

# Bridgewater Community Healthcare NHS Foundation Trust

RY2

# Community dental services

## Quality Report

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# Summary of findings

## Locations inspected

<b>Location ID</b>	<b>Name of CQC registered location</b>	<b>Name of service (e.g. ward/ unit/team)</b>	<b>Postcode of service (ward/ unit/ team)</b>
RY2F2	Bevan House		

This report describes our judgement of the quality of care provided within this core service by Bridgewater Community Healthcare NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Bridgewater Community Healthcare NHS Foundation Trust and these are brought together to inform our overall judgement of Bridgewater Community Healthcare NHS Foundation Trust

# Summary of findings

## Ratings

Overall rating for the service	Requires improvement	●
Are services safe?	Requires improvement	●
Are services effective?	Good	●
Are services caring?	Good	●
Are services responsive?	Good	●
Are services well-led?	Requires improvement	●

# Summary of findings

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# Summary of findings

## Overall summary

We gave an overall rating for the community dental service of requires improvement because:

- Medicines management and stock control of medicines was ineffective; despite a 'Lesson Learned' paper having been circulated to all staff in February 2016, explaining that there had been two separate incidents relating to out-of-date local anaesthetic medicines being administered to patients in January 2016, we still found a number of expired medicines during our inspection.
  - On two out of five sites we found that stock control of dental instruments was ineffective and a number of dental instruments had expired.
  - At the time of inspection, staff and the management team did not demonstrate that infection prevention and control procedures were adhered to in line with the trust's Dental Decontamination Policy. For example, staff told us that whilst awaiting collection of used dental instruments by an outsourced provider, they stored used dental instruments dry for up to four days in a closed box in a clinical room. However, the Dental Decontamination Policy detailed that instruments must be decontaminated as soon as possible after use to avoid air drying and where this is not possible, that the use of proprietary products for wetting/soaking are deemed useful. Staff and the management team could not provide documented evidence that the conflicting advice and practice had been risk assessed.
  - Staff and the management team were not able to assure us that sufficient quality assurance oversight arrangements were in place to ensure that dental instruments were cleaned and sterilised to recommended guidelines (HTM 01-01) under the existing Service Level Agreement (SLA) with the outsourced provider.
  - Although staff were encouraged to report incidents and felt supported by the management team, we found insufficient evidence of learning and sharing of learning from incidents and complaints.
- It was noted that the administration out-of-date local anaesthetic medicines to patients had not been recorded as never events in the Provider Information Return (PIR).
  - Dental records audits were not focusing on individual clinicians' improvement; it was apparent to us that the focus was to change whole practices' habits
  - The management team did not provide us with assurance that risk was managed sufficiently at departmental and local level; we did not see evidence of (local) risk assessments, risk controls and risk reduction plans. For example, we requested a copy of the Sharps Risk Assessment for Dental Services, which was drafted post-inspection on 6 June 2016 and we asked for a risk assessment of the working environment at Seymour Grove Health Centre, but staff were not able to provide such a risk assessment
  - We were not assured (during the inspection and after the inspection) that all sites were compliant with legionella assessments and water services maintenance.
  - We did not get assurance that water lines and bottles in both frequently and infrequently used clinic rooms, were flushed in accordance with the recommended guidelines.
  - Overall, governance systems and processes were weak and the management thereof ineffective.

However,

- Staff were suitably trained to identify and respond appropriately to signs of deteriorating health and medical emergencies and staff had a good understanding of Safeguarding Adults and Children principles and training was provided; staff told us they were encouraged by the management team to initiate safeguarding procedures if they had any concerns

# Summary of findings

- Overall, staff adhered to general infection prevention and control procedures, such as safe disposal of sharps and handwashing practices. They also checked emergency equipment to ensure it was safe to operate.
- Dental officers' clinical practice was in line with NICE guidance and in line with the British Dental Association's (BDA) recommended guidelines and staff worked well together in a multi-disciplinary team setting.
- We found staff to be caring and passionate about their work. They were hard working, committed and they were proud of the service they provided. Staff acted in a respectful, calm and compassionate manner, observing dignity and privacy principles.
- Staff had a clear understanding of the importance of emotional support for adults and children with learning disabilities, adults with dementia related conditions and those close to them; they regularly assessed and treated adults and children with learning disabilities and adults with dementia related conditions and staff told us that they accommodated these patients, by offering appointment days and times, which were most suitable for these patients.
- As a rule, clinics did run on time, meaning that patients did not wait longer than needed in a dental clinic and patients with additional mobility needs were seen at sites which are more appropriate for those patients' needs.
- Clinical leadership in itself was good and clinical leaders were knowledgeable and visible to staff. None of the staff we spoke with indicated that there was a culture of bullying and harassment. Feedback from patients was overall very positive.

# Summary of findings

## Background to the service

As a specialist dental service, Bridgewater's Community Dental Service was commissioned by NHS England. The dental service had two key commissioners within NHS England:

- NHS England Greater Manchester and Lancashire, covering Bridgewater's East and Central Sectors.
- NHS England Cheshire and Merseyside, covering Bridgewater's West Sector.

In addition, NHS England Greater Manchester and Lancashire was responsible for Offender Health

commissioning, which included prison dentistry. Therefore NHS England Greater Manchester and Lancashire covered Bridgewater's West Sector prison sites at Hindley, Risley and Thorn Cross.

Oral Health Promotion services in Warrington (West Sector) were commissioned by Warrington MBC.

Over the period 1 April 2015 to 31 March 2016, Bridgewater Community Dental Service saw 34630 patients across the three sectors.

## Our inspection team

Our inspection team was led by an Inspection Manager and was supported by a dental specialist advisor.

## Why we carried out this inspection

The inspection was part of a planned, scheduled inspection.

## How we carried out this inspection

We inspected this service in May/June, 2016 as part of the comprehensive inspection programme.

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?

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

Before visiting, we reviewed a range of information we hold about the service provider and asked other organisations to share what they knew. We carried out an announced visit from 31 May to 3 June 2016.

## What people who use the provider say

We viewed the results of the 'Community Dental Patient Experience Survey Results – April 2016', which indicated that in total 117 patients responded. 107 out of 108 patients would 'extremely likely' or 'likely' recommend the service, whilst nine patients did not answer this question.

Patient feedback was generally very positive. Some comments we saw from a number of 'Community Dental Patient Experience Survey Results' documents:

# Summary of findings

- “I received polite, professional, caring service and procedure (tooth extraction) was done well” and “the staff were outstanding and made my son very relaxed. Brilliant full credit to the dentist”.
- “Everyone was friendly and welcoming – all had smiles. The anaesthetist asked my son what he liked doing and when the mask was placed over his mouth he was chatting to him about this lovely”.
- “My son was looked after from start to finish. Very friendly staff that not only looked after my son but his mum and dad as well, (name) was so calm throughout the experience”.
- “My daughter was having an extraction here. The dentist was amazing with her, as was the nurse. It made her experience here a pleasant one as they were patient making my daughter much more comfortable”.

## Good practice

- Dental staff from different professional backgrounds worked well together in a multi-disciplinary team setting; patients with complex needs were referred on to a relevant dental officer with the appropriate specialist skills and patients with additional mobility needs were seen at sites more appropriate for those patients’ needs.
- Staff interacted with a number of patients awaiting treatment and staff acted in a respectful, calm and compassionate manner, observing dignity and privacy principles.
- Dental clinics were well-planned and clinics appeared to run on time, which meant that patients did not have to wait for longer than needed. Patients were also given a choice as to where they could be treated in each geographical area.

## Areas for improvement

### Action the provider **MUST** or **SHOULD** take to improve

The provider **MUST** improve on:

- Ensure the safe management of medicines and stock control of medicines.
- Ensure the safe stock control of dental instruments.
- Ensure the safe infection control management of used dental instruments on localities where cleaning and sterilisation of dental instruments is provided by a third party company.

- Ensure internal and external assurance systems are in place and managed that ensure clinical services are delivered in a safe, effective, responsive and well-led manner.
- Ensure learning from incidents and complaints is shared and embedded with all staff.

The provider **SHOULD** improve on:

- Managing risk at departmental and local level.
- Engaging with ‘hard to reach communities’ and Black and Minority Ethnic (BME) communities.



## Bridgewater Community Healthcare NHS Foundation Trust

# Community dental services

### Detailed findings from this inspection

Requires improvement 

## Are services safe?

By safe, we mean that people are protected from abuse

### Summary

We rated safe as requires improvement because:

- On two sites we inspected, we found that a number of medicines had expired.
- Despite a 'Lesson Learned' paper having been circulated to all staff in February 2016, explaining that there had been two separate incidents relating to out-of-date local anaesthetic medicines being administered to patients in January 2016, it was evident that learning had not been embedded with staff, as we still found a number of expired medicines.
- On two out of five sites, we found that a number of dental instruments had expired.
- At the time of inspection, staff and the management team did not demonstrate that infection prevention and control procedures were adhered to in line with the trust's Dental Decontamination Policy. For example, staff told us that whilst awaiting collection of used dental instruments by an outsourced provider, they stored used dental instruments dry for up to four days in a closed box in a clinical room. However, the Dental Decontamination Policy detailed that instruments must be decontaminated as soon as possible after use to avoid air drying and where this is not possible, that the use of proprietary products for wetting/soaking are deemed useful. Staff and the management team could not provide documented evidence that the conflicting advice and practice had been risk assessed.
- Staff and the management team were not able to assure us that sufficient quality assurance oversight arrangements were in place to ensure that dental instruments were cleaned and sterilised to recommended guidelines (HTM 01-01) under the existing Service Level Agreement (SLA) with the outsourced provider.
- We found insufficient evidence of effective management of risk at departmental and local level. For example, at time of the inspection we asked for a risk assessment of the working environment at Seymour Grove Health Centre, but staff were not able to provide such a risk assessment.
- At the time of inspection, staff and the management team were not able to provide documented evidence that legionella assessments and water services maintenance were in date for all dental sites.

## Are services safe?

- We did not get assurance that water lines and bottles in both frequently and infrequently used clinic rooms were flushed in accordance with the recommended guidelines (HTM 01-01).

However, we also found that:

- Staff were suitably trained to identify and respond appropriately to signs of deteriorating health and medical emergencies.
- Staff had a good understanding of Safeguarding Adults and Children principles and training was provided; staff told us they were encouraged by the management team to initiate safeguarding procedures if they had any concerns.
- Overall, dental staff adhered to general infection prevention and control procedures, such as safe disposal of sharps and handwashing practices. Dental staff also checked emergency equipment, which was operational and safe to use.

### Detailed findings

We inspected five dental clinics at:

- St Helens Dental clinic (31 May 2016)
- Leigh Health Centre (1 June 2016)
- Pemberton Health Centre (1 June 2016)
- Seymour Grove Health Centre (2 June 2016)
- Partington Health Centre (2 June 2016)
- On 1 June 2016 we also interviewed the management team, comprising the Assistant Director of Dental Services and the clinical leads for Dental Services West, Dental Services Central and Dental Services East.

### Safety performance

- The Provider Information Return (PIR) indicated that the dental department recorded three formal complaints between 2 March 2015 and 30 October 2015. There were no serious incidents or never events recorded for dental services between 1 February 2015 and 31 January 2016. The dental department did not provide any further pre-inspection dental-specific data on incidents.

### Incident reporting, learning and improvement

- Staff had a clear understanding of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) and COSHH (Control of Substances Hazardous to Health) and were able to explain how to report under RIDDOR and COSHH.

### Duty of Candour

- General incident reporting took place via the Ulysses electronic system and staff told us they were encouraged to report incidents. The dental service reported 141 incidents between January 2015 and December 2015.
- Staff told us that incidents and subsequent learning were discussed during team meetings. However, we saw examples of emails and a newsletter, which indicated that learning following incidents largely took place at local and sector level, rather than service wide.
- In January 2016, a 'Lesson Learned' paper was circulated to all staff, explaining that there had been two separate incidents relating to out-of-date local anaesthetic medicines being administered to patients. Considering that during our inspection of Seymour Grove Health Centre we found that five vials of a local anaesthetic had expired in May 2016, it was evident that learning had not been embedded with all staff.
- It was noted that the administration out-of-date local anaesthetic medicines to patients had not been recorded as never events in the Provider Information Return (PIR).
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person; the trust introduced a duty of candour policy in January 2016 and training had been provided.
- Staff were able to explain the principles of duty of candour and told us they would be confident to initiate the duty of candour process if a patient would have suffered a 'notifiable safety incident' (moderate or severe harm or prolonged psychological harm). Staff and the management team told us during the inspection that they had not come across a Duty of Candour incident and this feedback was supported by data and information from the PIR.

# Are services safe?

## Safeguarding

- Staff told us they received Safeguarding Adults and Children training. We were told that staff's compliance with Safeguarding training was within trust targets and data from the PIR indicated that relevant and eligible staff were 100% compliant for Safeguarding Level 2 and Level 3 between 1 January 2015 and 31 December 2015.
- When asked about safeguarding, staff conveyed a good understanding of Safeguarding Adults and Children principles; they also told us that they were encouraged by the management team to initiate safeguarding procedures if they had any concerns about patients. We saw documented evidence of safeguarding concerns being raised by staff.
- Staff regularly treated vulnerable patients, including adults and children with learning disabilities, adults with dementia related conditions and persons with characteristics. Staff comprehensively explained to us how they would recognise signs and symptoms of potential abuse and they informed us of an example when they had to initiate a safeguarding procedure for a vulnerable patient from a care home (who attended one of the dental clinics), who appeared neglected, malnourished and had a number of unexplained bruises. Documented evidence of the safeguarding procedure had been viewed by us during the inspection and the procedures followed were deemed appropriate.
- At the time of inspection we did not see documented evidence that all dental staff had undergone a Disclosure and Barring Service (DBS) check. Further information was requested and after the inspection, the management team confirmed that all staff had undergone an appropriate DBS check.
- Policies for whistleblowing and complaints were in place and staff we spoke to said they were comfortable to follow protocol if they needed to.

## Medicines

- Staff told us they use a check list to check medicines stock and expiry date. Prescription Only Medicines (POM) were locked in lockable cabinets in rooms with a lockable door.

- However, at Seymour Grove Health Centre we found that the glyceryl trinitrate (GTN) spray in the emergency kit had expired on 30 March 2016. When we escalated this to the dental nurse and the trust, the GTN spray was replaced on the same day.
- At Seymour Grove Health Centre we also found that five vials of Articaine (a local anaesthetic) had expired in May 2016.
- Considering that the dental clinic at Seymour Grove Health Centre was used as a training facility for dental students, we became concerned that dental students were not taught best clinical practice with regards to safe medicines management.
- At St Helens Dental clinic, gutta percha points (a root filling material) had expired in July 2013 and 12 vials of Saline had expired in November 2015. Local anaesthetic cartridges were not kept in blister packs; local anaesthetic cartridges should be kept in blister packs to keep them clean and uncontaminated.

## Environment and equipment

- St Helens Dental Clinic and Seymour Grove Health Centre were dated buildings. Although the dental equipment itself, for example dental chairs and dental lights, appeared modern and suitable for safe dental practice, it was apparent that the dental clinic at Seymour Grove Health Centre in particular was not built for purpose. There were four small conjoined treatment rooms, connected to each other via a narrow communal link corridor; the floor space was small and cluttered, with a number of potential trip hazards. However, the clinic rooms were clean and hygienic.
- Considering that the dental clinic at Seymour Grove Health Centre was also used as a training facility for dental students, it was considered by us that at times when clinics were busy (for example, with dental students present), the risk of slips, trips and falls would potentially increase, thus putting both patients and staff at increased risk of injury. At time of the inspection we asked for a risk assessment of the working environment, but staff were not able to provide such a risk assessment.

## Are services safe?

- Leigh Health Centre, Pemberton Health Centre and Partington Health Centre all appeared modern and purpose built for dental practice and the premises were clean, hygienic and uncluttered.
- At Seymour Grove Health Centre, we found that a number of dental instruments had expired: a number of matrix bands had expired on 25 March 2016 and a number of oral forceps had expired on 23 October 2015 and 18 December 2015.
- Dental staff periodically checked emergency equipment, as a rule on a monthly basis. In accordance with guidance from the Resuscitation Council, staff should check emergency equipment at least on a weekly basis, or possibly on a daily basis. However, we found that emergency equipment was operational, readily accessible and safe to operate.
- Radiography Audits (audit of image quality of intra-oral radiographs) were carried out for radiographs taken between 1 July 2015 and 31 December 2015 and results indicated that dental clinics were achieving or exceeding the National Radiological Protection Board (NRPB) standards for the quality of intra-oral films.

### Quality of records

- We viewed a number of records on the computer system, which were accurate, complete and up-to-date.
- Documented evidence of dental record audits carried out 2015-2016 had been requested at the time of inspection and were provided after the inspection; the audits we reviewed after the inspection were generalised to the whole practice and not specific to a dentist or dental professional. Audit results were concluded, but not all followed through with a clear action plan to show how improvements would have been made.

### Cleanliness, infection control and hygiene

- At Seymour Grove Health Centre and Partington Health Centre, we found that cleaning and sterilising of dental instruments was carried out by an outsourced provider under an existing Service Level Agreement (SLA). At the time of inspection, staff and the management team did not demonstrate that infection prevention and control procedures were adhered to in line with the trust's Dental Decontamination Policy. For example, staff told us that whilst awaiting collection of used dental

instruments by the outsourced provider, they stored used dental instruments dry for up to four days in a closed box in a clinical room. However, the Dental Decontamination Policy detailed that instruments must be decontaminated as soon as possible after use to avoid air drying and where this is not possible, that the use of proprietary products for wetting/soaking are deemed useful. Staff and the management team could not provide documented evidence that the conflicting advice and practice had been risk assessed. We were also told by staff that when the box with used dental instruments was ready for collection by the outsourced provider, it was carried through the clinical area and temporarily stored behind the reception desk.

- Staff and the management team were not able to assure us that sufficient quality assurance oversight arrangements were in place to ensure that dental instruments were cleaned and sterilised to recommended guidelines (HTM 01-01) under the existing Service Level Agreement (SLA) with the outsourced provider.
- The dental clinic at Seymour Grove Health Centre was also used as a training facility for dental students and we became concerned that dental students were not taught best clinical practice with regards to adherence to cleanliness, infection control and hygiene matters.
- At the time of inspection, staff and the management team could not provide documented evidence that legionella assessments and water services maintenance were in date for all dental sites. Following the inspection, the management team confirmed that dental services largely worked within premises managed by other organisations, for example: other trusts and NHS property companies. Although the management team informed us after the inspection that legionella risk assessments from the owners/managers of these premises were in place at all these sites and that copies of these risk assessments were available centrally for the service and locally within each clinic, we were not presented (during- and after the inspection) with the documented evidence of all sites being compliant with legionella assessments and water services maintenance as such.
- Overall, staff adhered to general practical infection prevention and control procedures, such as safe

## Are services safe?

disposal of sharps and good handwashing practices. Staff also underwent a three monthly handwashing audit and records we viewed indicated that staff were compliant in line with trust targets.

- We saw evidence that checks of in-house sterilisation equipment, including washer disinfectors and autoclaves, were carried out appropriately. For example, filters and strainers of washer disinfectors were removed and cleaned on a daily basis and protein residue tests were carried out on a weekly basis. Maintenance log books of sterilisation equipment were up to date.
- The management team confirmed that its own Dental Decontamination Policy outlined the arrangements for the management of dental unit water lines. Although staff and the management team explained that daily checks were carried out and that these checks were recorded, when we asked for them, we were not presented with the evidential check lists that water lines and bottles in infrequently used clinic rooms were also flushed in accordance with the recommended guidelines (HTM 01-01) and in line with the trust's own Dental Decontamination Policy.

### Mandatory training and Personal Development Reviews

- Mandatory training was provided by the trust and records we viewed indicated that dental staff were 93% compliant with core mandatory training against a 100% target.
- Staff had annual appraisals where performance and development were discussed. Plans were agreed to ensure staff were up to date with continuing professional development requirements. Between January 2015 and December 2015, 100% of dental staff had an appraisal.

### Assessing and responding to patient risk

- Staff were suitably trained to identify and respond appropriately to signs of deteriorating health and medical emergencies; for example, staff undertook 'medical emergencies and sedation-related complications' training scenarios.
- We saw information in the treatment rooms detailing actions to take in the case of a medical emergency and emergency equipment was readily available to staff.

- During the inspection we viewed a number of records on the computer system and past relevant medical history (or a statement indicating there is no past medical history) and relevant social and family history/lifestyle were all documented appropriately. It was evident from the dental record audits carried out 2015-2016, that compliance with documenting past relevant medical history (or a statement indicating there is no past medical history) was 100%, whilst compliance with documenting relevant social and family history/lifestyle was 90%.

### Staffing levels and caseload

- As at 31 December 2015, there were 120.74 WTE staff in the dental service. There was a 12.27% vacancy rate, which was below the trust average vacancy rate of 14.27%.
- Over the period 1 April 2015 to 31 March 2016, Bridgewater Community Dental Service saw 34630 patients across the three sectors; staff confirmed that there were sufficient numbers of suitably qualified and competent staff and that skill-mix was appropriate in order to deal with the workload.
- The management team told us that dental services were able to see the vast majority of patients within the agreed key performance indicator of assessing and treating patients within 20 days from referral; this was evident from the trust's monthly Integrated Performance Reports.

### Managing anticipated risks

- The dental department risk register documented nine risks, of which eight were scored as minor and one was scored as moderate. The risks on the risk register appeared to be corporate risks and we did not see any functional risk assessments related to the workplace itself, such as a sharps risk assessment, a slips, trips and falls risk assessment, a safer handling risk assessment or a lone working risk assessment. When we viewed the risk register, a number of risks had not been reviewed by the 'review by' date.
- Staff told us they were not able to access and/or view the risk register and when we asked staff what risks were on the risk register, they could not tell us. The management team confirmed that staff were not able to

## Are services safe?

access and/or view the risk register, however, the management team were not able to explain an explicit reason for why staff were not able to view the risk register.

- The management team did not provide us with assurance that risk was managed sufficiently at departmental and local level; we did not see evidence of

(local) risk assessments, risk controls and risk treatment plans. For example, we requested a copy of the Sharps Risk Assessment for Dental Services, which was drafted post-inspection on 6 June 2016 and we asked for a risk assessment of the working environment at Seymour Grove Health Centre, but staff were not able to provide such a risk assessment.

## Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

### Summary

We rated effective as good because:

- There was sufficient evidence that dental officers practiced in line with National Institute for Health and Care Excellence (NICE) guidance and in line with British Dental Association (BDA) recommended guidelines.
- Dental staff from different professional backgrounds, for example: dental officers and dental nurses, worked well together in a multi-disciplinary team setting. Patients with complex needs were referred on to a relevant dental officer with the appropriate specialist skills and patients with additional mobility needs were seen at sites more appropriate for those patients' needs, for example, Pemberton Health Centre had a wheelchair accessible dental chair (Diac Dental Chair).
- Patients were seen based on clinical urgency and patients were generally seen within 20 days from referral.
- Staff were able to explain procedures around obtaining consent from patients who may have impaired or absent mental capacity; dental officers in particular were able to convey the principles of the Mental Capacity Act 2005 and the importance of carrying out a mental capacity assessment if a patient's capacity would have been compromised.
- The same dentist usually saw patients throughout their care in the community dental service; this ensured good continuity of care, in particular for patients with special or additional needs.

However, we also found that:

- The dental record audits carried out 2015-2016 did not clarify if patients' clinical outcomes had been documented. The dental department did not provide evidence of data on clinical outcomes.
- Only 84% of records indicated that information/instructions were relayed to those involved in providing the on-going care.

- In only 88% of the audited records was the appropriate consent form contained within the record.

### Evidence based care and treatment

- When asked about evidence based care and treatment, dental officers were able to convey information which indicated that clinical practice was in line with National Institute for health and Care Excellence (NICE) guidance and in line with BDA recommended guidelines. For example, dental officers were following guidance on antibiotic prophylaxis for endocarditis patients and guidance on recall of patients based on risk category.
- We reviewed two sets of Clinical Governance Sub-Committee minutes, which provided evidence that NICE Guidance was discussed and considered for implementation.
- The dental record audits carried out 2015-2016 detailed that 84% of records documented that the patients care followed evidence based guidance / best practice or explained any variance.
- Dental staff used the 'Department of Health Delivering Better Oral Health Toolkit 2014' when providing preventative advice to patients on how to maintain a healthy mouth.

### Technology and telemedicine

- Dental services made use of a range of technology systems to exercise effective clinical practice, for example, they used: the 'Software of Excellence' system to maintain electronic patient records and they used Ulysses to report incidents.
- The 'Dental Services Network' had web space on the trust's website and a dedicated 'Oral Health Promotion Service' page, providing advice on Oral Health Improvement, with leaflets offered providing information and advice on: 'Oral Health Care for Babies', 'Oral Health Care in Pregnancy', 'Oral Health Care in Children', 'The good tooth brushing guide for parents and carers of children with additional needs' and 'When

## Are services effective?

tooth brushing is difficult advice for parents, carers with additional needs'. The website also detailed links to related websites, such as: 'North West Dental Health' and the 'British Dental Health Foundation'.

### Patient outcomes

- The dental record audits carried out 2015-2016 did not clarify if patients' clinical outcomes had been documented. The dental department did not provide evidence of data on clinical outcomes.
- We viewed a number of 'Community Dental Patient Experience Survey Results' documents, which indicated that patients were generally very positive about the dental service.

### Competent staff

- Staff had the right qualifications, skills and knowledge to do their jobs. Dental staff were encouraged and supported to take on further training and development; a Training Needs Analysis (TNA) was in place to identify training for qualified and unqualified staff to support service development and improvement needs. Dental officers had completed a range of specialist training courses and some had recently attended dental conferences.
- Dental officers had undergone Paediatric Immediate Life Support (PILS) training and dental nurses and therapists had undergone radiation protection training.

### Multi-disciplinary working and coordinated care pathways

- When speaking with dental staff, it became apparent that dental staff from different professional backgrounds, for example, dental officers and dental nurses, worked well together in a multi-disciplinary team setting. It also became apparent that, if required, patients with complex needs were referred on to a relevant dental officer with the appropriate specialist skills.
- The same dental officer usually saw patients throughout their care in the community dental service; this ensured good continuity of care, in particular for patients with special or additional needs.
- Staff participated in regular practice and area specific meetings, monthly clinical governance meetings, quarterly sector meetings and a yearly symposium.

### Referral, transfer, discharge and transition

- Patients were assessed and treated on referral from dentists, general practitioners and other healthcare professionals in the community. Patients were seen based on clinical urgency and patients were generally seen within 20 days from referral. Referrers, for example dentists or general practitioners, needed to complete a comprehensive referral proforma, which was available on the dental service's website.
- Once assessed and treated, patients were usually discharged back to their referrers, although a proportion of patients with special or additional needs remained under the care of the trust's dental officers.
- The dental record audits carried out 2015-2016 detailed that 95% of records documented the date of discharge and that 84% of records indicated that information/instructions were relayed to those involved in providing the on-going care.

### Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff told us they obtained consent from patients prior to the delivery of treatment. Staff were able to explain procedures around obtaining consent from patients who may have impaired or absent mental capacity; dental officers in particular were able to convey the principles of the Mental Capacity Act 2005 and the importance of carrying out a mental capacity assessment if a patient's capacity would have been compromised. Staff used the 'Software of Excellence' system, which guided clinical staff through the consent taking procedures.
- The dental record audits carried out 2015-2016 indicated that 98% of records evidenced that the patient/carer agreed to the treatment, however, in only 88% of the audited records was the appropriate consent form contained within the record. We did not see an action plan aimed at increasing compliance with completing the appropriate consent form.
- Dental officers told us that if a patient had deemed to have impaired or absent mental capacity, then they would initiate best interest meetings and access



## Are services effective?

Independent Mental Capacity Advocate (IMCA) resources where appropriate to do so. Dental officers also conveyed a good understanding of 'Gillick competence'.

- Due to the nature of the service, during the inspection we did not determine staff's knowledge and understanding of Deprivation of Liberty Safeguards (DoLS).

## Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

### Summary

We rated caring as good because:

- We observed staff interacting with a number of patients awaiting treatment and staff acted in a respectful, calm and compassionate manner, observing dignity and privacy principles.
- The staff we spoke with were passionate about their jobs and were keen to tell us about it. Staff were open, honest and transparent in what they told us.
- The staff we spoke with conveyed a clear understanding of the importance of emotional support for adults and children with learning disabilities, adults with dementia related conditions and those close to them.
- Staff told us that they were particularly considerate of patients' anxieties and that they provided them with constant reassurances and clear explanations about their treatment.
- 117 patients responded to the 'Community Dental Patient Experience Survey' in April 2016 and results indicated that 107 out of 108 patients would 'extremely likely' or 'likely' recommend the service, whilst nine patients did not answer this question. Patient feedback was very positive and with regards to 'access and waiting times', 'communication', 'dignity and respect' and 'overall satisfaction', all 117 patients indicated to be satisfied.
- Patients we spoke to said that they were happy with the service and that staff were friendly, helpful and professional.

### Compassionate care

- During the inspection we did not have the opportunity to observe dental staff treating patients. However, we observed staff interacting with a number of patients awaiting treatment and staff acted in a respectful, calm and compassionate manner, observing dignity and privacy principles.
- The staff we spoke with were clearly passionate about their jobs and were keen to tell us about it. Staff were open, honest and transparent in what they told us.

- Staff told us they enjoyed helping people and they told us that patients are the centre of focus in the service.
- Staff told us that they were particularly considerate of patients' anxieties and that they provided them with constant reassurances and clear explanations about their treatment.
- 117 patients responded to the 'Community Dental Patient Experience Survey' in April 2016 and results indicated that 107 out of 108 patients would 'extremely likely' or 'likely' recommend the service, whilst nine patients did not answer this question. Patient feedback was very positive and with regards to 'access and waiting times', 'communication', 'dignity and respect' and 'overall satisfaction', all 117 patients indicated to be satisfied.
- Patients we spoke to said that they were happy with the service and that staff were friendly, helpful and professional. They felt informed and involved in the treatment plan.

### Understanding and involvement of patients and those close to them

- The staff we spoke with conveyed a clear understanding of the importance of involving patients and those close to them, in their assessment and treatment. This was evident from some of the feedback we saw from the 'Community Dental Patient Experience Survey Results' documents we viewed and 86% of records demonstrated that the patient has been actively involved in continuously negotiating and influencing their care.
- Staff gave patients information leaflets for self-care including preventative advice and aftercare.
- Patients were encouraged to complete Community Dental Patient Experience Surveys and the Friends and Family Test.

### Emotional support

- We spoke with staff responsible for providing care and treatment for children and adults with special needs who demonstrated their compassion and understanding of the level of emotional support

## Are services caring?

required for both patients and their relatives or representatives; we observed staff being supportive and caring with a nervous patient who was awaiting their appointment in the waiting room.

- Staff told us they understood the impact that a patient's condition could have on them and they provided appropriate support by giving them time and space to relax and feel comfortable in the dental environment.

# Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

## Summary

We rated responsive as good because:

- Dental clinics were well-planned and clinics appeared to run on time, which meant that patients did not have to wait for longer than needed. Patients were also given a choice as to where they could be treated in each geographical area.
- We saw evidence that the dental service made use of a wide range of language interpreting services, for example in Swahili, Bengali, Urdu, Cantonese, Mandarin, Albanian and Polish.
- Staff assessed patients' level of anxiety, ability or willingness to undergo treatment, as well as their level of cooperation. Patients with complex needs were referred on to a relevant dental officer with the appropriate specialist skills
- One of the dental nurses was in the process of introducing a 'Picture Exchange Communication System' (PECS), which is a communication aid which communicates the particulars of dental treatment through a series of card-based images, which would be of aid to patients with communication disabilities.
- Patients with additional mobility needs were seen at sites which are more appropriate for those patients' needs, for example, Pemberton Health Centre had a wheelchair accessible dental chair (Diac Dental Chair).

However, we also found that:

- At the time of inspection, we did not see leaflets at dental reception desks or in dental clinic waiting areas, which provided an explanation of services in different languages. We also did not see posters signposting patients to sources of information in different languages or where patients could have obtained information in larger font.
- Prior to- and during the inspection, dental staff and the senior dental management team did not provide documented evidence of learning and improvement following complaints and incidents, although dental staff told us that complaints, incidents and learning

were discussed during team meetings. It appeared, however, that discussions following complaints and incidents took largely place at local and sector level, rather than service wide.

## Planning and delivering services which meet people's needs

- Dental clinics were well-planned and clinics appeared to run on time, which meant that patients did not have to wait for longer than needed. Patients were also given a choice as to where they could be treated in each geographical area.
- Staff regularly assessed and treated adults and children with learning disabilities and adults with dementia related conditions. Staff told us that they accommodated these patients, by offering appointment days and times, which were most suitable for these patients.
- Patients with additional mobility needs were seen at sites which are more appropriate for those patients' needs, for example, Pemberton Health Centre had a wheelchair accessible dental chair (Diac Dental Chair).

## Equality and diversity

- At the time of inspection, we did not see leaflets at dental reception desks or in dental clinic waiting areas, which provided an explanation of services in different languages. We also did not see posters signposting patients to sources of information in different languages or where patients could have obtained information in larger font. Staff could not clearly voice what efforts were made to engage with 'hard to reach communities' and Black and Minority Ethnic (BME) communities.
- However, after the inspection, the management team confirmed that work had already been in progress to produce information for patient in line with the trust's accessible information policy and further evidence was provided, for example, we saw evidence that the dental service made use of a wide range of language interpreting services, for example in Swahili, Bengali, Urdu, Cantonese, Mandarin, Albanian and Polish.

## Are services responsive to people's needs?

- Besides language interpreting services, the dental service had access to / used a range of communication support services to meet patients' needs, including British Sign Language (BSL) services, hearing loop systems, telephone, text relay and a SMS text messaging appointment reminder service.
- In conjunction with the Adult Learning Disability Team, the Senior Oral Health Educator did an Oral Health training session with a group of adults with learning disabilities. The Senior Oral Health Educator has been exploring to produce more user friendly leaflets and story boards in both pictorial and symbol form, for use in dental clinics.

### Meeting the needs of people in vulnerable circumstances

- Staff assessed patients' level of anxiety, ability or willingness to undergo treatment, as well as their level of cooperation. Patients with complex needs were referred on to a relevant dental officer with the appropriate specialist skills.
- One of the dental nurses was in the process of introducing a 'Picture Exchange Communication System' (PECS), which is a communication aid which communicates the particulars of dental treatment through a series of card-based images, which would be of aid to patients with communication disabilities.

### Access to the right care at the right time

- Dental services were delivered over a large geographical area, over a number of different locations, indicating

that dental services generally delivered 'care closer to home'. However, the dental clinic at Partington Health Centre was underused and thus local patients may have been required to travel some distance to have accessed dental services; this may have posed challenges for patients from a deprived socio-economic background and may potentially have contravened the 'care closer to home' principle.

### Learning from complaints and concerns

- From the complaint records we observed, it appeared that complaints had been dealt with appropriately and that those affected were offered to meet with appropriate representatives from the trust to resolve and remedy concerns.
- Prior to- and during the inspection, staff and the management team did not provide documented evidence of learning and improvement following complaints and incidents, although dental staff told us that complaints, incidents and learning were discussed during team meetings. However, discussions following complaints and incidents took largely place at local and sector level, rather than service wide.
- Review of the complaints spread sheet sent to us after the inspection, indicated that there was no provision of a 'lessons learned' section. Although the complaints had been dealt with appropriately, the complaints spread sheet did not detail documented evidence that learning following complaints had actually taken place, for example that changes in practice had occurred.

## Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

### Summary

We rated well-led as requires improvement because:

- During the inspection it was not clear what the senior dental management team's short, medium and long term vision was for the dental department.
- The dental department did not provide us with assurance that risk was managed sufficiently at departmental and local level.
- At time of the inspection, dental staff and the management team could not provide documented evidence that comprehensive dental records audits had been carried out in 2015-2016; these audits should have been readily available for us to view. Dental records audits supplied to us after the inspection were not focusing on individual clinicians' improvement; it was apparent to us that the focus was to change whole practices' habits.
- We found that systems around safe medicines management and stock control of medicines and surgical instruments were either not in place, or otherwise not managed effectively; for example, during the inspection we found that a number of medicines and surgical instruments were out of date, despite previous incidents where patients were given expired local anaesthetic. We thus found that systems around learning from incidents were ineffective.
- At the time of inspection, staff and the management team did not provide sufficient assurance that infection prevention and control procedures were adhered to in line with the Dental Decontamination Policy.
- The management team were not able to assure us that sufficient oversight arrangements were in place, with regards to infection control management of used dental instruments at localities where cleaning and sterilisation of dental instruments was provided by an outsourced provider.

- We were not assured (during the inspection and after the inspection) that all sites were compliant with legionella assessments and water services maintenance.
- Managerial leadership of the dental service was fragmented and the department was not managed as an integrated service; there was no clear evidence of sufficient and effective umbrella management over the three sectors.
- Overall, governance systems and processes were weak and the management thereof ineffective.

However, we also found that:

- Clinical leadership in itself was good and clinical leaders were knowledgeable and visible to staff.
- Staff we spoke with were open and transparent; staff explained to us they were encouraged to report incidents and they told us that they felt supported by the management team.
- None of the staff we spoke with indicated that there was a culture of bullying and harassment.
- Dental staff we spoke with were clearly engaged with the work place and were proud of the services they provided.

### Service vision and strategy

- Prior to- and during the inspection, we were not presented with a dental strategy document and it was not clear what the management team's short, medium and long term vision was for the dental department.

### Governance, risk management and quality measurement

- In general, when we asked for documented evidence with regards to elements of the service we inspected in line with the Key Lines of Enquiry (KLOE's), for example, risk assessments, the dental records audit, comprehensive training records, stock control check lists, maintenance records, Personal Development Portfolios and the Service Level Agreement (SLA) with

## Are services well-led?

the outsourced provider which cleaned and sterilised dental instruments and the associated quality assurance governance arrangements, the documented evidence was not, or rarely readily available for inspection and much of the information and data was only provided some time after the inspection.

- During the inspection, we were provided with limited evidence with regards to the particulars and principles of effective risk management; the dental department risk register documented nine risks, which appeared to be mainly corporate risks. The dental department did not provide us with assurance that risk was managed sufficiently at departmental and local level; we did not see evidence of (local) risk assessments, risk controls and risk treatment plans.
- When we viewed the risk register, a number of risks had not been reviewed by the 'review by' date.
- At time of the inspection, dental staff and the senior dental management team could not provide documented evidence that comprehensive dental records audits had been carried out in 2015-2016. Dental records audits supplied to us after the inspection were not focusing on individual clinicians' improvement; it was apparent to us that the focus was to change whole practices' habits.
- Prior to- and during the inspection, dental staff and the senior dental management team did not provide documented evidence of learning and improvement following complaints and incidents, although dental staff told us that complaints, incidents and learning were discussed during team meetings. It appeared, however, from emails and a newsletter we have seen, that discussions following complaints and incidents took largely place at local and sector level, rather than service wide. There were no clear systems and processes in place to ensure wide dissemination of learning across the service would take place following complaints and incidents, which thus allowed, for example, expired anaesthetic medicines continue to be part of stock, despite two separate incidents relating to out-of-date local anaesthetic medicines being administered to patients in January 2016.
- We found that systems around safe medicines management and stock control of medicines and

surgical instruments were either not in place, or otherwise not managed effectively; during the inspection we found that a number of medicines and surgical instruments were out of date.

- We were not presented with any evidence of clinical outcome measures or quality governance reports, which would inform continuous improvement of the dental service.

### Leadership of this service

- Managerial leadership of the dental service was fragmented and the department was not managed as an integrated service; there was no clear evidence of sufficient and effective umbrella management over the three sectors.
- During the inspection, it became apparent that clinical leadership in itself was good and that clinical leaders were knowledgeable and visible to staff.

### Culture within this service

- We found that staff we spoke with were open and transparent; dental staff explained to us they were encouraged to report incidents and they told us that they felt supported by the management team.
- The morale of the staff appeared good at each clinic, with staff adopting a positive 'can do' philosophy about their practice and the challenges they faced.
- None of the staff we spoke with indicated that there was a culture of bullying and harassment.

### Public engagement

- At time of the inspection, we were not presented with evidence that indicated satisfactory Patient Public Involvement (PPI), in particularly with regards to accessibility of services.

### Staff engagement

- Staff we spoke with were clearly engaged with the work place and were proud of the services they provided.

### Innovation, improvement and sustainability

- Other than a dental nurse introducing a 'Picture Exchange Communication System' (PECS) (which is a communication aid which communicates the particulars of dental treatment through a series of card-

## Are services well-led?

based images, which would be of aid to patients with communication disabilities), we were not presented with other evidence indicating work in progress with regards to innovation, improvement and sustainability.



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

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  
**12 (1) and (2)(g)**

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

## Enforcement actions

### 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.