

Details of visit**Service Provider:****Service address:****Date and Time:****Authorised****Representatives:****Contact details:****Enter & View****Hurlfield Dental Practice****49 Hurlfield Road, Sheffield, S12 2SD****Monday 30th November 2015****Chris Sterry, Penny Lewis****Healthwatch Sheffield, The Circle, 33 Rockingham Lane,
Sheffield, S1 4FW.****Acknowledgements**

Healthwatch Sheffield would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

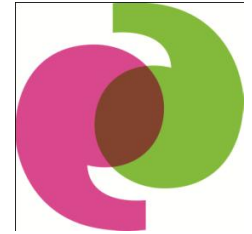
**What is Enter and View?**

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch 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, optometrists 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 we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Purpose of the visit

- To gather information to inform us about how the practice addresses access issues in general and with reference to those with particular needs.
- To identify examples of good working practice.
- To observe the environment and processes in the public areas during a surgery session.
- To identify any areas for improvement and make suggestions if appropriate.



Strategic drivers

- Citywide reporting of difficulty accessing Primary Care in a timely manner.
- Healthwatch Sheffield's focus on access for excluded groups.
- To explore ways of improving responses to the Friends and Family Test.

Methodology

This was an announced Enter and View visit arranged via the Practice Manager.

We were given free access to the reception area, all waiting areas, and were shown around the individual surgeries and other rooms.

The visit was advertised in advance by Healthwatch posters being placed on the main reception counter, and in the waiting rooms (although no Healthwatch information leaflets were visible).

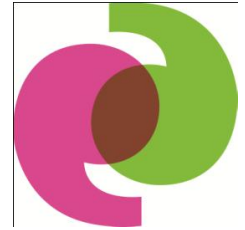
We spoke with the Practice Manager, the lead dentist and owner, and reception staff. Other information was gathered on ad hoc basis from 8 patients in the waiting areas. All responses were in reply to questions posed by the authorised representatives. Finally, processes and interactions were observed throughout the morning.

Our findings were briefly discussed with the Manager before leaving.

Summary of findings

- We found a busy and well organised surgery, which had very positive feedback on the service from patients and staff.
 - The building is very well presented but old, and much extended, which means there are some limitations to access, and to the modifications that can be done to improve access.
-

Results of visit.



General

Current practice records show the total number of registered patients as 31,161. However this will include some who are no longer within the practice area and some who may be deceased (as the records show 498 over the age of 91+). The practice currently accepts NHS and private patients, and is a Foundation Dental Practice (FDR), providing supervision for newly qualified dentists. The practice is one of three dental practices under the same ownership within the area. The practice has seven dental surgeries: four on the ground floor, there are a couple of internal steps up from the ground floor.

Access and the Physical Environment

The surgery is close to Manor Top centre. We found a spacious car park, for staff and patients, which could easily accommodate 15 or more vehicles. Access to the car park was from Hurlfield Road, which led to the front entrance of the 2 story building.

A bus stop for the Number 10 bus was outside the dental practice and a tram stop was a short walk away. The front door, which was quite hard to open, was reached by a shallow brick ramp for wheelchair access. This led to a small porch and an inner door for an entry to the room containing the waiting area (which consisted of 4 large bench seats) and to the reception area. There was sufficient distance from the waiting area to ensure confidentiality at the reception. The reception desk was of an even height (approx 4.5 ft. high). There was no lower desk area for persons in wheelchair.

There was a ground floor toilet opposite the Reception desk, but no disabled access toilet. We were informed that because of the age /complex layout/paper storage requirements of the current building (one downstairs room was being used entirely for storing paper Records), it was not possible at present to install a disabled toilet, but that it was hoped this would be possible when most documents were transferred to electronic storage. All four ground floor consulting rooms are accessible to (and used for) wheelchair users, although only those who are able to transfer themselves (or only require some manual assistance) from wheelchair to the dental chair, can be treated safely within the surgery.

A Hearing Loop was available at reception.

The building was clean, bright, well decorated and furnished, and appeared well maintained.

There was a wide range of information for patients displayed in the reception /waiting room area. At the reception desk were Friends and Family Test forms and a suggestion box. There were 3 notice boards within the waiting area, which were neat and tidy. The notices included Did Not Attend (DNA) figures, the complaints policy, surgery layout plan, notification of nearby Pharmacies, the Healthwatch poster announcing our visit, NHS dental charges, and a multi-lingual poster explaining translation facilities. Leaflet racks containing advisory dental leaflets were also present. These leaflets included the

practice's own Dental Plan (at the time of writing, an initial joining fee of £12 and then monthly contributions of £10.80) and the Independent Fee guide.

There was a TV screen was on the wall in the reception area, which we were informed showed Children's TV programmes. No children's toys were available (in accordance with the practice's Health and Hygiene policy).

On the first floor was a small waiting area with bench seating around 2 walls.

Hygiene: Also on the ground floor was a decontamination room, where the practice cleans and sterilises its own dental instruments. The instruments are collected from each surgery by the decontamination nurse in a sealed plastic boxes colour coded for each surgery. The process allows for each surgery to have their instruments cleaned and sterilised separately and are then logged and stored for reuse by the respective surgeries. There is a one way system in operation in that used instruments are brought into the decontamination room through one door, processed, and then removed via a separate door.

There is an X-ray room with a small x-ray facility for x-ray plates showing 3 or 4 teeth only.

Practice Processes

Registration: New patients are required to register in person at the practice, at which time a new patient's application form is completed and copies taken of the patient's required ID documents, proof of residence and full medical information, including current medication being taken. The importance of attending appointments is stressed. If patients do not attend the first appointment they are not allowed to register, and patients are removed from the list for repeated non-attendance.

Non-attendance: DNAs for the month of October were 159. No analysis was conducted as to patterns in DNAs. When a patient's next dental check-up is due, a reminder letter is sent asking the patient to contact the practice to arrange their appointment. There was no any reminder system for other appointments e.g. text messaging.

Opening Hours

- Monday 9.00 - 13.00, 14.00 - 18.00
- Thursday 9.00 - 13.00, 14.00 - 17.30
- Friday 9.00 - 13.00, 13.30 - 15.45

Emergency treatment is usually available on the day of request on a first come first served basis for a 20 min appointment. Out-of-hours patients are referred to 111.

Staffing and Training

The practice employs 10 dentists, some of whom are part time. They also employ 17 Dental Nurses/Administration staff. On a daily basis there are present 7 dental nurses, 2 receptionists, and 1 nurse for instrument decontamination. No hygienists are employed.

Staff retention appears to be good, with many long-term employees (stays of between 6 to 20-30 years). One member of staff interviewed had been there six years and "loves working here".

The practice is a Foundation Dental Training practice, supervising newly qualified dentists. It also has trainee nurses, using an agency (In Touch) for formal training. It is felt this helps recruitment and retention.

All staff undertake mandatory training each year on CPR, Infection Control, Safeguarding, Data Protection, Confidentiality, Complaints, and Manual Handling.

Service Delivery

One member of staff emphasised the importance of 'ethical working' to the practice i.e. when trying to meet the Band 2 performance targets for Units of Dental Activity (UDAs), dentists prioritise by clinical need, rather than adjust their practice to maximise UDAs.

Patient Feedback

Patient feedback on the service is valued. They are offered the Friends and Family test to complete, and a more in-depth Patients Questionnaire (the latter in order to learn from the patient's experience and to use the information to develop and shape the service they provide. The TV installation was done as a result of comments in the questionnaires). Eight patients were interviewed about their view of the service. Their comments included the following:

"Very happy, see same dentist"; "I'm a new patient; very good put you at ease. No problems with appointments"; "Best dentist's practice been to"; "I get appointments when required"; "I normally see the same dentist"; "this is an emergency visit, it was easy to obtain the appointment"; "Staff are right patient with patients"; "they're good with children"; "no complaints - they're very good"; "I've been coming years and they've been faultless".

Concern was expressed by staff about a few adverse comments on NHS Choices, where it was felt that this didn't represent the practice as a whole.

Immediate Service Improvements

None noted

Recommendations

- **Access:** Some modification of doorways could improve wheelchair access: some on the ground floor could be made wider, and the entry door made easier to open or an electronic door system be installed.
- Exploration of patterns in the DNAs and /or a text-based reminder system may improve attendance and efficiency.
- To explore alternative storage options for paper records and archives, currently filling up one of the downstairs rooms, in order to free up space to provide a disabled toilet.
- To look at lowering a section of the existing reception desk for wheelchair users or provide another suitable alternative.

Service Provider Response

Our response to this document:

The Hurlfield team welcomed the Healthwatch Enter and View Visit and Report. We have noted the feedback and recommendations from the report. Please see below our response.

In Terms of Recommendations

1	Access: Some modification of doorways could improve wheelchair access: some on the ground floor could be made wider, and the entry door made easier to open or an electronic door system be installed.	We have included these aspects in our medium term practice improvement plan. We are hoping to implement these in the coming 12-18 months.
2	Exploration of patterns of DNA's and /or a text-based reminder system may improve attendance and efficiency.	We make every effort to make patients aware of the responsibility to attend their appointments. This is undertaken in numerous ways such as verbal information provided by the reception team and literature including welcome letters, practice information leaflet, appointment cards, website and literature displayed in the waiting room. A number years ago we trialled a text messaging

		<p>service for a short period however, unfortunately this did not improve the attendance rate. Therefore it was not deemed a value for money choice for the practice budget.</p>
3	<p>To explore alternative storage options for paper records and archives, in order to free up space to provide a disabled toilet</p>	<p>We have undertaken considerable investment and commitment to go paper free within the entire practice. As this system develops and we become less reliant on access to existing paper records, we aim to reorganise our reception and waiting room and should the physicality of the building allow we will consider disabled toilet facilities.</p>
4	<p>To look at lowering a section of the existing reception desk for wheelchair users or provide a suitable alternative</p>	<p>As with all health professionals we encounter aggressive and abusive behaviour from patients. We have conducted a risk assessment which takes into account the height of the reception desk. We appreciate that the current height of the reception desk does provide an obstacle for wheelchair bound patients however our team have been suitably trained to ensure that special provisions are made for these patients to ensure that we deliver the same level of care and that these patients are not disadvantaged.</p> <p>As with all areas of the practice we will again review the height of this desk when we undertake the refurbishment of the reception area in the future.</p>