



**Enter and View
report
Ambience Dental Practice
March 2019**

healthwatch
Swindon

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1 Introduction

1.1 Details of visit

Details of visit:	
Service address:	Ambience Dental Practice , Wade House, Queen Street, Swindon SN1
Service Provider:	Smileright Limited
Date and Time:	Tuesday 26 March 2019 at 10.30
Authorised Representatives:	Lucy Gibson, Mark Court
Contact details (Healthwatch Swindon):	Healthwatch Swindon, Sanford House, Sanford Street, Swindon SN1 1HE

1.2 Acknowledgements

Healthwatch Swindon wishes to thank patients, service users and staff from Ambience Dental Practice for their contribution to the visit and this report.

1.3 Disclaimer

Please note that this report relates to findings observed on the date and time of the visits. It is not a representative portrayal of the experience of service users, patients and staff, only an account of what was observed and contributed at the time and any subsequent comments from the service provider.

2 What is Enter and View?

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 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 safeguarding policies. **Healthwatch Swindon has commissioned Swindon Advocacy Movement to recruit four quality checkers and has authorised them to undertake a number of Enter and View visits, with support, specifically from the perspective of people living with a learning disability or on the autistic spectrum.**

2.1 Purpose of the Visit

- To find out more about the range of services provided at Ambience Dental Practice
- To compare the experience of users, patients and staff with that at other dental and GP surgeries
- To make practical recommendations about physical aspects of the premises which may have an impact on the experience of users.

2.2 Methodology

This was an announced Enter and View visit. We advised the practice management when the visit would be undertaken and confirmed details.

This is what we informed them in writing:

“This is to let you know that we intend to undertake an Enter and View** visit to Ambience Dental Practice.

1. We have commissioned [Swindon Advocacy Movement](#) (SAM), working with a volunteer quality checker they have recruited, to undertake this visit with a supporter. They will be visiting Ambience Dental Practice from about 10.30 onwards on Tuesday 26 March 2019. The supporter is Lucy Gibson (SAM). As required, they have DBS certificates and will have name badges.
2. As you may know, an Enter and View visit can include the public areas of premises where health and social care services are provided but it would be helpful, where possible, to see consulting rooms. They would like to take the

opportunity briefly to talk with some staff providing services on the day at the surgery - and they will also want to talk with patients and/or carers - always where appropriate and convenient and absolutely not to disrupt the work of the surgery or individual practitioners.

3. They will form an overall view of the facilities and services based on what they see and hear and will draft a report which we will send you to check for accuracy. We will then finalise the report with any recommendations which we will publish and send to you and commissioners and, if appropriate, to the Care Quality Commission. We will subsequently follow up any recommendations.
4. Please reassure your people that this is not an inspection and that our intention is not to disrupt work. And, should the need arise because of any emergency, our people would withdraw.

**** to remind you, Healthwatch Swindon is able to carry out these visits under the terms of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012) and National Health Service Act 2006/Local Government and Public Involvement in Health Act 2007 (as amended by the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.****



2.3 Summary of findings

A full set of recommendations is on page 13 and following. We provided the Practice with a draft copy of this report. No response was received.

Specific areas recommended for review are:

- Access into and throughout the building.
- Provision of information in accessible formats.
- Better provision for the specific needs of people with learning disabilities over and above those already identified and provided for.

2.4 Results of visit

Building signage

The building itself is well signposted on both sides and the inclusion of a picture of a “tooth” on the signage is, in theory, a good idea with regards to enabling easy read. However the picture also depicts a person on a swing which was visually more apparent than the “tooth” and therefore led to a little confusion about the nature of the Practice.



Disabled parking

Ambience Dental Practice is located within the town centre and has no parking facilities. There is a small public car park adjacent to the practice which has 3 disabled spaces so visiting patients can use them although their availability cannot be guaranteed.

Access to the building

There are two entrances to the building and neither provide ideal access for patients with mobility issues especially those in wheelchairs or general patients with pushchairs.



Steps to front door

Pavement leading to side entrance

The main entrance has two steps leading up to two entry doors and therefore is not suitable for use with a ramp. There are grab rails so there is some assistance for those patients with some mobility difficulties. The opening times for the practice are clearly displayed but not in easy read format for those patients with learning difficulties.



Opening hours displayed - not in easy read

There is a sign directing patients with wheelchairs and pushchairs to the other entrance but this is not in easy read format and not obviously visible amongst the other signs displayed.



The second (side) entrance has one step leading up to the door so again is not suitable for wheelchair users or those with mobility difficulties. There is a sign on the door asking patients to call for assistance if ramps are required by pressing a button on the wall in the entrance lobby. However the sign was not in easy read format and the patient would have to manage the step first in order to reach the button to call for assistance.

There was also a concern that this method of access relied heavily on the practice staff to respond quickly in order to minimise the waiting time for patients.

In order to assess response times, on our arrival we did press the button and a member of staff responded within 12 seconds followed by another within 20 seconds. The practice manager told us that when a wheelchair user is due for an appointment the ramp is positioned outside in readiness so that the patient does not have to rely solely on assistance from staff.



Step to side door and notices displayed

In the building

Reception

The reception area is open plan to the main waiting area and therefore all conversation could be overheard. There are no signs informing patients that if they wish to speak in private that can be accommodated.

There are red and green arrow signs on the reception desk informing patients that they are required to sign in on arrival and check out on departure. But the print is small and they are not in easy read format. The process of checking in is quite complicated in that patients have to sign in on a Tablet or iPad. The reception staff did state however, that they do assist patients with the process throughout if required.

The reception desk structure is quite high and there was no arrangement for eye level conversation with patients in wheelchairs. It was also noted that there was no hearing loop facility available for patients with hearing difficulties and the suggestions box on the reception desk was not in easy read format.



Reception desk

Waiting areas

There are two main waiting areas which are both spacious. However they both felt quite “clinical”. There were no magazines or books to read whilst waiting, or radio/TV playing in the background; nor was there any provision of drinking water.

The seating in the first floor waiting room is made up of low level leather sofas and some hard chairs and the ground floor waiting room has just hard chairs. Both areas were lacking in bariatric high back chairs with supporting arms and wide seating. Also, there was no designated area for patients in wheelchairs although the first floor was not accessible for any patients with mobility difficulties as the only access was via stairs.

The practice manager did state that patients who wish to be seen by a dentist who is usually located upstairs can be accommodated on the ground floor. However, there are no signs or communication posters informing patients of this facility.



First floor waiting area

The ground floor treatment rooms are accessed from the waiting room but there is a raised step to navigate before entering. There are grab rails on each platform to assist those with mobility issues but anyone using a wheelchair could not access this area without a ramp being positioned into place.



Step to ground floor treatment rooms

During our visit a patient with walking difficulties left one of the treatment rooms and had to be assisted by the dentist and a member of the clinical team down the step. Although the staff were very helpful on this occasion, there were no signs offering patients assistance if required, and equally no signs regarding the provision of chaperones.

Notice Boards

The notice boards were tidy, however very few of the posters were in easy read format. Specific patient notices, for example those about charges, location of toilets, turning off mobiles etc., were not clearly visible amongst the other notices and therefore easy to miss.



Health and safety issues

The dental practice is well equipped with fire equipment in all the waiting areas, entrance hallway and corridors. However, fire and evacuation procedures were not sited next to all of the fire extinguishers for either staff or patients. Similarly, fire action notices were not displayed next to all the fire alarms. There were patient fire evacuation procedure posters on the notice boards in both waiting rooms but they were not in easy read format and difficult to spot as they “got lost” amongst the other posters and were in small print.

None of the emergency procedures made reference to the evacuation of patients with mobility issues and, given that there are access issues with both entrances, this could potentially be a safety risk. There was a notice sited on each of the reception desks regarding first aiders but they were not prominently displayed for either staff or patients. The name of the first aider was handwritten and in small print and very easy to miss.



Toilet facilities

The disabled toilet was located on the ground floor next to the reception area. Its door was obscured from the patients’ waiting area by filing cabinets and there was no signage about the availability of disabled facilities visible within the waiting area. The toilet

was shared with staff and its location next to the access area for reception gave the impression that it was not for any patient use. The sign on the door referring to disabled use was part in easy read format but not prominently displayed.



Access to accessible toilet

Although it was spacious, the facilities were not fully friendly for those patients with disability, mobility and learning difficulties. There was only one grab rail on one side of the toilet, there was no automatic hand dryer or soap dispenser, no indication which tap was for hot or cold water and there was no safety pull cord should anyone require assistance. None of the notices were in easy read format.



2.5 Feedback on discussion with practice manager

We had an opportunity to talk to the practice manager and our findings were as follows:-

- All staff undergo training which includes safeguarding and patient manual handling and this was repeated each year. The practice manager is a member of the British Dental Association, follows the good practice guide and is conversant with the Mental Capacity Act.
- The practice does not have a specific register of patients with learning difficulties but patient records would show if they had a learning or physical impairment. Therefore each time a patient telephoned the practice, the

home screen would flag this up from their details enabling staff to identify if the individual may need more support - for example positioning a ramp or if the attending dentist needed to accommodate the appointment on the ground floor.

- Although double appointments were not automatically offered, reception staff would decide if one was needed and would book as appropriate.
- Chaperone facilities were not offered but patients who have support were encouraged to attend with their carers or family members.
- The Practice does have a system akin to an annual health check at a GP surgery in so far as patient recall letters are sent out every 6 or 12 months requesting patients attend a dental health check. However, this system was not monitored or recorded in the same way. The appointment letters and reminder slips were not in easy read format.
- If requested, assistance was available to all patients with learning difficulties including those with physical or sight impairments who may need help with filling in forms.
- If appointments were running late, reception staff would keep patients updated.
- In light of the Accessible Information Standard the practice manager felt they were moving in the right direction in so far as feedback is taken from patient surveys and suggestions. However the practice manager confirmed that they had not sent out the communication letter concerning how patients wished to be communicated with. She confirmed that there were large print options for the visually impaired and a hearing loop facility was being looked at for the hard of hearing.

2.6 Recommendations



Building signage

Consideration should be given to:

- Clearer pictorial signage regarding the dental practice possibly with the removal of the “person on the swing” on the picture of the tooth.

External Building/Accessibility

Consideration should be given to:

- Easy read and larger signage on the main entrance door regarding the side access for wheelchair users, possibly reinforced with a wall sign for better visibility.
- Easy read signage on the side entrance door regarding the use of the button to call for assistance for staff and/or use of a ramp.
- Construction of a permanent ramp by dropping the side entrance step to allow for easier access for wheelchair users and those with mobility difficulties and patients with pushchairs.
- Display of opening times in easy read format.

Lobby/Reception

Consideration should be given to:

- Display of easy read and larger signage about
 - the checking in and checking out procedures;
 - the availability of a private area for patient confidentiality;
 - the availability and/or accommodation of chaperones;
 - the suggestions box;
 - the availability of assistance for patients with mobility difficulties who require assistance accessing the treatment rooms including the facility of dentists based on the upper floor accommodating patients on the ground floor.
- Introduction of the hearing loop facility.
- Display in easy read format other information relating to additional support facilities for those with difficulties - for example assistance with form filling, large print, braille etc.

- A lower level section of the reception desk to accommodate patients in wheelchairs.

Waiting areas

Consideration should be given to:

- The availability of bariatric and wide seating for patients with age and mobility difficulties in both waiting rooms and the availability of a designated space for wheelchair users in the ground floor waiting room.
- Dropping a section of the raised platform to accommodate a permanent ramp enabling wheelchair users to access the treatment rooms independently.
- Introduction of magazines/books to read whilst patients are waiting and the provision of drinking water.

Notice boards

Consideration should be given to:

- A more orderly display of information under specific headings - for example health and safety, dental charges, patient surveys/feedback, patient services, toilets etc. Dedicated notice boards where specific information is grouped together will help to ensure that the information is more clearly visible and will aid the process of introducing easy read posters.

Health and Safety

Consideration should be given to:

- The fire and evacuation procedure notices for both patients and staff should be located next to all of the fire extinguishers to ensure that they are clearly visible and should be in easy read format.
- The review of fire and evacuation procedures with specific reference to patients in wheelchairs and those with mobility issues who would find it difficult to evacuate the building quickly in the event of an emergency.
- Easy read signage in both waiting rooms informing patients of the location of the fire extinguishers in the event of an emergency.
- Easy read instructions next to all of the fire alarms.
- Display of fire action notices next to all the fire alarms and extinguishers with the

emergency assembly meeting point clearly highlighted; and display of clear signage outside the building relating to the assembly meeting point.

- Clearer signage about the first aiders and how/where they can be contacted.

Toilets

Consideration should be given to:

- Easy read signage in the waiting rooms informing patients of the availability and location of toilets and disabled facilities.
- Within the disabled toilet the installation of the following:-
 - an additional grab rail to provide support on both sides of the toilet,
 - an automatic hand dryer,
 - an automatic soap dispenser,
 - labels on the taps identifying hot and cold water
 - and a safety pull cord for use by patients in the event of an emergency or if assistance is required.
- Easy read signage relating to patient notices inside all of the toilets.

Practice manager

Our discussions were very positive overall. However, in the following areas (especially in relation to patients with learning difficulties (LD)) it was felt that consideration should be given to:

- Review of training so that all staff undertake specific training pertaining to patients with learning difficulties - for example Bluestream Training used in GP surgeries to ensure a consistent approach amongst NHS services.
- Review of training to incorporate the Accessible Information Standard (AIS) to continue to implement positive changes already made and identify other areas where improvements may be made - for example a hearing loop facility.
- Asking patients, via the communication letter as set out in the AIS requirements, how they wish to be communicated with.
- Introducing a specific register for patients with learning difficulties in line with the practice adopted by GP surgeries to ensure that annual checks are offered, monitored and managed by staff closely.
- Reception staff automatically booking double appointments for LD patients attending for annual checks.

- Reception staff automatically discussing/offering a chaperone facility so that patients are aware assistance is available if they are unable to attend with their own support.
- Introduction of easy read appointment letters as well as easy read reminder slips.

2.7 No response was received to the recommendations from Ambience Practice





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