

Somerset Partnership NHS Foundation Trust

Glastonbury Dental Access Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 08 September 2015 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found this centre was not providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

We found this centre was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found this centre was not providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found this centre was not providing well-led care in accordance with the relevant regulations.

Background

The Glastonbury dental access centre is situated in the centre of Glastonbury town. The centre has three dental treatment rooms, a decontamination room for the cleaning, sterilising and packing of dental instruments and a reception and waiting area. Services are provided on two floors. The main entrance to the centre is accessible by external steps with an electric stair lift for wheelchair patients although this does have a weight limitation. The centre is open Monday to Friday 8.30am – 12.30pm & 1.30pm - 5.00pm.

Glastonbury Dental Access Centre has two dentists and two dental nurses and a part time Dental Therapist. The centre manager and clinical team are supported by one receptionist. Satellite services are provided at Frome but this was not inspected. The access centre is also supported by an Oral Health Promotion team operating from the Burnham-on-Sea satellite clinic.

The service provides NHS oral healthcare and dental treatment for children and adults that have an impairment, disability and/or complex medical condition. People who come into this category are those with a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability, including those who are housebound.

Summary of findings

A sedation service is provided where treatment under a local anaesthetic alone is not feasible and conscious sedation is required. The service provides an 'in-hours' emergency dental service for those patients who do not have a regular dentist. The service also provides a domiciliary service for those patients unable to access the Glastonbury Dental Access Centre.

Before the inspection we sent Care Quality Commission comment cards to the centre for patients to complete to tell us about their experience of the centre but none had been completed. During the inspection we spoke with seven patients, parents and carer's five staff and the centre manager who is the senior dental nurse. The patients we spoke with were very complimentary about the service. They told us they found the centre and staff provided excellent and highly professional care; were extremely friendly and welcoming and all patients felt they were treated with dignity and respect.

Our key findings were:

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment during their appointments.
- There were comprehensive policies and procedures identified at the centre, however we found some of these were incomplete namely the IRMER file and equipment maintenance logs. We were advised the 'missing' information was at the trust HQ in Bridgwater.
- We observed staff were passionate about working within the service and providing good quality care for patients. We saw evidence of service improvement initiatives and regular monitoring of the quality of the service with audits of infection control and radiographs.
- There was a strong commitment across the staff team to providing co-ordinated and responsive assessments and treatment for patients.
 - Services were organised so they meet patient's needs.
 - The location had effective local clinical leadership provided by an experienced Senior Dental

Officer with extensive experience in special care dentistry. Staff followed current professional guidelines in areas of special care dentistry, and conscious sedation when caring for patients.

- Staff had received training appropriate to their roles and were supported in their continuing professional development.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available. However, emergency equipment used for domiciliary visits required review to ensure it was meeting appropriate national guidelines to ensure risks to these patients were reduced and patients kept safe if an emergency arose.
- Infection control procedures were comprehensive and the centre followed published guidance. The environment was visibly clean and well maintained and patients told us they felt the premises were clean.
- Effective safeguarding processes were in place for safeguarding vulnerable children and adults and staff fully understood the implications of the Mental Capacity Act 2005.
- The centre had good facilities including disabled access. However we noted the electric stair lift had weight limitations.

We identified regulations that were not being met and the provider must:

- Ensure the cleaning contractor conforms to published National Patient Safety Association (NPSA) regarding cleaning of dental premises.
- Rectify the 18 defects noted in the Legionella risk assessment carried out 10 December 2013.
- Ensure when carrying out domiciliary visits they take appropriate emergency equipment as advised by the British Society for Disability and Oral Health (BSDH) August 2009.
- Ensure immunisation status is recorded for all staff who have received hepatitis B immunisation as directed by the Code of Practice on the prevention and control of infections, appendix D criterion 9(f).

Summary of findings

- Ensure staff were recruited safely according to the Trust recruitment policy and Schedule 3 of the Health and Social Care Act 2008. Particularly ensuring references and gaps in employment were evidenced during the recruitment process.
- Ensure all equipment is regularly serviced in line with approved guidance.

For full details of the regulations not being met please refer to the Somerset Partnership NHS Foundation Trust report dated 7-11 September 2015 – Community and Specialist Dental Services in order to see the areas for which requirement notices were issued.

There were areas where the provider could make improvements and should:

- Ensure the centre manager and senior clinician are empowered to make local decisions in the best interest of Glastonbury access centre.
- The whistle blowing policy did not include information about who staff could raise concerns with externally such as the Care Quality Commission (CQC).

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 this access centre was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details in the Somerset Partnership NHS Foundation Trust Community Dental Services report).

Systems, processes and practices were in place to ensure all care and treatment was carried out safely. Lessons were learned and improvements were made when things went wrong.

The centre had systems in place to assess and manage risks to patients. They had robust processes in place including infection prevention and control, health and safety, training and the management of medical emergencies.

The centre did not have robust recruitment practices as these were carried out at Trust HQ. We saw no action had been taken to address the high risk areas identified in the Legionella and fire risk assessments. We did not see evidence equipment had been regularly serviced and was safe and fit for use.

Are services effective?

We found this access centre was providing effective care in accordance with the relevant regulations.

Patient's needs were assessed and care and treatment was delivered in line with current legislation, standards and evidence based guidance. Patients were given time to consider their options and make informed decisions about which treatment option they preferred. The dental care records we looked at were clear and complied with current best practice in dental clinical record keeping.

Staff had the skills, knowledge and experience to deliver effective care and treatment. The centre monitored patient's oral health and gave appropriate health promotion advice. There were effective arrangements in place for working with other health professionals to ensure effective quality of treatment and care for the patient.

Patient's consent to care and treatment was always sought in line with legislation and guidance and they were given time to consider their options to make informed decisions about the preferred treatment option. Staff engaged in continuing professional development and were meeting the training requirements of the General Dental Council.

Are services caring?

We found this access centre was providing caring services in accordance with the relevant regulations.

We received positive feedback from patients about the quality of care provided at the access centre. They felt the staff were patient centred and caring; they told us they were treated with dignity and respect at all times. We observed all the staff were passionate about working within the service and providing exceptional quality care for patients.

We found patient records were stored securely and patient confidentiality was well maintained. On the day of inspection we observed privacy and confidentiality was maintained for patients using the service.

Are services responsive to people's needs?

We found this access centre was not providing responsive care in accordance with the relevant regulations.

Services were planned and delivered to meet the needs of patients. Patients had good access to appointments, including emergency appointments, which were available on the same day. The needs of patients with disabilities had been considered and arrangements had been made to ensure access to the waiting area and treatment rooms on the first floor.

Summary of findings

Patients were invited to provide feedback via a satisfaction survey. We observed a good rapport between staff and patients attending appointments on the day of the inspection. Information about complaints was available for patients and complaints were dealt with appropriately according to the Trust complaint policy.

There was a waiting list for referrals to the centre and for some treatments patients were waiting more than the set standard waiting time. The senior dental officer told us once in the system treatment was completed in a timely manner according to patient risk.

Are services well-led?

We found this access centre was not providing care which was well led in accordance with the relevant regulations.

Governance arrangements locally ensured responsibilities were clear, quality and performance were regularly considered. Risks were identified but not always coordinated effectively to ensure recommendations from assessments were addressed promptly. For example, recommendations had not been completed or addressed following a legionella risk assessment to ensure the safety of patients.

A system of audits was used to monitor and improve performance. Feedback from staff and patients was used to monitor and drive improvement in standards of care.

The leadership and culture encouraged openness and transparency and promoted the delivery of high quality care and treatment. Staff corroborated this and told us they were comfortable raising and discussing concerns with the centre manager.

We observed the local leadership from both clinical and non-clinical staff at the location was excellent. However there were issues around the ability of the local leadership being empowered to implement local changes from the Trust for the benefit of patients.

Glastonbury Dental Access Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the centre was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 8 September 2015 by a lead inspector and a dental specialist advisor.

Before the inspection we reviewed information we held about the provider and information that we asked them to send us in advance of the inspection. This included their statement of purpose, a record of complaints within the last 12 months and information about staff working at the centre.

During the inspection we spoke with two dentists, two dental nurses and one receptionist. We looked around the premises and the treatment rooms. We reviewed a range of policies and procedures and other documents including clinical records.

No CQC comments cards had been completed for review, however during the inspection we spoke with three patients who were attending the centre for treatment.

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

The centre had an appropriate incident reporting system in place (DATIX) and standard reporting forms for staff to complete when something went wrong. We looked at examples of accidents and incidents staff had recorded. Records demonstrated staff had acted upon incidents that had occurred. The centre had an appropriate accident record book and incident policy in place. We were told reported incidents were sent to the Trust head office and discussed at staff meetings when necessary.

Reliable safety systems and processes (including safeguarding)

We saw evidence there was recognition of the value of shared learning when things went wrong. There were clear guidelines for staff about how to respond to a sharps injury (needles and sharp instruments). The centre used dental safety syringes which meant needles were disposed of safely. This complied with the Safe Sharps Regulations 2013.

The access centre manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and confirmed no reports had been made. Staff understood the process for accident and incident reporting including the Reporting RIDDOR injuries. There had been no accidents or incidents which had required notification under the RIDDOR guidance.

Staff meetings were convened regularly both in the centre and across the dental access centres in Somerset for senior staff. We were told this was where the wider learning points from an incident or audit could be disseminated and any necessary change in protocol discussed and passed to all staff. All staff present signed an attendance sheet. For staff not present the minutes or other information needing to be communicated to staff was displayed on a notice board in the staff room and staff signed to say they had read the information. This ensured all staff were updated with information shared at meetings.

We asked how the location treated the use of instruments which were used during root canal treatment. We noted

the service maintained a dedicated root canal treatment equipment trolley which contained an extensive stock of materials and equipment used for root canal treatments. It was explained that these instruments were single use only.

Root canal treatment was carried out where practically possible using a rubber dam which we observed was latex free. (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 the centre followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

All of the staff we spoke with had a very good knowledge about safeguarding issues affecting vulnerable people. A Trust policy was in place for staff to refer to in relation to safeguarding children and vulnerable adults who may be the victim of suspected abuse. We were told all staff had received safeguarding training for both vulnerable adults and children in the previous 12 months, Information was available that contained telephone numbers of whom to contact outside of the centre if there was a need.

Medical emergencies

The access centre had arrangements in place to deal with medical emergencies. These were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Appropriate emergency equipment and an Automated External Defibrillator (AED) were available. (An AED is 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).

Oxygen and medicines for use in an emergency were available and were stored securely. We saw the emergency kit contained appropriate emergency drugs and equipment in line with national guidance from the Resuscitation Council UK for the safety of patients.

Records showed checks were made to help ensure the equipment and emergency medicine was safe to use. The expiry dates of medicines and equipment were monitored using a weekly check sheet which was signed by a member of staff. Therefore staff were familiar with the content and were able to replace out of date or used medicines and equipment promptly.

Are services safe?

Staff completed annual training in emergency resuscitation and basic life support. Staff we spoke with knew the location of the emergency equipment and how to use it. We noted not all staff treating children had been trained in paediatric life support. We observed the centre had an appropriate first aid kit but there was no trained or lead first aider.

Staff recruitment

There were recruitment and selection procedures in place which were managed through the Human Resources department of the Trust. At the Trust headquarters we looked at 14 personnel files and saw in 10 of the 14 records information obtained and recorded was compliant with the relevant legislation.

However in four files some key information was missing. For example immunisation status was not always recorded, or if immunisation status had been recorded as needing attention there was no clear process to identify who was responsible for ensuring appropriate action was taken and completed. We also saw that not all references received had been signed and gaps in employment had not always been explored and recorded.

A range of checks had been made before staff commenced employment including evidence of professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service (DBS) had been carried out. The DBS carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Staff told us there were usually enough staff to maintain the smooth running of the centre and there were always enough staff on duty to keep patients safe. We saw records that demonstrated staffing levels and skill mix were in line with planned staffing requirements.

Monitoring health & safety and responding to risks

The access centre had arrangements to deal with foreseeable emergencies. A health and safety policy was in place for the centre. The centre had a log of risk assessments. For example, we saw current risk assessments for radiation, electrical faults and fire safety. The assessments included the measures which had been put into place to manage the risks and any action required.

The access centre had a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants and dental clinical materials

We reviewed documents which showed checks of fire extinguishers and emergency lighting had taken place at regular intervals. We also saw records of a recent fire drill. Staff told us and we saw documentary evidence staff had attended fire training within the last 12 months. We saw the fire evacuation procedure was clearly posted on the walls throughout the centre. Fire risk assessments had been carried out which indicated identified risks had been addressed and actioned.

There was a business continuity plan in place, which provided guidance for staff in certain emergencies, such as severe weather, inadequate staffing levels and total loss of access to the building.

Infection control

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM 01-05) published by the Department of health, sets out in detail the processes and practices which are essential to prevent the transmission of infections. During our inspection, we observed processes at the centre which assured us the HTM 01-05 essential requirements for decontamination had been met. The centre had an infection control policy and a set of procedures which included hand hygiene, managing waste products and decontamination guidance.

We looked around the premises during the inspection and found all areas to be visibly clean. This was confirmed by the patients we spoke with and from the patient feedback forms we reviewed. Treatment rooms were visibly tidy and free from clutter. Daily surgery checklists were in place which included cleaning and the flushing of dental unit water lines in line with published guidance in HTM01-05.

There were designated hand wash basins in each treatment room and the decontamination room. Instruments were stored and packaged appropriately in treatment room drawers.

Decontamination was carried out in a small dedicated local decontamination room (LDU) which we found met essential requirements of HTM01-05. We saw a clear separation of dirty and clean areas. There were adequate

Are services safe?

supplies of personal protective equipment (PPE) such as face visors, aprons and gloves. Posters about good hand hygiene and decontamination procedures were displayed to support staff in following centre procedures.

The decontamination lead professional showed us the procedures involved in manually cleaning, rinsing, inspecting and sterilising dirty instruments along with the packaging and storing sterilised instruments. Staff wore eye protection, an apron, gloves and a mask while instruments were cleaned and placed in the washer disinfectant prior to being placed in an autoclave (sterilising machine). An illuminated magnifier was used to check for any debris or damage throughout the cleaning stages. The centre had systems in place for the daily quality testing of decontamination equipment. Records confirmed these had taken place.

Sterilised instruments were packed and stored appropriately until required. Packs were dated with an expiry date in accordance with HTM01-05 guidelines. There were sufficient instruments available to ensure services provided to patients were uninterrupted. Staff showed us the paperwork which was used to record validation checks of the sterilisation cycles. We observed maintenance logs of the equipment used to sterilise instruments.

Records showed a risk assessment process for Legionella had been carried out in December 2013. It was unclear whether the 18 defects noted in the report had been rectified. Legionella is a germ found in all potable water entering domestic and commercial premises. If inhaled in sufficient numbers in a patient who is at risk, Legionnaires' disease can be fatal.

A dental nurse showed us how each morning the dental unit water lines were flushed with an appropriate disinfectant so that staff and patients were safe from contracting Legionella disease from the dental unit. However we observed there was no monitoring of cold and hot water temperatures in the sentinel taps in the centre to ensure the safety of the general water systems in the centre.

The access centre manager carried out an Infection Prevention Society (IPS) self-assessment decontamination audit every six months in line with HTM01-05 requirements. This is designed to assist all registered primary dental care

services to meet satisfactory levels of decontamination of equipment. The audit demonstrated the centre was compliant with the essential standards of HTM01-05 and some of the best practice standards.

We observed centre waste was stored and segregated into safe containers in line with the Department of Health. Sharps containers were well maintained and correctly labelled. The centre used an appropriate contractor to remove dental waste from the centre. However we noted the external clinical waste container was unlocked on the day of inspection.

Equipment and medicines

There were sufficient quantities of instruments and equipment to cater for each clinical session which took into account the decontamination process. There were systems in place to check and record equipment was in working order. These included annual checks of portable appliance testing (PAT) of electrical equipment.

Records showed the centre had contracts in place with external companies to carry out annual servicing and routine maintenance work in a timely manner. This helped to ensure there was no disruption in the safe delivery of care and treatment to patients.

An effective system was in place for the prescribing, recording, dispensing, use and stock control of the medicines used in the access centre such as local anaesthetics and drugs used for sedation purposes. The systems we viewed were complete, provided an account of medicines used and prescribed which demonstrated patients were given medicines only when necessary. Prescription pads were stored securely and NHS prescriptions were stamped with an official centre stamp. Medicines stored in the centre were reviewed regularly to ensure they were not kept or used beyond their expiry date.

Some products were being stored in a fridge in line with the manufacturer's guidance. We saw routine checking of the fridge temperature ensured storage of these items remained within the recommended range.

Radiography (X-rays)

The access centre was working in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). An external radiation protection advisor had been appointed and a nominated dentist was the radiation

Are services safe?

protection supervisor for the centre. We observed the IRMER file was incomplete and did not contain relevant data relating to servicing/testing of the equipment. We were assured all the documents were located at Trust headquarters however staff were unable to obtain these documents.

We found there were suitable arrangements in place to ensure the safety of the equipment and we saw local rules relating to each X-ray machine was displayed in accordance with guidance. However the centre could not provide documentary evidence to demonstrate the X-ray equipment in use had been serviced at recommended intervals.

We were told X-ray audits were carried out at the centre annually to ensure they were of a satisfactory quality. However, a current radiograph audit was not available for us to look at during our inspection. We saw evidence the dentists recorded the reasons for taking X-rays (justification) and the images were checked for quality assurance and fully reported in the patient treatment records which demonstrated compliance with current best practice.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients we spoke with and comments noted in the access centre's comments book reflected patients were very satisfied with the assessments, explanations and the quality of dentistry and outcomes of the treatment provided.

An inhalation sedation service where treatment under a local anaesthetic alone is not feasible and conscious sedation is required was delivered according to the standards set out by Intercollegiate Royal Colleges Guidelines for Conscious Sedation 2015. The 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 two clinicians 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 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 and or their carers 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 or carers and treatment options explained in detail. Observation of treatment sessions confirmed 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 or carer 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 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 their carers attending the centre 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. Across the sample of dental care records reviewed we observed all demonstrated the dentist had given oral health advice to patients.

Glastonbury dental access centre is supported in the promotion of oral health by an exceptional team located at Burnham-on-Sea satellite clinic which we inspected during the course of the Trust inspection.

Staffing

There was a team of two dentists, two dental nurses, a receptionist and a part time Dental Therapist at the centre. Support staff at the centre had completed appropriate training. Clinical staff had attended continuing professional development training which was required for their registration with the General Dental Council (GDC).

Training included infection control, child and adult safeguarding and basic life support. We looked at the individual training records of three members of staff at the centre which demonstrated they had attended appropriate training and were up to date. Staff attended mandatory Trust internal training and undertook eLearning courses. New members of staff received an appropriate induction programme when they joined the Trust.

Staff records contained details of current registration with the GDC and the centre manager monitored all dentists and dental nurses remained registered. Staff spoken with confirmed there was a system of appraisal and regular individual supervision as well as regular team and centre meetings.

Staff we spoke with told us they were clear about their roles and responsibilities, had access to the centre policies and

Are services effective?

(for example, treatment is effective)

procedures, and were supported to attend training courses appropriate to the work they performed. We observed dental nurses had attended extended duty dental nurses training in sedation and radiography.

The centre manager ensured there were sufficient numbers of staff to meet patient's needs. The centre was able to use staff from other centres in the case of staff absences.

Working with other services

The majority of patients were referred to the access centre from general dental practices within the local area. Referrals were assessed and monitored by the Trust and were refused on a case by case basis. Where a theme was established of rejected referrals for particular dentists or dental practices the clinical director would follow this up with the specific practice to improve referral quality received and understanding of the referring dentist.

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 for working with other health professionals to ensure quality of care for their patients.

We observed, and staff we spoke with told us, 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 surgery and Consultants in Haematology for haemophiliac patients and Restorative Dentistry for patients requiring advanced procedures.

Consent to care and treatment

Staff described the methods they used to ensure patients had the information they needed to be able to make an informed decision about treatment. Staff explained to us how valid consent was obtained from patients at the centre.

We reviewed a random sample of seven patient records which confirmed valid consent had been obtained. We observed however from examining the complaints file which was held centrally at Trust headquarters written consent was not always obtained. We saw treatment options; risks, benefits and costs were discussed with each patient and documented in a written treatment plan.

Patients told us they were given time to consider their options and make informed decisions about which option they wanted. This was reflected in comments from patients with whom we spoke.

In situations where people lack capacity to make decisions through illness or disability, health care providers must work in line with the Mental Capacity Act 2005 (MCA). This is to ensure decisions about care and treatment are made in a patient's best interest.

Staff explained how they considered the best interests of the patient and involved family members or other healthcare professionals responsible for their care to ensure their needs were met. The access centre had an electronic checklist to ensure they covered all the key points of the MCA when treating patients who lacked capacity to consent to care and treatment. Staff had received specific MCA training and had a good working knowledge of its application in practice.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients told us they were treated with compassion, kindness, dignity and respect. The four patients we spoke with on the day of our inspection were very positive about the services they experienced. Patients said they felt the access centre offered an excellent service and staff were efficient, friendly, helpful, caring and knowledgeable.

We observed patients were dealt with in a kind, friendly, compassionate and professional manner. We observed staff being polite, welcoming patients by their preferred name, being professional and sensitive to the different needs of patients.

Staff and patients told us all consultations and treatments were carried out in the privacy of treatment rooms to maintain patients dignity and privacy. On the day of inspection we observed treatment room doors were closed at all times whilst patients were with dentists. Conversations between patients, their carers and dentists could not be heard from outside the rooms which protected patient's privacy.

Patients treatment 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 dentists and the dental nurses treating patients and carers with dignity and respect. We saw they took extra time with patients who did not have capacity to fully understand the advice being given. The dentists were skilled at building and maintaining respectful and trusting relationships with patients and their carers.

The dentists sought the views of patients and carers regarding the proposed treatment and communicated in a way which ensured patients with learning disabilities were not discriminated against. For example, patients and carers were given choices and options about their dental treatment in language they could understand.

The access centre obtained regular feedback from patients via the friends and family test. The results from this were analysed centrally and included results from all other access centres. We were unable to determine this dental access centres results. Although the results overall for all Somerset Dental Access centre sites were high in patient satisfaction.

Involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us health issues and medicines were discussed with them and they felt involved in decision making about the treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive.

We saw that before treatment commenced patients signed their treatment plan to confirm they understood and agreed to the planned treatment. Staff told us they involved relatives and carers to support patients in decision making when required.

Patients were given a copy of their treatment plan and for non-exempt patients the associated costs of the treatment planned. We found planned care was consistent with best practice as set down by national guidelines. Patients were informed of the range of treatments available and their cost in information leaflets. We saw NHS charges were clearly displayed in the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The access centre provided patients with information about the services they offered in their centre leaflets in the waiting area. We saw there were leaflets for specific treatments such as root canal, and oral hygiene. We found services were planned and delivered to meet the needs of patients. The centre was responsive to patients needs and had systems in place to maintain the level of service provided. They had a clear understanding of who their population group were and understood their needs including, making appointments long enough to provide thorough investigations and treatment.

We observed the access centre had an efficient appointment system in place to respond to patients needs. There were vacant appointment slots for the dentists to accommodate urgent or emergency appointments. The patients we spoke with told us they were seen in a timely manner in the event of a dental emergency. Staff told us the appointment system gave them sufficient time to meet patient needs. Basic periodontal treatment to help maintain patient's gum health was carried out by a dental therapist.

Tackling inequity and promoting equality

The special dentistry service is commissioned specifically to provide access to dental services for vulnerable people and children. In order to improve the oral health of this vulnerable group of patients we observed plenty of time was allowed for patient appointments.

The Glastonbury access centre had the support of the Oral Health Promotion team based at Burnham-on-Sea satellite clinic and we were told all local schools were regularly visited to apply fluoride varnish to children's teeth. Fluoride is one method of preventing dental decay. We were told all children regularly receive fluoride toothpaste and a toothbrush use of which has been shown to reduce dental decay.

Patients unable to access the centre for dental treatment were visited in their own homes, care homes or nursing homes. We were told due to the number of patients waiting for treatment in this way the number of sessions had been increased to two a week.

All reasonable efforts and adjustments were made to enable patients to receive their care or treatment. Patients reported they had access to and received information in the manner that best suited them and they understood. We saw evidence of reasonable effort and action to remove barriers where patients found it difficult to access or use services. Patients with reduced mobility and patients with pushchairs were able to access services with support or assistance from staff.

The centre had accessible toilet facilities available for all patients attending the centre. Easy access was provided for entry into the building and we saw the treatment rooms were accessible for patients with reduced mobility. Parking was available at the rear of the centre in a public car park.

Access to the service

The centre was open Monday to Friday 8.30am – 5.00pm. The centre was closed between 12.30pm and 1.30pm. The centre was closed on Saturdays and Sundays. Information regarding the opening hours was available in the premises. The centre answer phone message provided information about opening hours as well as how to access out of hours treatment. Some emergency appointments were kept free each day so the centre could respond to patients in pain. Patients unable to access the centre were visited in their own homes, care homes or nursing homes.

Patients did not always have access to care and treatment in a timely way. Figures from July 2015 showed some patients were waiting for their treatment more than 18 weeks. The centre was working with the Trust at ways to reduce this waiting time. The senior dental officer told us they try to keep waiting times and delays to a minimum. They explained once a patient was in the system for treatment it was completed in a timely way, the delay was in accessing the system as demand was greater than available resources.

We were told and observed patients had timely access to urgent treatment if required which would usually be on the same day. All patients we spoke with were very satisfied with the appointments system and comments received showed patients in urgent need of treatment had often been able to make appointments on the same day of contacting the centre.

Concerns & complaints

Are services responsive to people's needs?

(for example, to feedback?)

The centre had a complaint policy and procedure in place for handling complaints which provided staff with relevant guidance. Complaints were logged onto the Trust database and forwarded to the headquarters support team.

Complaint letters from patients were uploaded to the database in order to ensure they were kept secure. The access centre manager was supported by the complaints department who were able to advise the best way forward and the correct process to follow.

We looked at the centre's log of complaints within the last 12 months. As part of the Trust inspection we visited Trust headquarters in Bridgwater and examined five complaints received across all the trust access centres. The Trust had responded to the complaints appropriately and in a timely way. However, we observed in one complaint which related to an extraction no written consent had been obtained.

Information for patients about how to raise a concern or complaint was available in the waiting room. The access centre manager explained that most complaints were dealt

with swiftly and in a timely manner locally thus avoiding the need to escalate to a formal written complaint. Patients we spoke with told us they were confident in raising a concern and would speak to the centre manager.

We noted it was the centre policy to offer an apology when things went wrong. We were told of examples of how the staff had exercised their duty of candour with an apology that had been offered following a patient's complaint and a record made in their notes. Patients we spoke with told us they were confident in raising a concern and would speak to the centre manager.

The Trust had a policy in relation to raising concerns about another member of staff's performance (a process sometimes referred to as 'whistleblowing'). Staff told us they knew they could raise such issues with one of the dentists or senior dental nurse or senior management. The whistle blowing policy did not include information about who they could raise concerns with externally such as the Care Quality Commission (CQC).

Are services well-led?

Our findings

Governance arrangements

During the inspection, we reviewed a comprehensive clinical governance file. The centre's senior dental nurse, who was the manager, was responsible for the day to day running of the service. The manager took the lead responsibility for the individual aspects of governance such as complaints, risk management and audits within the centre.

The centre manager ensured there were systems to monitor the quality of the service such as audits. We looked at the contents of an audit file kept by the centre manager. The file contained audits relating to infection control practice, and radiographs.

The Trust had a range of policies and procedures to support the management of the service. We looked in detail at how the centre identified, assessed and managed clinical and environmental risks related to the service. We saw detailed risk assessments and the control measures in place to manage those risks.

However some risks relating to the premises had not been addressed for the safety of patients. These risks to the premises we were told, and shown requests for action, had been made to the estates department of the Trust but no response had been received.

Not all of the records in the Clinical Governance file were complete. We found essential paperwork in file pertaining to the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R) relevant to the centre were incomplete.

The centre undertook regular meetings involving all the staff in the centre and records of these meetings were retained.

The Trust did not always implement nationally recognised guidance in respect of emergency treatment for domiciliary visits. The access centre visited patients within their own home and within a residential or nursing home environment. The trust had a standardised kit all dental access centres used in Somerset. We were informed that higher risk procedures, such as extractions were performed, when necessary.

We were informed domiciliary kits had been discussed at Trust level and the kit agreed. We noted the kit did not include a full emergency medicines kit, oxygen and an automated external defibrillator was not taken on visits as routine. This did not reflect the guidelines from The British Society for Disability and Oral Health, guidelines for the delivery of a Domiciliary Oral Health Service August 2009.

Leadership, openness and transparency

The ethos of the Trust was caring for you in the heart of the community. There was a commitment to quality care, dignity and respect, compassion, improving lives, everyone counts and working together for patients.

Strong and effective clinical leadership was evident at this location by a senior dentist and senior dental nurse. There was a culture of individual clinicians and nurses supporting each other at all times. All of the staff we spoke with were very patient focused and provided patient centred care.

We observed staff were passionate about working within the service and providing good quality care for patients at all times. However there were issues with respect to the leadership provided centrally and we noted the centre manager and lead clinician were not always empowered to make the necessary local judgements and actions for the safety and well-being of patients. For example in responding to identified risks following risk assessment e.g. legionella risk assessment and fire risk assessment and ensuring equipment was regularly serviced and safe for use.

Learning and improvement

Staff told us they enjoyed their work and were well supported by the Trust, dentists and management. Staff were regularly appraised and received regular supervision to aid their learning and improve practice.

The culture of this location was that of continuous learning and improvement with strong and effective leadership by the senior dentist. All staff had the opportunity to take further qualifications to enhance the patient experience dependant on the outcome of their appraisal and subsequent personal development plan. We saw dental nurses had undergone additional training in dental radiography and sedation enabling the service to provide enhanced care for patients.

All staff were supported to pursue development opportunities. We saw evidence staff were working towards

Are services well-led?

completing the required number of continuing professional development (CPD) hours to maintain their professional development in line with requirements set by the General Dental Council (GDC). This ensured they had the appropriate skills and training to make effective clinical decisions and treat patients in a prompt and timely manner.

Staff reported they had access to mandatory, ongoing training and continuing professional development opportunities which had been funded by the Trust. We were told by the lead dental nurse staff had completed mandatory and other continuing professional development courses and systems were in place to ensure refresher training was undertaken periodically.

The access centre had an effective system locally to regularly assess and monitor the quality of service patients received. They had a programme of clinical audit and risk assessments in place. These included audits for infection control, clinical record keeping, sedation, oral surgery and X-ray quality which showed a generally high standard of work.

We reviewed the agenda and minutes from previous staff meetings and observed outcomes had been recorded and discussed. However we noted the access centre manager was not empowered or supported by the trust to ensure actions to improve quality were taken in a timely way.

Risk assessments were not always successfully used to minimise the identified risks. For example, required recommendations were not followed from the legionella risk assessment; equipment maintenance etc.

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

Patients expressed their views and were involved in making decisions about their care and treatment.

The culture of this location was one of continuous learning and improvement with strong and effective leadership by the senior dentist and centre manager. 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 they had access to mandatory, ongoing training and continuing professional development opportunities which had been funded by the Trust. We were told by the manager staff had completed mandatory and other continuing professional development courses and systems were in place to ensure refresher training was undertaken periodically. Evidence seen supported this.