff who speak Punjabi.
9. We are in the process of sourcing an interpretation service for the practice. Please note that NHS dental practices are no longer privy to use the language line service that it could in the past and this is making interpretation services difficult for all dental practices. We do use Google Translator when we can and staff members who can speak alternative languages and staff will be trained in this area.
10. We had picked up on staff needed dementia training. This was put into an action plan a few months prior to your visit and 2 of our staff members had commenced online training and we had planned to ensure all staff complete online dementia training in the near future.
11. The complaints procedure is displayed in the waiting room and a hard copy is available to anyone who wishes to make a complaint. We are looking into ways that we can improve on informing our patients on the right to complain and what procedure to follow.
12. The practice had compiled and started using a patient survey on the 4th of March 2020 as it had already been identified as lacking in that area. We are more than happy to send you a copy of the survey we are using.
13. We are planning on doing "a you said we did" feedback poster when we have enough completed patient surveys to analyse the results.

There was a staff meeting booked to discuss the issues raised in your report but unfortunately due to Covid-19 we have had to postpone this. We will be discussing the report as a whole practice once the practice has returned to normality and we can have all staff present.

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