

Gloucestershire Care Services NHS Trust

Southgate Moorings

Inspection Report

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Overall summary

We carried out a focused inspection of Southgate Moorings on 8 March 2018.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We carried out this inspection focusing only on the safe, responsive and well-led key questions to check on information we had received relating to these aspects of care at this service.

Our findings were:

Are services safe?

We found this service was providing safe care in accordance with the relevant regulations.

Are services responsive?

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

Are services well-led?

We found this service was providing well-led care in accordance with the relevant regulations.

Our key findings were:

- The service had systems to help them manage risk.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- The appointment system met patients' needs.
- The service had effective leadership. Staff felt involved and supported and worked well as a team.
- The service asked staff and patients for feedback about the services they provided.
- The service dealt with complaints positively and efficiently.

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 service was providing safe care in accordance with the relevant regulations.

The service had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Premises and equipment were clean and properly maintained.

The service had suitable arrangements for dealing with medical and other emergencies.

No action ✓

Are services responsive to people's needs?

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

The service's appointment system was efficient and met patients' needs.

The service took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action ✓

Are services well-led?

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

The service had arrangements to ensure the smooth running of the service. These included systems for the service team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure.

The service monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action ✓

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The service had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The service recorded, responded to and discussed all incidents to reduce risk and support future learning.

Reliable safety systems and processes (including safeguarding)

The service had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the service's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. The clinical director told us that the service was considering an audit to review emergency medicines and equipment to see if further improvements could be made.

Monitoring health & safety and responding to risks

The service's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and

specific dental topics. The service had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

Equipment and medicines

We saw servicing documentation for the equipment used for conscious sedation. Staff carried out checks in line with the manufacturers' recommendations. The clinical director told us that the service was considering an audit to review conscious sedation checklists, including equipment, to see if further improvements could be made.

Conscious Sedation

The service carried out inhalation conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The service had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The service's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The service assessed patients appropriately for inhalation sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The records also showed that staff recorded details of the procedure along the concentrations of nitrous oxide and oxygen used.

The clinical director told us that the service was considering an audit to review sedation records to see if further improvements could be made.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patient feedback described high levels of satisfaction with the responsive service provided by the service. The clinical director told us that the service was considering developing the satisfaction surveys to be more specific for patients who used the conscious sedation service.

The service had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were assessed and seen according to need. The clinical director told us that the service was considering an audit to review the management of waiting lists and appointment lengths to see if further improvements could be made.

Concerns & complaints

The service had a complaints policy providing guidance to staff on how to handle a complaint. The service information leaflet explained how to make a complaint. The service manager was responsible for dealing with these.

Information was available about organisations patients could contact if not satisfied with the way the service dealt with their concerns.

We looked at comments, compliments and complaints the service received one complaint in the previous year. This showed the service responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. The service received 23 compliments in the previous year.

Are services well-led?

Our findings

Governance arrangements

The Clinical director had overall responsibility for the management and clinical leadership of the service. The service manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The service had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

Leadership, openness and transparency

Staff told us there was an open, no blame culture at the service. They said the service manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the service manager was approachable, would listen to their concerns and act appropriately. The service manager discussed concerns at staff meetings and it was clear the service worked as a team and dealt with issues professionally.

The service held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The service had quality assurance processes to encourage learning and continuous improvement. These included various audits. They had clear records of the results of these audits and the resulting action plans and improvements.

The clinical director showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the service provided support and encouragement for them to do so.

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

The service used patient surveys to obtain patients' views about the service. The clinical director told us that the service was considering developing the satisfaction surveys to be more specific for patients who used the conscious sedation service.

Patients were encouraged to complete the NHS Friends and Family Test (FFT) and NHS choices. These are national programmes to allow patients to provide feedback on NHS services they have used.