Bromley Healthcare Community Interest Company

Community dental services

Inspection report

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Date of inspection visit: 5-7 October 2021
Date of publication: 30/12/2021

Ratings

Overall rating for this service	Inspected but not rated
Are services safe?	**Inspected but not rated**
Are services effective?	**Inspected but not rated**
Are services well-led?	**Inspected but not rated**

Our findings

Community dental services

Inspected but not rated

We found:

- The provider did not demonstrate that they had effective governance systems and processes in place to ensure risks to the service were assessed, monitored and mitigated. Systems and processes for managing radiation protection were unclear, and audits were not conducted regularly enough to identify potential gaps and drive improvements.
- Dental staff had not completed paediatric immediate life support training, despite treating children, and were overdue for immediate life support training for adults. The provider had booked the required training for staff and it was due to take place in November and December 2021.
- The provider had not carried out an annual radiography audit since 2015 in line with legal responsibilities under Ionising Radiation (Medical Exposure) Regulations 2017.
- There were some recommended items missing from emergency equipment including airways and paediatric inflating bags. Although not mandatory items the service should consider their relevance given the number of children seen in the service.
- Patient care and treatment information was not stored consistently. Some records were held electronically and some on paper. During the inspection staff could not show us the full range of information held about patients or confirm that the necessary checks related to conscious sedation had been recorded.
- Some staff felt they were not treated equitably and others felt the provider could do more to address staff well-being.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Staff kept equipment and the premises visibly clean.
- The service had enough staff with the right qualifications, skills, and experience to provide the right care and treatment. Managers reviewed and adjusted staffing levels and skill mix, and gave locum staff a full induction.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team. Managers ensured that actions from patient safety alerts were implemented and monitored.
- Dentists, dental nurses and others worked together as a team to benefit patients. They supported each other to provide good care. Staff gave patients practical support and advice to lead healthier lives.

How we carried out the inspection

Our findings

You can find further information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

We carried out inspection of community dental services at three locations.

Overall we:

- Spoke with 15 staff including dental officers, dental nurses, a dental therapist and senior managers
- Spoke with seven patients or carers by telephone
- Reviewed 22 patient care and treatment records
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

All service users and carers we spoke with were able to able to contact professionals or teams when they needed to speak to someone. Patients and carers felt they were respected and valued as individuals. All knew how to make a complaint if they needed to.

Patients and carers felt staff involved them in decisions about their care and treatment. They told us that staff understood their needs and supported them to understand and manage their care, treatment and condition.

Is the service safe?

Inspected but not rated

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it. However, despite providing community dental services to children staff had not routinely been trained in paediatric immediate life support. The provider had identified this gap prior to our inspection and staff training dates were booked. Staff training in immediate life support for adults was overdue at the time of the inspection but training dates were booked. Delays had been caused by the impact of the COVID-19 pandemic, which affected the way that training needed to be delivered to maintain staff safety.

Staff received and kept up to date with their mandatory training. Staff training was managed through the provider's central online training portal. Records confirmed all clinical dental staff had completed most required mandatory training. For example, staff were up to date with infection control, radiography and core continuing professional development required by the General Dental Council.

Staff received training in immediate life support (ILS) annually. At the time of the inspection staff were overdue for this training by approximately six weeks. However, the service provided evidence to show that ILS training had been booked for all staff and was due to take place in December 2021.

Our findings

The service could not provide evidence of staff ever completing paediatric immediate life support (PILS). This was a potential risk to patient safety because the service carried out procedures under sedation. Many of these procedures were carried out on children. The head of dental services confirmed that the lack of PILS training for staff had been recognised. PILS training had booked for dates in November 2021.

The service was a specialist service for people with learning and physical disabilities as well as special medical needs. Clinical staff had completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia and specialist paediatric dentistry.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. However, local policies and procedures needed updating.

All clinical staff received training specific for their role on how to recognise and report abuse. Clinical staff had completed training to the appropriate level.

Staff we spoke with gave examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. There were clear pathways in place for children subject to protection plans.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. There was an appointed lead for safeguarding and staff knew who the lead person was. Information related to safeguarding was posted throughout the clinics that we visited. For example, there were pictures of the safeguarding leads displayed on the office wall, and local authority contact details easily available available for staff in the event they had a concern to raise. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff provided relevant examples of occasions when they had raised a safeguarding concern.

We reviewed the safeguarding policy and procedures that were in place. The policies required updating. For example, up to date information relating to leads for safeguarding was not reflected in the policies (the lead was cited as a person who no longer worked for the organisation). In addition, senior managers told us that there were safeguarding champions in place in the service but staff we spoke with were not aware of who they were. This information was not included in the safeguarding policy. The provider later told us there were no safeguarding 'champions' at Bromley Healthcare Community Interest Company.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

The provider had introduced procedures in relation to COVID-19 and these were being followed. Additional standard operating procedures had been implemented to protect patients and staff from coronavirus.

Our findings

The provider had appropriate infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with, HTM 01-05 standards. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

Staff followed infection control principles including the donning (putting on) and (taking off) of personal protective equipment (PPE). Appropriate PPE was in use and staff had been fit tested for respiratory protective equipment.

We reviewed the last two infection control audits completed in November 2020 and May 2021. Results showed that the services consistently achieved compliance with requirements. There were two hand hygiene champions in the service. They were responsible for ensuring that at least 10 hand hygiene audits were completed annually. We saw evidence that this was achieved, and the target was being met.

The services were carrying out aerosol generated procedures (AGPs). Certain medical and patient care activities can result in the release of airborne particles (aerosols). In a dental setting high speed drilling is considered an AGP. Due to COVID-19 the risk of infection from AGPs is increased. The provider was following guidance and had implemented a standard 30 minutes fallow time (period of time allocated to allow aerosols to settle following treatments) between patients to ensure infection risks were reduced. All staff we spoke with were aware of the fallow time requirement. We observed staff rotating surgeries to allow for fallow time during our inspection.

Cleaning schedules were in place for all locations and the surgeries. Set up and set down procedures for the surgeries (guidelines on what they have done to make the surgery ready for the day (set up) and how they have ensured they have closed the surgery for the day (set down)) were in place and records maintained. Daily decontamination checklists were in place and records of checks maintained.

Procedures for infection control whilst on domiciliary visits were also in place. This included staff wearing PPE. Staff told us that dental impressions taken were bagged up and disinfected back at the clinic.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The design of the environment of the locations we visited followed national guidance. Appropriate arrangements were in place to reduce the risk and spread of COVID-19. This included screens at reception desks, socially distanced seating in the patient waiting areas, hand sanitising stations and signage with instructions on how to move around the clinic.

Staff carried out safety checks of specialist equipment. We saw records of the daily, weekly and monthly checks completed on dental sterilising equipment such as the autoclaves, washer disinfectors and ultrasonic baths.

Our findings

Staff disposed of clinical waste safely. The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Sharps bins were assembled correctly in the surgeries and clinical waste was stored appropriately until collected. Sharps bins taken on domiciliary care visits were assembled and handled in line with sharps procedures

Staff told us and the provider's records showed that that facilities and premises checks such as fire risk assessment, legionella risk assessment, gas installation safety reports and electrical installation and testing (portable appliance testing and five-year fixed wire installation) were up to date for all locations.

Staff took resuscitation equipment bags on domiciliary visits (to care homes or patients' homes) and these complied with requirements. On the day of the inspection portable suction was missing from one of the kits at Barnard Health Centre but this was replaced immediately. Suction was attached to dental chairs as well as the portable cylinider. The service had ordered a second portable suction machine for use in the event someone was taken ill in the waiting room.

Staff told us that portable oxygen was available at Beckenham Beacon and was taken to people's homes on visits. There was piped oxygen in all clinical areas at Beckenham Beacon, which was available at all times in cases of emergency. The dental team also had access to additional portable oxygen cylinders on site for use in an emergency.

We saw documentation for the control of substances hazardous to health (COSHH). This showed that there was system in place to ensure that hazardous substances were safely stored and disposed of.

We spoke with the radiation protection supervisor who was responsible for supervising X-ray equipment at all five of the provider's dental locations. We reviewed the radiation protection file for one of the locations. The file was up to date, with local rules in place. The X-ray equipment at this location was newly installed in August 2021 so there was no servicing history.

The provider confirmed that servicing for all X-ray machines was up to date and radiation protection files were in place.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Risk assessments were carried out for people who use the service and risk management plans were also in place. We saw up to date general risk assessments and fire evacuation plans were in place at all locations. The risk assessments covered risks to fire, electrical and general health and safety matters.

Emergency equipment and medicines were available as described in recognised guidance, although some recommended items were missing such as airways and paediatric inflating bags. Guidance recommends these items in line with proportionality of people seen. Considering the number of children seen in the clinics we would have expected to see paediatric inflating bags in medical emergency kits. We found staff kept records of their checks to the equipment and medicines to make sure they were available, within their expiry date, and in working order.

The provider carried out procedures under sedation at all five locations. Staff we spoke with followed best practice guidance from the Royal College of Surgeons and Royal College of Anaesthetists in 2015 for patients requiring sedation.

Staff had completed an appropriate accredited sedation course and training in immediate life support (ILS).

Our findings

Paediatric defibrillator pads were expired at one of the locations we visited, Barnard Health Centre. We discussed this with staff and managers during the inspection and they explained it was an oversight. We were advised that the pads would be ordered. Following the inspection we received confirmation from the provider that defibrillator pads suitable for both adults and children were available with an expiry date of October 2022.

The service had a risk assessment in place for domiciliary visits. This included calling the patient a day before the visit and carrying out a lateral flow test for COVID-19. Staff also carried out a risk assessment of the patient's home in terms of accessibility and safety and carrying medical emergencies equipment. Staff had the appropriate insurance that covered them to carry oxygen in their vehicles.

Staffing

The service had enough staff with the right qualifications, skills and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

The service had enough staff to keep patients safe. There were vacancies across the service, which included vacancies for dentists, dental hygienists, dental therapists and dental nurses. We discussed the impact of the vacancies with the managers and they explained that arrangements had been put in place to mitigate the impact. This included dentists providing cover across all locations and senior managers working in clinics to reduce waiting lists. The service had also recently recruited two new staff, one of whom had just started and the other was due to start in the coming weeks.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers made sure all bank and agency staff had a full induction and understood the service. Records showed that staff received a structured induction programme when they started.

Staff had the skills, knowledge and experience to carry out their roles. Clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Quality of Records

Staff kept detailed records of patients' care and treatment. Most records were complete but were stored inconsistently, some on paper and some electronically. Full records of checks completed on patients who had undergone treatment under sedation were not accessible at the time of the inspection.

Patient notes were comprehensive. Dental care records were kept electronically and in paper format. We reviewed a sample of dental care records from the three locations that we visited .

People's individual care records, including clinical data, were written and managed in a way that kept people safe. Dentists kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

However, although records were complete they were stored inconsistently. Information on individual patient records was stored electronically and in paper format. This meant that it was difficult to follow patient journeys and see a complete set of notes. For example, for some patients, consent was recorded electronically and for others it was written

on paper. It was not always recorded electronically that paper notes were available. Post-operative instructions were on some files and not on others and medical histories were sometimes held electronically and at other times paper. This posed a risk as staff unfamiliar with the service may not be able to promptly access all relevant information about a patient.

Staff were unable to help us access or review a complete set of dental care records for patients who had undergone treatment under sedation. We reviewed patient electronic records. Staff told us "tick" in the electronic system indicated when a patient had been sedated but there was no way of knowing what checks had been completed, for example, checks of the patient's pulse, blood pressure, breathing rates and the oxygen content of the blood (which are essential monitoring checks and should be recorded). Managers told us that these checks were completed but there were no staff available to provide the evidence to confirm this. There was a lack of evidence, during the inspection, that these checks had been completed or the monitoring had taken place. However, the provider later explained that a 'tick' reflected that all pre-sedation checks had been completed in line with the pre-sedation checklist. The checklists were then transcribed onto the electronic records system by the dentist or scanned onto the record.

Notes for domiciliary visits were hand written usually at the patients' home and when staff returned back to base the data was input into the system electronically.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes when safely prescribing, administering and recording medicines. The provider had systems for appropriate and safe handling of medicines.

Staff stored and kept records of prescriptions as described in current guidance. The dentists were aware of current guidance with regards to prescribing medicines.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. There was a stock control system of medicines, which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available when required.

Controlled drugs were kept securely locked in a drug cupboard. Controlled drugs were logged and dispensed in line with the providers medicines management policy.

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentists were following current guidelines.

Incident reporting, learning and improvement

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Our findings

Staff knew what incidents to report and how to report them. There had been 25 recorded incidents between December 2020 and September 2021. All of the incidents had been recorded on the central recording system. All reported incidents had been investigated in a timely manner. All incidents that occurred on domiciliary care visits were entered into the electronic reporting tool when staff returned to the office.

Staff were aware of the systems in place for raising concerns and reporting incidents and near misses in line with the provider's policy. The service had not had any never events.

Managers ensured learning from lessons was shared to make sure that action was taken to improve safety. Managers gave examples of how learning was shared across all teams. This was done both verbally and via email. Managers told us that incidents and complaints were standard agenda items in team meetings so staff had opportunities to be updated on any that occurred.

Managers described the systems in place for sharing learning with their staff about never events and incidents that happened elsewhere in the service. Staff received provider newsletters where all incidents and significant learning were included to ensure learning was shared amongst staff.

There were arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews. However, some staff reported that safety alerts were not always shared appropriately. For example, we were told that recent safety alerts relating to PPE had not been shared with staff in an efficient and timely manner. However, managers we spoke with confirmed that there had been improvements in this area in recent months and relevant safety alerts were now being shared more promptly.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Safety performance

The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

The service continually monitored safety performance and was aware of its performance, compared to similar services. There had not been any significant events in the service. However, staff we spoke with demonstrated good knowledge of incidents and how they would record and investigate them. For instance, one of the dentists explained guidelines in place to ensure a wrong site tooth extraction did not occur.

Is the service effective?

Inspected but not rated

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Our findings

Staff ensured people's physical, mental health and social needs were assessed holistically, and their care, treatment and support were delivered in line with legislation, standards and evidence-based guidance, including national institute for health and care excellence (NICE) and other expert professional bodies, to achieve effective outcomes.

Staff followed up-to-date policies to plan and deliver high quality dental care according to best practice and national guidance. The service had systems to keep dental professionals up to date with current evidence-based practice. Clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The provider had systems in place for COVID-19 triaging and risk categorisation. One of the clinicians explained the process of assessing the backlog of treatment needs for patients and was triaging patients on the waiting list.

Technology and equipment were used to enhance the delivery of effective care and treatment and to support people's independence. This included providing information to patients' in accessible formats, staff using Makaton and braille for people with sight problems.

The service offered inhalation and intravenous sedation for patients. The service had policies in place for these procedures 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.

Staff described the systems which included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. Systems also included patient checks and information such as consent, monitoring the patient during treatment, discharge and post-operative instructions. Staff completed a detailed medical history, blood pressure checks and an assessment of health following the provider's guidance.

When undertaking intravenous sedation procedures staff recorded important checks at regular intervals. This included pulse, blood pressure, breathing rates and the oxygen content of the blood. When undertaking inhalation sedation staff recorded details of the concentrations of the sedation gases used.

We reviewed dental care records and most showed that patients having sedation had important checks carried out first. Due to the provider's information storage system it was difficult to see complete sets of notes to follow the patient journey.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice.

Patients received pain relief soon after requesting it.

Staff prescribed, administered and recorded pain relief accurately.

Patient outcomes

Our findings

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

There was evidence of a system of audits to check improvement over time. Audits completed in the service included infection control, radiography, hand hygiene and dental care records. The managers we spoke with during the inspection told us that audits were presented at management meetings and findings discussed.

Infection control audits had been carried out every six months in line with recommended guidance. Antimicrobial prescribing audits were being carried out annually.

We did not see a consistent approach to repeat audits being carried out. The last radiography audit had been carried out in 2015. There was no re-audit to demonstrate that the service checked improvement over time. There is a requirement to carry out radiography audits annually in line with legal responsibilities under Ionising Radiation (Medical Exposure) Regulation 2017 (IR(MER). There was no evidence of this happening. We spoke with one of the managers who acknowledged that radiography audits were not being completed. They explained the plans they had in place to address this to ensure that the required annual radiography audits were completed.

We saw a dental record card audit that was carried out in 2019. This was the last one completed in the service. The audit had an appropriate sample size and relevant analysis of findings. However, there had not been a planned re-audit to check improvement over time. The manager told us that the audit programme had been paused due to COVID-19 and the demands on the service. They gave us assurances that they were in the process of restarting the programme and audits and re-auditing would be prioritised.

We did not see any example of how managers used information from the audits to improve care and treatment.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

People had their assessed needs, preferences and choices met by staff with the right skills and knowledge. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council (GDC). All clinical staff had up to date registration with the GDC.

Managers gave all new staff a full induction tailored to their role before they started work. We reviewed the induction of a new member of staff. We saw that inductions were role specific and appropriate support was in place. The new starters we spoke with were positive about their experiences in the service and felt they had the right level of support.

Staff were encouraged and given opportunities to develop. This included completing courses and development opportunities in areas such as masters in paediatric dentistry, specialist mental health courses, Makaton and sign language and special care dentistry.

There were arrangements for supporting and managing staff to deliver effective care and treatment. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation. We saw evidence that these meetings were held regularly through notes maintained.

Our findings

Managers had not ensured that staff received all specialist training for their role. Staff had not received training in PILS. The managers gave us assurances that this was being addressed and staff would receive the training in November 2021.

Multidisciplinary working

Dentists, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Dentists usually saw the same patients for continuity of treatment for their patients. Staff said this was important particularly for the client groups of patients in the service who had special needs.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. This included working alongside district nurses, school nurses and referring general dental practitioners.

Systems in place to manage referrals into the service were robust. Referrals were received and reviewed in a timely manner. Referrals from general dental practices or other medical professionals usually came in via email. They were then input on the system by an administrator. The list of referrals was accessible by clinical staff who then went through the list and allocated to a clinic depending on the urgency, and presentation of underlying needs. We observed staff triaging referrals and saw that decisions included consideration of patients physical and mental health needs.

Staff worked well with other teams when setting up best interests meetings. If they identified a need for a meeting they involved others including mental capacity advocates, relatives and other health professionals.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support at the locations we visited. This included posters and leaflets. The services provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

Staff assessed each patient's health when treated and provided support for any individual needs to live a healthier lifestyle. We saw this documented in the dental care records we reviewed. The locations we visited had a selection of leaflets to help patients with their oral health.

National priorities to improve the population's health were supported. For example, smoking cessation, obesity, drug and alcohol dependency, dementia and cancer were all areas where the service assisted patients and provided information as it related to their dental care needs. Staff in the service were oral health promoters although due to the pandemic this work was currently being carried out remotely and not via the usual physical visits.

Relevant health promotion leaflets were taken out with staff when they carried out domiciliary care visits.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limited patients' liberty.

Our findings

Staff understood how and when to assess and record whether a patient had the capacity to make decisions about their care. We reviewed dental care records and saw that consent was documented appropriately in patients notes. Staff gained consent from patients for their care and treatment in line with legislation and guidance.

The team understood their responsibilities under the Mental Capacity Act 2005 when treating adults who might not be able to make informed decisions. Dentists gave appropriate examples of how ability to give consent was considered in these circumstances.

Staff demonstrated good understanding of Gillick Competence and Fraser Guidelines and supported children who wished to make decisions about their treatment. The consent policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

When patients did not have capacity and could not give consent, staff made decisions in their best interests, considering patients' wishes, culture and traditions. In instances when parents or carers were present staff also liaised with them if the patient could not give consent. Staff we spoke with gave examples of people who they treated who could not communicate with them verbally. The examples they gave demonstrated that they considered how consent was obtained and ensured they did all that they could to include the patient and their families in decision making and consent.

Staff made sure patients gave consent to treatment based on all the information available. The dentists we spoke with gave examples of how they gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records.

All staff had completed and were up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Is the service well-led?

Inspected but not rated

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They supported staff to develop their skills and take on more senior roles but some staff said they were not always visible in the service.

The head of dental services demonstrated that they had the skills and abilities to run the service. They outlined their vision and direction they wanted the service to move in. This included aims to standardise the service across locations so services are more uniform.

However, some staff we spoke with told us that they did not feel leaders were as visible as they could be. They felt that there was "disconnect" between some managers and frontline staff.

Vision and Strategy

Our findings

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood the vision and strategy and how to monitor progress.

The provider had an organisational vision and a set of values, with quality and sustainability as the top priorities. The directors we spoke with told us that part of the vision for the service was to increase the number of dental chairs. They wanted to make sure that the service covered areas of particularly high deprivation locally and to achieve this they needed more dental chairs. The provider was looking at ways they could achieve this to improve the service they delivered. The service also had a goal to deliver care closer to people's homes. The current clinics were widely dispersed geographically across three boroughs in south east London. The provider wanted to increase the number of clinics so that the service was even more accessible to vulnerable patients.

The vision, values and strategy had been developed using a structured planning process in collaboration with staff, people who use services, and external partners. There was an organisation business plan for each service including dental services.

Staff knew and understood what the vision, values and strategy were, and their role in achieving them. All staff told us they were passionate about maintaining and promoting community dental services for people who could not access a high street dentist.

The strategy was aligned to local plans in the wider health and social care economy. This was further strengthened by joint working with local district nursing teams. Staff explained how they worked with district nurses. For example, feeding back any concerns from their visits relating to patient's health needs.

Culture

Most staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear. However, some staff did not feel they were treated equitably.

The staff survey had identified the need for improvements in relation to staff well-being and equality and diversity. Only 33% of staff felt that the organisation took positive action on health and wellbeing. This was significantly lower than the result from the survey conducted in 2018 when it was 86%. Staff generally felt that the provider needed to do more in regard to maintaining staff wellbeing.

Some staff did not feel that they were treated equitably. We reviewed the results of the Equality and Inclusion Network survey (BAME) conducted in August 2020: there were 62 respondents. Results indicated that not all staff felt there was equal treatment in the organisation. When asked about whether they had experienced or witnessed unacceptable behaviour related to race or discrimination at work 39% (24 staff) said they had. Also 51% (32 staff) who responded felt that the organisation did not provide a safe space for them to discuss or raise issues relating to race. When asked about why they did not report or take things further, 45% (27 staff) said that they felt there was no point as nothing would be done.

We discussed some of these concerns with the managers we spoke with and they told us that the organisation had implemented Schwartz rounds as a way of improving staff well-being as well as holding a well-being week for staff in 2021. With regards to equality and inclusion the provider was addressing issues through the Workforce Race Equality Standard action plan.

Our findings

Governance

The service had governance processes in place but these were not always effective. Staff were not always clear about their roles and accountabilities. There was insufficient oversight of the service that had led to gaps in staff training.

Not all staff were clear about their or others staff members roles or lines of accountability. For example, the head of dental services was absent at the time of the inspection. There were no clear lines of accountability as to who was covering and responsible for running certain parts of the service during the inspection. We requested information during the inspection and staff we spoke with did not know where to access the information or who the most appropriate person to refer the inspection team to was.

Systems and processes for managing radiation protection were unclear. We had been advised in a monitoring call on 9 September 2021, prior to the inspection, that there was an appointed radiation protection supervisor (RPS) who covered all five dental locations, with deputies to assist them at each location. During the inspection we spoke with the appointed RPS and they were unclear as to who their deputies were at the other locations. Staff at the locations we visited also did not know who the deputies were. We saw correspondence during the inspection that staff had been approached on 14 September 2021 to volunteer for the deputy role but at the time of the inspection no deputies had been appointed.

Managers told us that issues relating to quality and safety were reported to the board on an exceptions basis, not routinely. At the time of the inspection there had not been any quality or safety issues to report to the board. Board papers showed there was little documented regular oversight of dental services at board level.

Leaders had only very recently identified the need for staff to be trained in paediatric immediate life support (PILS) despite providing dental services to a large number of children over many years. Although PILS training had been booked for staff for November 2021, at the time of the inspection no staff had received training. Staff had previously raised concerns before about the lack of training in this area but the provider was slow to respond.

Management of risk, issues and performance

Leaders and teams used systems to manage performance but these were not always effective. Audits of key areas such as record keeping were infrequent and had not identified inconsistencies. The annual radiography audit had not been completed since 2015. Teams identified and escalated relevant risks and issues and implemented actions to reduce their impact. The service had plans to cope with unexpected events.

There was a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken but these were not always effective. Although infection control and prevention procedures were being audited and re-audited dental card records were last audited in 2019 and at the time of the inspection there was no evidence of planned re-auditing. We found patient records were inconsistent and not well organised. Staff were unable to help us access or review a complete set of dental care records for patients who had undergone treatment under sedation. Annual radiography audits had not been completed since 2015. These gaps had not been identified at the time of the inspection. After we highlighted this the provider, they informed us they had taken steps to ensure radiography audits were completed annually going forward.

Our findings

Divisional performance meetings were held quarterly specifically for the dental services. A report was produced from these meetings, which were submitted to the audit and risk committee, a subcommittee of the provider board. There had not been any dental specific matters raised or discussed at this meeting. The risk register was a standard agenda item and any entries on the risk register would be discussed at the meeting.

Potential risks were considered when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities. We discussed with directors plans in place for COVID-19 and seasonal flu. The provider encouraged all staff to receive the relevant vaccination (Flu and COVID-19). The service arranged staffing rotas and clinics to take account of these fluctuations. Although there were vacancies and staff shortages staffing plans and rotas demonstrated that the risks had been considered to mitigate the impact to the service.

Information Management

The information systems were integrated and secure. Data or notifications were submitted to external organisations as required.

There were effective arrangements to ensure that the information used to monitor, manage and report on quality and performance was accurate, valid, reliable, timely and relevant.

Information technology systems were used effectively to monitor and improve the quality of care.

There were arrangements to ensure that data or notifications were submitted to external bodies as required. The provider had systems in place to report to their commissioners at NHS England and other regulators including the CQC. The directors were aware of what notifications they were required to submit and how to submit them.

Engagement

Leaders and staff engaged with patients, to gain feedback about the service. People's views and experiences were gathered and acted on to shape and improve the services and culture.

Feedback from patients and carers was gathered using the NHS Friends and Family Test and NHS Choices. We reviewed patient experience feedback for 2020 to 2021. We saw that complaints, concerns and compliments were analysed and themes and trends looked at. Staff told us that the feedback was shared with them and any lessons learnt also shared. The feedback we reviewed was generally positive.

Staff were engaged so that their views were reflected in the planning and delivery of services and in shaping the culture. Staff surveys were completed annually. The last staff survey had been completed in the last few weeks. Health and wellbeing was an area that was identified for improvement. The provider explained the steps they were taking to improve this which included the introduction of Schwartz rounds and well-being activities. Staff we spoke with were generally happy working in the service and said that they had felt appropriately supported, especially in relation to COVID-19.

The provider had an equality and inclusion network for black and minority ethnic staff, which had started approximately 18 months ago. Staff we spoke with and written feedback we reviewed highlighted that there was still some areas that required improvement particularly in relation to the acting on staff concerns and culture issues in the service.

Our findings

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

All staff took time out to work together to resolve problems and to review individual and team objectives, processes and performance. There were systems in place for staff to have regular one-to-ones and appraisals. Clinical staff had personal development plans which demonstrated that there was a commitment from the staff and the organisation for learning to be an on-going process.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The Provider supported and encouraged staff to complete continuing professional development. All staff were up to date with their CPD requirements.

During the first wave of the COVID-19 pandemic, the provider told us that the service rapidly converted to an urgent dental care centre (UDC) and provided emergency dental care to Bromley, Bexley and Greenwich boroughs to treat extremely vulnerable patients and those that were triaged through 111 and identified as having an urgent dental treatment need. The service received positive feedback from commissioners.

Our findings

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the provider MUST take to improve:

Community dental services

- The provider must ensure that appropriate governance systems and processes are in place to ensure risks to the service are assessed, monitored and mitigated effectively. In particular making sure systems and processes for managing radiation protection are clear, audits are conducted regularly to idenitify potential gaps in compliance and all staff have the required training and competency to care for children in an emergency. Regulation 17 (1)(2)(a)(b)
- The provider must ensure that radiography audits are carried out annually in line with legal responsibilities under Ionising Radiation (Medical Exposure) Regulation 2017 (IR(MER). Regulation 17 (1)(2)(b)

Action the provider Should take to improve:

Community dental services

- The provider should ensure that immediate life support training is provided in a timely manner annually.
- The provider should ensure that all required emergency equipment is available to staff including airways and paediatric inflating bags.
- The provider should ensure greater consistency in the way patient care and treatment information is stored and ensure it is easily accessible to all relevant staff.
- The provider should continue to address the concerns of some staff that they are not treated equitably.

Our inspection team

The team that inspected the service comprised of three oral health team inspectors, two specialist advisors, who were both dentists and two experts by experience. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance