PCH Dental Limited

# PCH Dental Liskeard Community Hospital

## Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection on 24 August 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

**Our findings were:**

**Are services safe?**
We found that this practice was providing safe care in accordance with the relevant regulations

**Are services effective?**
We found that this practice was providing effective care in accordance with the relevant regulations

**Are services caring?**
We found that this practice was providing caring services in accordance with the relevant regulations

**Are services responsive?**
We found that this practice was providing responsive care in accordance with the relevant regulations

**Are services well-led?**
We found that this practice was providing well-led care in accordance with the relevant regulations

**Background**
PCH Dental Ltd provides a dental service for all age groups who require a specialised approach to their dental care and are unable to receive this in a General Dental Practice. CQC is currently processing an application to register a new manager Christopher Roberts who is also the Clinical Director of the company. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run. PCH Dental Ltd has 13 registered locations across Cornwall providing dental services. This inspection focussed on the one based at Liskeard Community Hospital.

The service provides oral health care and dental treatment for children and adults that have an impairment, disability and/or complex medical condition.

# Summary of findings

People who come in to this category are those with a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability, including those who are housebound.

Additional services provided are a sedation service in selected clinics where treatment under a local anaesthetic alone is not feasible and conscious sedation is required.

General anaesthetic (GA) services are provided for children in pain where extractions under a local anaesthetic would not be feasible or appropriate such as in the very young, the extremely nervous, children with special needs or those requiring several extractions and other treatment. This service was also provided for adults with special needs such as those with moderate to severe learning disabilities. GA procedures are delivered at Royal Cornwall Hospital Trust.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. At the inspection we also spoke with patients, parents and carers. In total five people provided feedback about the service.

We carried out an announced comprehensive inspection on 24 August 2015 as part of our planned inspection of all dental practice locations. The inspection took place over one day and was carried out by a lead inspector, a dental specialist adviser and an expert by experience to provide a view of the service from the patient's perspective.

### Our key findings were:

- Patients said they were treated with "exceptional" compassion, dignity and respect and they were involved in their care and decisions about their treatment during their appointments.
- There was a strong commitment across the staff team to providing co-ordinated and responsive assessments and treatment for patients.
- The location had effective local clinical leadership provided by a specialist in special care dentistry. Staff followed current professional guidelines in areas of special care dentistry, general anaesthesia and conscious sedation when caring for patients.
- Patient safety was promoted by all the staff. Analysis of risks was evident at senior management level and actions were reported to the parent company, which provided a further tier of governance. Shared learning took place and was communicated through newsletters to all staff.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- Infection control procedures were comprehensive and the practice followed published guidance. The environment was visibly clean and well maintained.
- Effective safeguarding processes were in place for safeguarding adults and children living in vulnerable circumstances.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- Complaints were dealt with in an open and transparent way by the service and apologies given if a mistake had been made.
- The practice had a rolling programme of clinical and non-clinical audit in place to share learning and improve the service for patients.
- The practice had good facilities including disabled access and recognised there were areas such as signage and information presentation which could be improved in consultation with disabled patients.
- PCH Dental Ltd was working in collaboration with the local authority on a campaign entitled 'Brighter Smiles' to promote better dental health for children across Cornwall. This involved staff visiting schools, providing oral health education and information packs for parents and children about healthy eating and cleaning teeth.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Are services safe?**

We found that this location was providing care which was safe in accordance with the relevant regulations.

Processes and procedures were in place to monitor safe systems within the clinics and in areas such as radiography, cleanliness, decontamination, medicines and safeguarding. Incidents were appropriately reported, staff were aware of how to report incidents and there was learning from incidents. Medications were appropriately stored. The environment and equipment were clean and well maintained. Infection control procedures were in place. Staff had been appropriately trained and there were sufficient staff to meet the needs of the service.

**Are services effective?**

We found that this location was providing effective care in accordance with the relevant regulations.

The service used National Institute of Health and Care Excellence (NICE) and current practice guidelines to support the care and treatment provided for patients. Treatment plans were produced for each patient taking into account their personal needs and consent gained for all aspects of the treatment provided from the patient and/or their parent/ appropriate person. Clinical audits were undertaken regularly to monitor and improve performance. Staff were appropriately trained for their jobs and professional development was actively supported and encouraged. Multi-disciplinary working was evident in the co-ordination of patient care.

**Are services caring?**

We found that this location was caring in accordance with the relevant regulations.

The care patients experienced and observed during our visit was provided to a very high standard. Staff treated people with compassion, empathy and respecting each patient individually. Patient comments concurred with our observations and were very positive about the service. All of the patients commented that the quality of care was very good. Patients commented that the dentists were respectful, treatment was explained clearly and the staff were caring and put them at ease.

**Are services responsive to people's needs?**

We found that this location was providing responsive care in accordance with the relevant regulations.

Patient access to assessment and treatment was satisfactory. Patient feedback surveys and complaints processes were in place to gather information to maintain and improve the service. There was good collaborative working between the service and other healthcare services to improve the quality of care for patients. The service aimed to see patients at the right time and without avoidable delay. However, commissioning issues were creating delays in treatment for some groups of patients. The provider demonstrated they were trying to resolve these issues to further improve the service for patients. The location's facilities were all on the ground floor enabling ease of access into the building for patients with limited mobility and families with prams and pushchairs.

**Are services well-led?**

We found that this location was providing care which was well led in accordance with the relevant regulations.

The service was well-led with organisational, governance and risk management structures in place. The senior management team were visible and the culture was seen as open and transparent.

# PCH Dental Liskeard Community Hospital

**Detailed findings**

## Background to this inspection

We carried out an announced, comprehensive inspection on 24th August 2015. The inspection took place over one day and was carried out by a lead inspector who was accompanied by a dental specialist adviser and an expert by experience who spoke with patients and their parents/ carers.

We reviewed information from Cornwall County Council relating to safeguarding concerns about patient access to services, which commissioners had been involved with. We discussed these with the commissioners and informed NHS England area team and Clinical Commissioning Group that we had brought forward this inspection in light of this information.

During our inspection visit, we reviewed policy documents and staff records. We spoke with six members of staff, including the management team. We conducted a tour of the location and looked at the storage arrangements for emergency medicines and equipment. We observed treatment sessions and interactions between staff and patients in the waiting area. We reviewed one comment card completed by a patient, comments posted on the NHS Choices website and spoke to 4 patients and their parents or carer accompanying them. Patients gave a positive feedback about their experience at the location.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

There was a system in place for reporting and recording significant events. Staff told us they would inform the clinical director of any incidents and there was also a recording form available on the computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. Analysis of the significant events, including complaints was regularly taking place and being reported upon. Reports were reviewed on a quarterly basis at company board level, which included parent company PCH (Peninsula Community Health) oversight.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the previous 12 months. Lessons were shared to make sure action was taken to improve safety across all the locations, including Liskeard through a clinical bulletin system. For example, the June 2015 clinical bulletin advised staff about the safest way to use a specific piece of equipment used when treating patients with an immediate timescale for implementation.

### Reliable safety systems and processes (including safeguarding)

We spoke with a lead dental nurse about the prevention of needle stick injuries. She explained that the treatment of sharps and sharps waste was in accordance with the current EU Directive with respect to safe sharp guidelines, thus protecting staff against blood borne viruses. The practice had developed a series of risk assessments around potential sharps injuries from contaminated dental drill bits and matrix bands. The practice used a system whereby needles were not re-sheathed using the hands following administration of a local anaesthetic to a patient. A single use delivery system was used to deliver local anaesthetics to patients. The lead dental nurse was also able to explain the practice protocol in detail should a needle stick injury occur. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps.

We asked how the location managed the use of instruments which were used during root canal treatment. It was explained that these instruments were single use only. Root canal treatment was carried out where practically possible using a rubber dam. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). Patients can be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

The location had a nominated individual, the Clinical Director, who acted as the services' safeguarding lead. This individual acted as a point of referral should members of staff encounter a child or adult safeguarding issue. We saw documentation prior to the inspection, which demonstrated that the company took safeguarding concerns seriously and provided clear responses to these when raised.

A policy was in place for staff to refer to in relation to safeguarding children and adults who may be the victim of suspected abuse. Training records showed that all staff had received safeguarding training for both vulnerable adults and children within the past 12 months. Information was available that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations.

### Medical emergencies

The location had arrangements in place to deal with medical emergencies at the practice. The location had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Staff received annual training in how to use this. The location had in place the emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. Oxygen and other related items such as manual breathing aids and portable suction were available in line with the Resuscitation Council UK guidelines. The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff in a room joining the two dental treatment rooms.

The expiry dates of medicines and equipment were monitored using a daily and monthly check sheet which enabled the staff to replace out of date drugs and equipment promptly. The service held training sessions for the whole team to maintain their competence in dealing with medical emergencies on an annual basis. These were undertaken between January and April 2015.

# Are services safe?

## Staff recruitment

Recruitment checks were carried out and procedures followed. These were managed on behalf of the company by PCH through the Human Resources department. We looked at three files all of which had references and information required, including a Disclosure and Barring Service check (DBS). The company policy required all staff to complete an annual declaration to verify whether there had been any changes to their DBS. There was also a system in place to ensure that clinical staff, applicable to dentists, dental technicians and dental nurses, maintained their professional registration and indemnity insurance. For example, staff showed us the roster system which had a risk rating facility that when red denoted that a member of staff was being prompted to return evidence of their annual registration and indemnity insurance.

## Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice carried out a number of risk assessments including a well maintained Control of Substances Hazardous to Health (COSHH) file. Other assessments included fire safety, health and safety and water quality risk assessments.

## Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The location used a local hospital central sterilising and decontamination unit (HSDU) for the processing of contaminated instruments.

It was noted that the two dental treatment rooms, waiting area, reception and toilets were clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including liquid soap and paper towels in each of the treatment rooms and toilets. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

The lead nurse described the end to end process of infection control procedures at the location up to the point when the contaminated instruments were taken to the HSDU for decontamination. We saw a robust system of instrument tracking in place which used an electronic scanner to track instruments between the location and the HSDU. This system helped to prevent loss of instruments to the service as well as being able to trace instruments in the event of a patient suffering from a healthcare acquired infection. The dental nurse explained the decontamination of the general treatment room environment following the treatment of a patient. She demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

The drawers of one of the treatment rooms were inspected in the presence of the dental nurse. These were well stocked, clean, well ordered and free from clutter. All of the instruments were pouched and it was obvious which items were single use and these items were clearly new. Each treatment room had the appropriate routine personal protective equipment available for staff and patient use.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings) she described the method they used which was in line with current HTM 01 05 guidelines, which set out how infection control risks should be managed in dentistry. A Legionella risk assessment had been carried out at the practice in March 2014 with a review date in June 2016. The recommended procedures contained in the report were being carried out and logged appropriately. These measures ensured that patients' and staff were protected from the risk of infection due to Legionella.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines. The practice used an appropriate contractor to remove dental waste from the practice and was stored in a separate locked location adjacent to the practice prior to collection by the waste contractor. Waste consignment notices were available for inspection. Patients' could be assured that they were protected from the risk of infection from contaminated dental waste.

## Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example X-ray machines had been serviced and calibrated in April 2013 and were in line with current guidelines of being serviced and calibrated every 3 years. The practice had clear guidance regarding the prescribing, recording, dispensing, use and stock control of the medicines used in clinical

# Are services safe?

practice. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored safely for the protection of patients.

### Radiography (X-rays)

The location maintained radiography equipment in line with Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). The clinical Director explained that the service had a contract with the Royal Cornwall Health Trust to provide expert maintenance and support to staff using this equipment. We looked a file that contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. At this location the Clinical Director of the service acted as the Radiation Protection Supervisor for their dental treatment room. Included in the file were the critical examination packs for each X-ray set along with the three yearly maintenance logs and a copy of the local rules. The maintenance logs were within the current recommended interval of 3 years. A sample of dental care records where X-rays had been taken showed that when dental X-rays were taken they were justified, reported on and quality assured. These findings showed that the location was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Dental general anaesthesia (GA) and conscious sedation was delivered according to the standards set out by Intercollegiate Royal Colleges Guidelines for Conscious Sedation 2015. The GA and sedation care was prescribed using an approved care pathway approach.

The location carried out consultations, assessments and treatment in line with recognised general professional guidelines. A review of a sample of dental treatment records and discussions with the senior clinician on duty confirmed this. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail. Observation of treatment sessions confirmed that the approach described above was being carried out.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures such as brushing techniques or recommended tooth care products. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements. A review of a sample of dental care records showed that the findings of the assessment and details of the treatment carried out were recorded appropriately.

### Health promotion & prevention

Preventive care across the service was delivered using the Department of Health's 'Delivering Better Oral Health Toolkit 2010'. Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Tooth brushing techniques were explained to them in a way they understood and dietary, smoking and alcohol advice was also given to them. Children at high risk of tooth decay were identified and offered fluoride varnish applications to keep their teeth in a healthy condition. The sample of dental care records we observed all demonstrated that dentist had given oral health advice to patients.

### Staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Dentists and dental nurses had lead roles aligned with advanced post qualification qualifications and experience. For example, the clinic being held on the day we inspected was being led by a specialist dentist with appropriate qualifications and experience.

The company had an induction programme for all newly appointed members of staff including locums, which covered fire safety, health and safety, and confidentiality issues. Existing staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Regular updates were provided covering these and other mandatory subjects such as radiography safety. Staff had access to and made use of e-learning training modules. In- house training was also provided by PHC (Peninsula Community Health) through its training department. A named member of staff closely monitored all staff training and used a risk rating system to identify any potential gaps or when updates were due.

The company had a system in place which aligned clinical experience and competency with planning rotas for clinics. For example, only experienced dentists and dental nurses with special dentistry and GA qualifications ran those clinics. This information was simplified in an easy to follow chart for staff to use when setting up rotas.

All of the staff working at the dental service at Liskeard were up to date with their yearly appraisals and this was monitored by a senior manager. Staff showed us their individual portfolios containing evidence of having attended courses in line with their agreed professional development plans.

### Working with other services

The service was relatively self-contained because the department contains a diverse mix of well trained and experienced dental staff. However the nature of the patients and their special needs required multidisciplinary working. The location had suitable arrangements in place

# Are services effective?

## (for example, treatment is effective)

for working with other health professionals to ensure quality of care for their patients. We observed, and staff we spoke with told us, that there was effective collaboration and communication amongst all members of the multidisciplinary team (MDT) to support the planning and delivery of patient centred care. Effective MDT meetings, which involved dental staff, social workers, safeguarding leads, where required, ensured the patient's needs were fully explored. Referrals when required were made to other dental specialists such as oral and maxillo-facial surgery.

### Consent to care and treatment

We observed a system for obtaining consent was carried out for patients undergoing General Anaesthesia, conscious sedation, relative analgesia sedation and routine dental treatment. The lead dental nurse talked us through the process using examples of treatment records from patients who had used the service on the day of our visit. The consent documentation used in each case of general anaesthesia consisted of: the referral letter from the general dental practitioner or other health care professional, the clinical assessment including a complete written medical, drug and social history. Full and complete bespoke consent forms were used as appropriate in every case. Pre-operative and post-operative check lists and a patient information leaflets detailing pre-operative and post-operative instructions for the patient to follow completed the consent process. We observed two patient treatment appointments which demonstrated that consent was valid and informed.

# Are services caring?

## Our findings

### Respect, dignity, compassion & empathy

Treatment rooms were situated away from the main waiting area and doors were closed at all times whilst patients were with dentists. Conversations between patients and dentists could not be heard from outside the rooms which protected patient's privacy. Patients' clinical records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage with paper records stored in lockable metal filing cabinets. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality.

We observed the dentist and the dental nurse treated people with dignity and respect. We saw they took extra time with patients who didn't have full capacity to fully understand the advice being given. The dentist was skilled at building and maintaining respectful and trusting relationships with patients and their carers. The dentist sought the views of patients regarding the proposed treatment and communicated in a way which ensured that people with learning disabilities were not discriminated against. For example, patients were given choices and options about their dental treatment in language that they could understand.

Data from a patient survey demonstrated that there were high levels of satisfaction with regard to how they were treated. For example:

- The majority of patients, 268 or 92% of respondents verified that the dental nurse was polite and courteous during their appointment.
- High levels of patients, 271 or 92% said that the dentist put them at ease before the treatment.
- And after your treatment, 274 or 94% patients said that they were you given aftercare advice/any other instructions.

### Involvement in decisions about care and treatment

Patients and their families were appropriately involved in and central to making decisions about their care and the support needed. We found that planned care was consistent with best practice as set down by national guidelines.

Observation of treatment sessions and review of patient records evidenced that staff were assessing the patient's capacity to be able to give valid consent using the Mental Capacity Act (MCA). We found that relatives and/or the patient's representative were involved in discussions around the care and treatment where it was appropriate.

Staff had a good understanding of consent and applied this knowledge when delivering care to patients. Staff we spoke with had received training around consent and had the appropriate skills and knowledge to seek consent from patients or their representatives. We observed positive interactions between staff, patients and/or their relatives when seeking verbal consent. Patients we spoke with confirmed their consent had been sought prior to care being delivered.

We observed that a range of literature was available for patients, relatives and/or their representatives and provided information in regards to their involvement in care delivery from the time of admission through to discharge from the general anaesthetic clinic. This included: complaints processes, key contacts information and follow-up advice for when the patient left clinics or hospital theatre sessions. Data from a patient survey in November 2014, verified that patients were satisfied with the level of involvement in their care and treatment. For example:

- The majority of respondents, 282 or 96% confirmed that the dentist explained the problem and treatment to them in a way that they could understand.
- When treatment options were discussed 274 or 94% verified that the dentist explanation had enabled them to make an informed choice.

However, the company could perform better with regard to making reasonable adjustments for people with learning disabilities and complex needs. For example, written information in the waiting area was not always clear or presented in a way that would ensure everyone attending the clinics could access it. The patient information board listed the names of staff running the clinic but this was too high for patients using mobility aids and not in easy read/ picture formats. Appointments letters were not routinely sent out in easy read or picture formats. We highlighted this as part of our feedback at the end of the inspection as an area which could be improved through the involvement and feedback of disabled people.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Where patients or children lacked the capacity to make their own decisions, staff sought consent from their family members or representatives. Where this was not possible, staff made decisions about care and treatment in the best interests of the patient and involved the patient's representatives and other healthcare professionals.

### Tackling inequity and promoting equality

The special dentistry service is commissioned to specifically provide access to dental services for vulnerable people and children. The area where the location we were inspecting is based had high levels of social deprivation. Research has shown that the incidence of poor dental health, resulting in tooth decay is increasing. This has created much greater demand for treatment for children and vulnerable people under general anaesthetic. As part of the introduction to the inspection, the clinical director explained how staff across PCH Dental Ltd, including those from Liskeard were involved in promoting better dental health for children in those deprived areas. A joint collaboration with Cornwall County Council entitled 'Brighter Smiles' was being delivered to a small number of schools with plans to provide this across all schools in Cornwall. Staff provided education to parents and children about tooth brushing, health eating. We looked at the information provided in the packs being given to children which included a free tooth brush, toothpaste, a DVD about oral hygiene and easy read/picture information about healthy food choices.

Liskeard community hospital had good facilities including disabled access. The senior managers recognised there were areas such as signage and information presentation which could be improved in consultation with disabled patients.

Staff told us that they were able to access a translation service for people who did not use English as their first language. At the clinic, staff told us they had completed sign language training so were able to use Makaton for example with people with learning disabilities who used this.

### Access to the service

At the Liskeard Community Hospital location, PCH Dental Ltd. provided the following services over the course of each week:

- Special care/community dentistry (Vulnerable people and children), which included the assessment and development of treatment plans under General anaesthesia (GA).
- Access to the emergency dental service, every Tuesday and Thursday.
- Promotion of oral health across schools in the area under the 'Brighter Smiles' campaign.

PCH Dental Ltd. was running a flexible service commissioned to provide care/treatment for 2154 special care dentistry patients (vulnerable people and children). We looked at service delivery reports, which covered the last three years. These showed that demand for this service was far greater than was commissioned for. For example, for the year 2014-15 referrals had increased by 30%. Yet data showed that the provider had exceeded what it was commissioned to provide by seeing another 811 patients, in total 2964 in the last 12 months.

The most challenging area for the service was the delivery of treatment for patients needing a GA. In order to fulfil this, the company was required to have agreements in place with other providers. For example, operating time, including the use of operating theatres with specialist equipment and trained staff on site had to be purchased from an NHS hospital.

Across the whole of Cornwall, PCH Dental Ltd. was commissioned to provide access to emergency dental services for up to 25,000 patients. Data from a patient survey carried out in November 2014 provided feedback about the access service, for example:

- 256 or 87% patients said they did not have any problem contacting PCH Dental Ltd. call centre.
- Of those, the first appointments were offered:

- Same day = 147 (50%)
- Next day = 120 (40%)
- Told to call back the next day = 10 (4%)

Other comments confirmed patients had been offered three options, an appointment on the first working day after a weekend, or a cancellation appointment where available.

# Are services responsive to people's needs?

## (for example, to feedback?)

### Concerns & complaints

PCH Dental Ltd. has a system in place for handling complaints and concerns. The policy was in line with recognised guidance and contractual obligations for NHS Dentists in England and there was a designated responsible person who handled all complaints. Information about how to make a complaint was available on the website, in the waiting room and in patient information leaflets. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

PCH Dental Ltd. kept a complaints log of written complaints, which was closely monitored by the clinical Director and reported upon at quarterly meetings with the board. In analysing this information, the company looked for evidence of whether there were particular themes across complaints and used this information to improve services and share learning with staff. We reviewed one complaint record, which demonstrated that this had been dealt with openness and transparency. Resolution meetings were held with patients where it was deemed appropriate. Learning from complaints was taken seriously and information about key points and improvements made. Newsletters and clinical updates were used to communicate this to teams at each location run by the company.

On the day of the inspection, patients and/or parents/ carers raised concerns with us about the length of time between referral to being offered an appointment. Their feedback also highlighted that their perception of what to expect from the service had been shaped by information provided by the referring dental services independent of PCH Dental Ltd. We re-interviewed people after their appointments and they were very satisfied with the outcome. People described their experience on the day as "excellent" and felt their child or person they were caring for was treated very well. All of the people who gave us feedback were happy with the outcome and plans for ongoing treatment where necessary. We spoke with the clinical Director about the feedback people had given prior to their appointment. The clinical Director explained that the company had been working closely with its commissioners to alter the referral process. This included re-educating general dental practices about what the service was commissioned to deliver and the referral criteria. It was acknowledged that appointment letters could contain more information about the service and waiting times to facilitate managing people's expectations. For example, this could include more information about what to expect at a GA assessment clinic in easy read/ picture formats.

# Are services well-led?

## Our findings

### Governance arrangements

PCH Dental Ltd. staff had access to the provider's clinical governance system when required. This consisted of the parent company Peninsular Community Health's (PCH) intranet facility which contained generic policies and procedures covering such topics as health and safety. Supplementing this PCH Dental Ltd. had an electronic service manual which was divided into service specific areas such as clinical protocols, risk assessments, control of substances hazardous to health (COSHH), safeguarding, information governance and the services' dental computer software system.

The company had a risk register, which incorporated all areas of concern across all the registered locations including the dental service at Liskeard Community Hospital. Concerns were regularly reviewed and entries demonstrated that PCH Dental Ltd held historical information about these. From this information, we determined that issues challenging the service outlined in this report were being raised and acted upon appropriately with other agencies.

### Leadership, openness and transparency

We found all staff were open and transparent. Staff explained that some of the areas of development that had been progressing had halted or slowed because of the focus on change within the company. For example, a work-stream had been looking to improve reasonable adjustments for people with disabilities such as access to information in appropriate formats.

Prior to the inspection, information was shared by senior managers with the CQC about the challenges facing the service. On the day of the inspection, the clinical director and senior dental nurse provided the inspection team with presentation about the service. This included a discussion about the challenges, actions taken and plans to develop the service. Particular challenges faced by the service, included the restructuring of governance arrangements following the announcement by Peninsular Community Health (PCH) that it's contract with PCH Dental Ltd. would not be renewed after 31 March 2016. PCH Dental Ltd had on-going negotiations with commissioners to increase funding for services against a backdrop of increasing demands; recruitment challenges resulting from its position and no so favourable benefits package when compared with other similar services.

Two recent newsletters for May/June and July/August 2015 were seen, which covered the above issues. Each provided staff with information about negotiations which were underway and plans for on-going support of them through this period. Senior managers had increased staff access to support from them by being more visible at each location and were rostered to work across the whole service.

### Learning and improvement

The dentist we spoke with had additional post graduate degrees as well as being on the specialist list for special care dentistry held by the General Dental Council. This enabled the service to provide increasingly complex care to an increasingly complex and diverse patient base. Staff were supported in accessing and attending training, ensuring they had the appropriate skills and training to make effective clinical decisions and treat patients in a prompt and timely manner. Staff reported that they had access to mandatory, on-going training and continuous professional development opportunities. Training records viewed demonstrated that staff had completed mandatory and other continuous professional development courses and systems were in place to ensure refresher training was undertaken periodically.

The service had an effective system to regularly assess and monitor the quality of service that patients received. To facilitate this there was evidence that the service carried out clinical audit. This included auditing of clinical recording keeping standards, hand hygiene and personal and protective equipment use and general anaesthetic protocols and procedures.

### Practice seeks and acts on feedback from its patients, the public and staff

PCH Dental Ltd. had systems in place to act on feedback from its patients, the public and staff. For example, a staff survey was in progress when we inspected. A patient survey was carried out in November 2014, in which 293 patients responded with feedback. Data showed that overall 275 patients or 93% of people were extremely likely or likely to recommend the service to friends and family if they needed similar care or treatment.

# Are services well-led?

As part of the quality process, the executive team and board of the company plus its parent company PCH reviewed all feedback obtained through complaints, safeguarding, incidents and requests for information.

Staff explained that a work-stream had been looking at how reasonable adjustments could be made to ensure that patients with communication difficulties were enabled to give feedback. We were shown an example of a survey form under development, which was in easy read/picture format and suitable for patients with special needs.