Kingston Hospital NHS Foundation Trust

# Kingston Hospital

**Inspection report**

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## 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

## Overall summary of services at Kingston Hospital

**Inspected but not rated**

We carried out this unannounced focused inspection as part of a pilot project following a direct monitoring call. We had not previously inspected the provider's dental services. In accordance with our current oral health team's revised methodology, we inspected against the safe, effective and well-led domains.

We inspected the dental department based at the Kingston Hospital site.

**How we carried out the inspection**

During the inspection, we spoke with 28 staff including, dentists, dental nurses, managers and administrative staff. We reviewed 18 sets of patient records and looked at a range of policies, procedures and other documents relating to the running of the service.

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.

# Hospital Dental Services

**Inspected but not rated**

**Summary of this service**

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

However:

- There was a lack of accessible formats for different groups to provide feedback on their experiences at the department.
- The service did not audit antimicrobial prescribing.
- Not all nurses who took part in sedation procedures, had completed Immediate Life Support training.

## 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.**

Staff received and kept up-to-date with their mandatory training. Training was mainly on-line although some areas of training were provided face to face.

The mandatory training was comprehensive and met the needs of patients and staff. Training included corporate mandatory training, professional mandatory training and also general training to enhance skills in areas such as customer care, complaints and IT.

Managers monitored mandatory training and alerted staff when they needed to update their training. The managers had a good oversight of completion rates within their teams and had systems in place to alert them if training was about to become overdue. Meetings were held monthly to monitor training.

Each line manager had departmental responsibility for oversight of staff training. There was a dashboard that enabled managers to check the monthly workforce report and identify staff who were overdue training. These were discussed at governance meetings.

# Hospital Dental Services

## 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.**

Staff received training specific for their role on how to recognise and report abuse. All senior managers completed adult and children's safeguarding training to level three; all other staff completed to level two. Staff records we reviewed for clinical staff confirmed that staff had completed training to the appropriate level in line with their professional requirements.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave us examples of where they had raised safeguarding concerns with the trust's lead for safeguarding and sought advice from the local authority safeguarding team.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. There were no active safeguarding concerns at the time of the inspection.

## 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.**

Staff followed infection control principles including the use of personal protective equipment (PPE).

The provider had appropriate infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-01: Decontamination of surgical instruments, (HTM 01-01), 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 01-01 standards. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The Matron told us that they carried out regular audits in relation to infection control. This included hand hygiene, personal protective equipment, equipment and room audits. The most recent audits had been completed in May 2022. Results showed that the services consistently achieved compliance with requirements.

The service carried 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. Staff told us they were only carried out in rooms where there were suitable ventilation systems in place. Records of air test flows were seen for the areas where AGP's were carried out.

Cleaning schedules were in place for 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.

# Hospital Dental Services

### 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 followed national guidance. The waiting area was well laid out with enough partitioned seating for the needs of patients on the day of the inspection. Measures were in place to ensure people were kept safe with appropriate distancing and measures to minimise cross infection, for example, screens, sanitation dispensers. There was a dedicated seating area for those with children.

Staff carried out daily 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.

Staff use of equipment kept people safe. Staff had completed manual handling training. Staff told us that there was a hoist in the department and all staff who used it were trained to do so.

The service had suitable facilities to meet the needs of patients' families. All surgeries were on the ground floor and the building was accessible to those who used wheelchairs and push chairs via a fixed ramp. Toilet facilities were accessible for disabled patients.

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.

The head of estates for the trust told us and the provider's records showed 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. Monthly and weekly checks were carried out to the fire alarm and lighting systems. Water lines were maintained in line with guidance. Quarterly and monthly meetings were held to monitor health and safety matters.

Two of the appointed fire wardens in the dental department confirmed they carried out monthly safety checks for fire. We saw the monthly checks for January to June 2022. Results were sent to the trust fire safety officer who also reviewed them. There were no outstanding actions relating to fire safety.

There was a unit specific evacuation plan. It was displayed appropriately, and staff were aware of it.

There were two dedicated Control of Substances Hazardous to Health (COSHH) cupboards. Both cupboards were secure. Items stored were well organised and tidy. There was a folder that listed all items with relevant data sheets. Risk assessments were in place for managing COSHH items which included information for dealing with accidental exposure to hazardous materials. This showed that there was system in place to ensure that hazardous substances were safely stored and disposed of.

There were two radiography rooms. One of the rooms had a Cone Beamed Computed Tomography (CBCT) unit. The trust's Radiation Protection Supervisor (RPS) was responsible for supervising x-ray at the hospital. The RPS advised us that all relevant clinical staff completed Ionising Radiation Medical Exposure Regulations (IR(ME)R) training. There was a team of dedicated dental radiologists who carried out x-ray imaging. Dentists only carried out imaging with the hand-held devices for procedures such as root canal. We reviewed the radiation protection file and saw that equipment was maintained in line with guidance and legislation. Local rules were displayed, and auditing was completed appropriately.

# Hospital Dental Services

### 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.**

Patients had individual dental records and risks were recorded appropriately on the dental care records we reviewed.

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. 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. A resuscitation trolley (which was tamper proof) was available, and in an appropriate location within the dental department. Information relating to dealing with medical emergencies was on the resuscitation trolley.

Staff had completed basic life support (BLS) training and this was repeated annually.

Some dental procedures were carried out under sedation. The dental department only provided sedation for American Society of Anaesthesiologists (ASA) level one patients. ASA levels determine the suitability of sedation for patients. ASA level one, are people assessed as “normal healthy patients”. Sedation provided was both via inhalation and intravenous (IV).

Staff followed best practice guidance from the Royal College of Surgeons and Royal College of Anaesthetists in 2015 for patients requiring sedation.

Dentists had completed an appropriate accredited sedation course and training in immediate life support (ILS). We noted that some of the nurses who assisted with sedation procedures had completed ILS training, however some nurses had only completed BLS. We discussed this with managers, and they advised that they reviewed the availability of training for all nurses to ensure all staff had access to ILS training in line with national guidance. However, they also confirmed that in the event of a medical emergency the resuscitation team responded immediately.

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.

Individual assessments were completed for all staff working in the unit. This included risk assessing for COVID-19. The trust’s procedures required staff to carry out lateral flow tests.

Leaders told us one of the service’s priorities for next six to 12 months was paediatric dentistry, as it was the department’s biggest referral source. All referrals were sent to another NHS trust in London and distributed across the region. The department was receiving a large number of urgent referrals (up to 50 a day), which was not manageable. The department’s dentists implemented a system to telephone triage the referred patients in order to prioritise those in need of urgent care.

# Hospital Dental Services

## Staffing

**The service had enough clinical and support staff to keep patients safe. Staff working in the service had 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 two vacancies across the service. We discussed the impact of the vacancies with the managers and they explained that arrangements had been put in place to mitigate the impact. They confirmed the vacancies were not impacting on service delivery. The service had recently recruited one new staff, we saw that the new members of staff had received an appropriate induction.

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.

## Records

**Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.**

Patient notes were comprehensive, and all staff could access them easily. Dental care records were kept electronically. We reviewed a sample of dental care records for a range of treatments including patients who had received sedation, paediatric patients and patients with complex needs. Records we reviewed were comprehensive and complete.

Templates were used across the service. A new patient template was completed for all new patients to ensure information was not missed. This included a periodontal and oral health assessment, medical history and treatment plan.

The trust was moving over to a new electronic system. There were appropriate arrangements in place ensuring records were scanned into the new digital system.

Records were stored securely. Clinical records were only accessible to relevant staff. Computers and systems were password protected to ensure security.

## 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. Patient dental care records demonstrated that staff were following this guidance.

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. Systems were in place to log medicines in and out and monitor

expiry dates. This ensured that medicines did not pass their expiry date and enough medicines were available when required. There were three medicine storage facilities. Medicines that were stored in the refrigerator were monitored appropriately. Temperatures were monitored and systems were in place for reporting to pharmacy if temperatures exceeded limits.

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

The service was auditing prescribing of medication in general but were not carrying out antimicrobial prescribing audits (specific audit looking at antibiotic prescribing for common infections).

Staff had systems in place to receive and learn from safety alerts and incidents to improve practice.

### Incidents

**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.**

Staff knew what incidents to report and how to report them. There were incidents reported for the service over the period reviewed, all at minor or no harm level. Systems and processes were in place for staff to report incidents. Staff demonstrated knowledge and understanding of how to report incidents.

Managers confirmed how they shared learning with their staff about never events that happened elsewhere in the trust. There had not been any never events in the dental 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.

Staff understood the duty of candour.

## 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.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

# Hospital Dental Services

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.

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.

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 for patients who had undergone sedation. The dental care records showed that patients having sedation had important checks carried out first.

### 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. This included giving paracetamol, non-steroid anti-inflammatory drugs (NSAID's) or co-codamol which are the most appropriate for dental settings.

Patients received pain relief soon after requesting it.

Staff prescribed, administered and recorded pain relief accurately. If necessary, patients were sent to the emergency department to stabilise them and for pain to be managed.

# Hospital Dental Services

## Patient outcomes

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

The service participated in relevant national clinical audits. For example, the national audit

to assess the referral and management of unerupted maxillary incisors was in the trust's annual

audit programme for 2022/23.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Regular audits were in place for infection control including a monthly personal protective equipment (PPE) and hand hygiene audits. Other monthly audits included medicines, the WHO checklist and clinical records. Results from all audits were reported at the clinical governance meetings.

Managers carried out monthly internal spot checks to measure the quality of the audits being undertaken. Managers told us that outcomes from audits were helping to drive improvement in the service.

The trust had an annually clinical audit programme for 2022/23. The programme included dental priorities. Areas of planned audits included orthodontic missed appointments and the accuracy of orthodontic clinical coding.

Managers shared and made sure staff understood information from the audits.

Antimicrobial prescribing audits were not being carried out annually. However, the service was auditing medicines in general.

## 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.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All clinical staff had up to date registration with the General Dental Council (GDC). Staff demonstrated the right skills and knowledge and had completed the continuing professional development (CPD) and training required for their registration with the GDC. Non-clinical staff demonstrated the right level of experience, skills and knowledge for the roles they worked in.

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 systems were in place for new staff to be inducted into their role and the inductions were role specific.

Managers supported staff to develop through yearly, constructive appraisals of their work. The nursing managers gave us detailed information relating to the nurse's annual appraisals. We also reviewed paperwork to confirm what they told us. We saw that nursing staff were supported and appraisals happened annually. The clinical leads for the dentists confirmed that dentists had personal development plans in place and completed annual appraisals.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. Specialist training staff had received included sedation, extended IR(ME)R, leadership and oral health promotion.

There were arrangements for staff to apply for funding to undertake additional training beyond that which was mandatory. For example, staff could apply for funding to undertake a Master of Science course, that if approved, would be funded in full.

### Multidisciplinary working

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

Staff held and attended regular and effective multidisciplinary meetings to discuss patients and improve their care. The clinical director and clinical lead attended meetings such as health forums, to contribute to discussions about the provision of dental treatment for South West London area. They told us this was to ensure that services were suitable to meet the needs of local people.

Staff worked across health care disciplines and with other agencies when required to care for patients. This included working alongside district nurses and referring general dental practitioners.

Managers told us that they held regular meetings with other departments in the hospital and external teams to discuss and review the provision of care and discuss complex cases or treatments.

There were clear referral processes in place. Referrals were received by the general dental practice or another local NHS trust. The trust acknowledged there was a current backlog with meeting the referral to treatment targets (target is 18 weeks). To combat this backlog the service had put measures in place (a post COVID-19 recovery plan) which included running ad-hoc clinics for consultations and treatments. Management had oversight and was monitoring the situation with regular discussions at performance and governance meetings.

Staff managed urgent referrals in a timely manner. Staff gave an example of when they received 50 urgent referrals in one day. To ensure they were dealt with, telephone triaging was carried out by one of the clinicians. This was to ensure that all referrals received were assessed appropriately to ensure the patients who required the most urgent care were prioritised.

Staff worked well with other teams when setting up best interest 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.**

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

The service had relevant information promoting healthy lifestyles and support. This included a range of promotion leaflets and posters which were available in surgeries and the waiting rooms. 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.

National priorities to improve the population's health were supported. For example, dentists and hygienists discussed and provided information relating to smoking cessation, obesity, drug and alcohol dependency, dementia and cancer.

### 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 limit patients' liberty.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Patients who had capacity to give consent had their decisions documented in their dental care records. A consent pathway was in place for patients with limited capacity. If there was no power of attorney two separate clinicians decided on treatment in the best interests of the patient and documented this in their record.

There was a separate pathway for consent to treatments under sedation. Consent was taken at the initial assessment and then again on the day of the procedure before the sedation being administered. Consent was obtained both verbal and written. If appropriate a carer/ companion also confirmed consent. Discharge records documented consent clearly and written instructions were given to the patient and their chaperone to refer to when they left.

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Staff demonstrated good knowledge of best interest and when they needed to involve family members, carers or other professionals in decisions. Involvement from others and best interest decisions were documented appropriately.

Staff clearly recorded consent in the patients' records. We reviewed a selection of dental care records and saw that consent from patients was documented appropriately.

Staff understood Gillick Competence and Fraser Guidelines and supported children who wished to make decisions about their treatment.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Managers told us staff were up to date with this training. Training records we reviewed confirmed this.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Information was available to staff on the trusts intranet and paper copies of policies and legislation was also available in the office for reference.

# Hospital Dental Services

## 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 were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.**

The senior leadership of the dental department was made of a triumvirate of a clinical director, general manager and matron. They demonstrated that they had the skills, knowledge, experience and integrity needed to lead the service. All three were appropriately qualified and had worked in the specialty for several years. They told us the organisation empowered leaders to lead and we noted this translated into effective leadership of the unit.

Leaders were enthusiastic about their roles and well incorporated in the trust's leadership. They understood the challenges to quality and sustainability and were able to tell us the actions required to address them.

Leaders were visible and approachable. They were based on the unit; staff knew who they were and told us they could speak with them whenever they needed.

There was a leadership development programme. Leaders did a compassionate leadership course, where they learnt how to be a better role model and how to have difficult conversations with colleagues. One leader told us they learnt to be a better role model and that working long hours was not setting a good example to their staff.

Leaders focused on self-compassion, being a better leader and why performance may be poor. They were transparent and honest and supported staff to improve. Leaders had frank and open conversations with staff and where necessary, supported those with personal challenges.

### Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.**

The dental department did not have its own vision and strategy but followed the trust's own. The trust's stated vision was 'Working together to deliver exceptional, compassionate care - each and every time'.

Staff followed a clear set of trust values, which were 'Caring, Safe, Responsible, Value each other and Inspiring'. Staff demonstrated these values when interacting with patients and colleagues.

There were four strategic themes that supported turning the trust's vision into action, with quality and sustainability as the top priorities. The themes were, Quality, Our People, Systems and Partnerships and Sustainability.

# Hospital Dental Services

The trust had six quality improvement priorities, which the department worked to. To identify the quality priorities for 2022/23, the trust went through a detailed identification and selection process, working alongside its staff, patients and partners. The purpose of the quality improvement priorities was to help the trust continually improve patient experience, safety, and clinical effectiveness.

## Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where staff could raise concerns without fear.**

Staff felt supported, respected and valued. They worked well with their colleagues and told us they felt proud to be part of the team. Staff helped each other and provided additional support to patients, for example, escorting elderly patients to the pharmacy, when necessary.

The culture of the department encouraged openness and honesty at all levels, in response to incidents. Staff were able to raise concerns with managers, who listened and acted, where appropriate. There was a monthly nurses meeting, where updates were given, and issues addressed.

The department provided staff with a supportive environment. Staff had appraisals annually and the frequency of one-to-one sessions varied, depending on need. Staff were encouraged and supported to apply for promotion when available. They were also encouraged and supported to do additional training, for example IV inhalation and sedation training. Administration staff had casual weekly huddles, as well as administration meetings, that had a specific agenda.

Staff morale was high, despite the impact that COVID-19 had, with staff working long hours, high staff sickness rates and staff tiredness. Staff absence was improving, particularly amongst medical and nursing teams. Retention of administration staff was a challenge, with some leaving because of feeling stressed, anxious and overwhelmed with the high workload. In response, managers had changed the support system and was considering different working patterns, such as flexible working and working from home. There was an example where a staff member was supported following a period of illness by being allowed to return to work on a phased basis. Staff told us the department was a good place to work.

There was a strong emphasis on the safety and well-being of staff. The trust had a health well-being team and a well-being champion, that all staff could access. The cluster also had a 'Staff Charter' and a 'Going Home Checklist'. These were displayed throughout the unit and demonstrated leaders' commitment to staff well-being. The Staff Charter listed what actions staff would take to demonstrate each of the trust's five values. The 'Going Home Checklist' encouraged staff to take time at the end of the day, to acknowledge what was difficult and let it go of it before leaving work.

Staff, including those with protected characteristics under the Equality Act, told us they felt treated equitably. The department was made up of a multicultural team and staff had to complete equality and diversity training annually.

## Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service**.

The dental department was part of cluster four within the planned care division, which also included general surgery and cancer. Dental services included orthodontics, oral surgery and restorative treatment.

There were effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services. We saw and heard how issues were discussed at cluster level, divisional level, and board level.

There was a monthly clinical governance meeting, which was chaired by the clinical lead and areas discussed included the risk register, infection control, learning from incidents, patient experience and clinical audit.

There was a monthly cluster performance review meeting which discussed areas such as quality, serious incidents, risk register, new risks for approval and complaints. The general manager summarised these discussions and gave a presentation to the board each month. We noted that all levels of governance and management functioned effectively and interacted with each other appropriately.

### Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

There were comprehensive assurance systems, and performance issues were escalated appropriately through clear structures and processes. There was a performance management meeting structure. This included meetings related to cancer patient tracking list (PTL), 18-week PTL, clinical governance meetings and cluster performance review meetings. At these meetings, performance and risks were monitored.

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. There was a clinical lead whose role involved the day to day running of the department. They chaired clinical governance meetings and was also the clinical audit lead, responsible for ensuring that audits were carried out properly and the results were acted upon.

There was a full programme of audits and these were presented and discussed at clinical governance meetings. A coding audit was completed recently, to ensure the department was paid accurately for the treatment it carried out. This audit identified that coding errors meant non-payment for referrals.

Another recent audit carried out was on patients' head positioning during oral surgery. A registrar completed the audit. Incorrect head positioning during oral surgery may impact on patient outcomes. The practice was changed, and a re-audit showed improvements. Other audits included x-rays carried out by radiographers rather than dentists, clinical records audits, and prescribing audits. Audit results and learning, as well as complaints and compliments were shared at monthly clinical governance meetings. There was a Serious Incident (SI) weekly group, where learning from other specialties in the trust was shared.

There were robust arrangements for identifying, recording and managing risks, issues and mitigating actions. A risk management lead ensured there was good oversight of risks and actions to be taken to address them. We saw the department's risk register, which had two 'high' risks, which were repeatedly missing sterilisation equipment and lack of chair space. These were aligned with what staff said was on their worry list. Both risks had actions to mitigate against them. One leader told us their other concerns were the long waiting list for some specialties, although there was a recovery plan and retention of administration staff.

There was a trust policy on risk identification, assessment and risk register. This policy was in date and aimed to provide guidelines for best practice when assessing and identifying risks to patients, staff, visitors, contractors and others attending the hospital. There was also a risk management strategy which was in date and outlined areas such as definitions, standards, strategic aims, recording risks and individual responsibilities for risk management.

The triumvirate were all involved in overseeing governance, risk and performance. The general manager reported to the board on quality, such as never events, incidents, new risks and complaints; performance, such as 18-week referral to treatment (RTT) and cancer; finance, such as pay costs and workforce, such as turnover and vacancies. Actions were agreed and progress reviewed. The department's 18-week RTT recovery position at the time of the inspection was orthodontics 96%, oral surgery 76% and restorative treatment 69%.

There were weekly performance meetings, where we were told there were constructive challenge and discussions of key issues. There was also a monthly clinical governance business meeting, which was attended by the multidisciplinary team including medical, nursing, administration and allied health professional staff.

### Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.**

There was a holistic understanding of performance, which covered and integrated people's views with information on quality, operations and finances. Leaders had access to live data and weekly PTL reports, and they attended weekly performance meetings.

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. The department used an online validation dashboard, which had separate data related to elective, outpatient and other patients. The number of weeks patients were waiting for treatment was automatically updated on the electronic dashboard. A weekly report was created on the incomplete position, for example breaches.

There were weekly performance meetings at department and corporate level. A weekly status report was sent to clinical leads and general manager to report performance. Poor performance with regards waiting times were addressed by putting on extra clinics to add capacity.

All surgical patient information had been updated, to give information about post-operative pain. This was to help people understand that post-operative pain could last several days.

### Engagement

**Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

People's views and experiences were gathered and acted on to shape and improve the service and culture. The department received feedback from patients in response to text messages sent to them. Texts were only sent to adult patients, not children. The department also received feedback from patients in the form of letters and emails. The TV in the waiting room was a result of feedback from patients, that is was boring sitting in the waiting room.

Each month, staff printed and displayed the patient feedback summary in the reception area, so that patients and parents could see the results of the feedback. We were told that feedback from different groups such as patients who did not speak English, patients who were deaf or blind and children, were not obtained. This is an area to be improved.

Staff participated in annual surveys about their experience of working in the department and the results were discussed at the performance review meeting. Staff were actively engaged so that their views were reflected in the planning and delivery of services and in shaping the culture. Staff participated in a trustwide consultation exercise to move beyond the pandemic. Decisions about the department's future included insight obtained from staff survey results, pulse survey results, health and well-being operational group and other conversations with staff. Trustwide, there were monthly staff values awards and a yearly staff achievement award.

There were positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs. Leaders told us that previously, there were peer review groups with clinical commissioning groups, but these were discontinued. They had been replaced by local clinical networks for each specialty, for example orthodontics, which the clinical director attended.

### Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.**

There was a culture of learning from incidents, which were discussed at monthly business and clinical meetings. Where incidents required risk assessments, action plans were drafted and approved at meeting at executive leaders.

Due to the COVID-19 pandemic, the recovery plan had taken priority and a lot of improvement plans had been put on hold. Nevertheless, we were told about the following improvement plans in progress:

- Digital scanning of all patient records and plan to be fully digital by end of 2022.
- A new lab that will speed up the process for dental impressions and will be used also to create hearing aid models. The lab will have equipment for 3D printing.
- An intraoral scanner and cone beam CT scanners.

The department was primarily a training unit, with education and training provided for trainee dentists, in joint corroboration with other dental schools. We were told that feedback from trainees was very positive and a preferred location for rotation training. All trainees had a research component to their course and one trainee in the last batch, got a distinction for their work on 3D imaging. The unit was also a training centre for dentists with special interests.

One dental leader was a personal advocate of clinical management and worked as a mentor for clinical leads. Leaders spoke of having a passion for good leadership and effective mentoring of staff.

Over the past year and with support from internal and external partners, the department had automated clinical and administrative practices by integrating digital technology and connectivity with everyday pathways and workflows. The benefits of this project included:

- Multidisciplinary teams having more timely and higher quality information to enable better treatment planning.

# Hospital Dental Services

- Improved patient experience from reduced waiting times, faster and more comfortable clinical procedures.
- Improved patient engagement and compliance with treatment plans resulting from improved consenting practices using end of treatment digital visualisation.

This project was nominated for the Public Sector Paperless Awards in 2019.

## Areas for improvement

**Action the trust SHOULD take to improve:**

- The trust should consider obtaining feedback from different groups such as patients who do not speak English, children and patients who are deaf or blind.
- The trust should monitor that the service audits antimicrobial prescribing (specific audit looking at antibiotic prescribing for common infections).
- The trust should consider and review their arrangements for the availability of Immediate Life Support training to all nurses who take part in sedation procedures.

# Our inspection team

Our inspection team comprised of three CQC inspectors, one inspection manager and a dental clinical fellow (remotely).