Time for Teeth Limited

HMP Whatton

Inspection Report

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Overall summary

We carried out this announced inspection on 11 June 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

These questions form the framework for the areas we look at during the inspection.

Background

HMP Whatton is a Category C training prison in Nottinghamshire holding 838 convicted male prisoners. It fulfils a national function to provide services that seek to address the offending behaviour of men mainly convicted of sexual offences. More than 90 per cent of Whatton's population are serving sentences in excess of four years, with just under three-quarters of these serving indeterminate or life sentences. Prisoners held at HMP Whatton come from across the country, and about two-thirds are aged over 40. The prison is operated by Her Majesty's Prison and Probation Service.

Time for Teeth Limited is sub-contracted by the primary healthcare provider at the prison, to provide dental services to men held at the prison. Time for Teeth Limited is registered with the CQC to provide the following regulated activities at this location: Treatment of disease, disorder or injury, Diagnostic and screening procedures, and Surgical procedures.

CQC has not previously inspected this location. It was last inspected by Her Majesty's Inspectorate of Prisons (HMIP) in August 2016. The HMIP inspection report can be found at: https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2016/12/HMP-Whatton-Web-2016.pdf

The dental team includes a dentist, dental nurse and dental therapist. The service has one treatment room. Four dentist sessions are run over two days every week, and two therapist sessions are run on one day a week. The dental nurse is on site Monday to Friday. The dental suite was located in the main healthcare department, which was on the ground floor of a building accessible to patients with mobility issues.

Summary of findings

During the inspection we spoke with the clinical team, the location's compliance lead, and Time for Teeth Limited's clinical lead. We looked at policies and procedures and other records about how the service is managed. We also spoke with four patients.

Our key findings were:

- The facilities appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The service had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

There were areas where the provider could make improvements. They should:

- Work with the main healthcare provider to establish formal monitoring arrangements to ensure effective oversight of infection control, equipment maintenance, patient access and complaints.
- Undertake a specific sharps risk assessment, to be updated annually.
- Consider adjusting the timetabling of dentist sessions to ensure that patients requiring urgent treatment could be seen by a dentist more promptly.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the service completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The service followed national guidance for cleaning, sterilising and storing dental instruments.

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

Are services effective?
The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as good. The dentist discussed treatment with patients, so they could give informed consent and recorded this in their records.

The service had clear arrangements when patients needed to be referred to other dental or health care professionals or was transferred to another prison.

The provider supported staff to complete training relevant to their roles and had systems to help them monitor this.

Are services caring?
We spoke to four patients. They were positive about all aspects of the service provided.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?
The service's appointment system took account of patients' needs. Patients were prioritised if in pain or displaying facial swelling. However, the current scheduling of dental sessions on two consecutive weekdays meant that patients could wait up to six days to be seen by a dentist at the next session for full treatment. Pain, infection and emergency treatment needs were managed by the main healthcare provider when the dentist was off site,

Staff considered patients' different needs. The service worked with the prison's main healthcare provider to access telephone interpreter services and arrangements to help patients with a disability, including sight or hearing loss.

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

Summary of findings

Are services well-led?

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

The team kept complete patient dental care records, using Time for Teeth Limited templates following Faculty of General Dental Practice (FGDP) guidance, which were clearly typed and stored securely.The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff. However, Time for Teeth Limited did not have arrangements in place with the main healthcare provider to ensure effective oversight of shared processes.

Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The service had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of patients who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse and how these should be reported within the prison. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the Care Quality Commission.

The service had a system to highlight vulnerable patients on records. For example, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

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

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as when a patient declined, and where other methods were used to protect the airway, this was documented in the dental care record and a risk assessment was completed.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the service.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at two staff recruitment records. These showed the provider followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The provider ensured that portable equipment was maintained according to manufacturers' instructions. Although fixed equipment in the dental suite was the responsibility of the prison, the dental team were able to demonstrate that it was appropriately maintained.

The provider had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The provider's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the provider's arrangements for safe dental care and treatment, including the protocol to avoid wrong site surgery. The staff followed relevant safety regulation when using needles and other sharp dental items. The service had not undertaken a specific risk assessment for sharps (tools, equipment and appliances with sharp points or edges that can puncture or cut skin) although they were acknowledged in its wider risk assessment, and safer sharp equipment was used when appropriate.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of their vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines were available as described in recognised guidance. Checks on the defibrillator, which was shared with the main healthcare team and easily accessible to the dental team, were the responsibility of the main healthcare provider.

Are services safe?

A dental nurse worked with the dentist and the dental therapist when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

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

The provider had suitable arrangements for transporting, cleaning, checking and sterilising instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. Instruments were securely stored and counted daily as appropriate in a prison environment. Staff described the processes followed during a recent incident when an instrument could not immediately be accounted for.

The provider had systems in place to ensure that any item requiring dental work (such as dentures) was disinfected prior to being sent to a dental laboratory and before treatment was completed.

Legionella risks to the water systems servicing the dental suite were managed by the prison. However, the provider had procedures to reduce the possibility of Legionella or other bacteria developing in the suite's water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

The dental suite was visibly clean when we inspected. The dental nurse took responsibility for the cleaning of dental equipment, while daily and deep cleaning of floors and surfaces was overseen by the main healthcare provider. A small tear to the dental chair upholstery was being appropriately managed with tape which was replaced daily, and there were plans in place to have it repaired.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The provider carried out infection prevention and control audits twice a year. The latest audit, in May 2019, showed the service was meeting the required standards.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with provider protocols and current guidance. When a patient was transferred to another prison, the dental nurse liaised with the receiving dental team, and forwarded any crowns or dentures as appropriate.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of emergency medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

Prescriptions were transferred electronically to the prison pharmacy, which was run by the main healthcare provider. The service maintained its own prescription log.

The dentists were aware of current guidance with regards to prescribing medicines.

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

Track record on safety and lessons learned and improvements

Are services safe?

There were comprehensive risk assessments in relation to safety issues. The provider monitored and reviewed incidents. This helped them to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents.

There were adequate systems for reviewing and investigating when things went wrong. The provider learned and shared lessons, identified themes and acted to improve safety in the service.

There was a system for receiving and acting on safety alerts. The provider learned from external safety events as well as patient and medicine safety alerts. We saw that safety alerts were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

The service was providing preventive care and supporting patients to ensure better oral health in line with Public Health England's Delivering Better Oral Health toolkit.

The dentist prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them, and had submitted a request to the prison that interdental brushes be made available for patients to purchase.

The clinicians where applicable, discussed diet and lifestyle with patients during appointments. The service had a number of health promotion noticeboards sited around the prison to support patients with their oral health, using the national "Delivering Better Oral Health" toolkit. It also linked into the main healthcare provider's annual health promotion calendar, with one month a year dedicated to oral health promotion through additional information campaigns throughout the prison, and ran a stall at the annual prison wellbeing day.

The dental therapist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce self-care preventative advice, including around diet and vaping

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

The team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about realistic treatment options and the risks and benefits of these, so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment. Specific written consent from patients was recorded for extractions and root canal treatment.

The provider's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. If they had concerns about a patient's capacity to consent to treatment, they would liaise with the prison's safeguarding lead for advice.

Monitoring care and treatment

The service kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw the service audited patients' dental care records to check that the clinicians recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff new to the service had a period of induction based on a structured programme. This included prison awareness and personal safety training relevant to the environment. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisal and at one to one meetings. We saw evidence of completed appraisals and how the provider addressed the training requirements of staff, including specific scenario training.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

They confirmed that they referred patients to secondary care specialists in the community if they needed treatment the service did not provide.

The service had systems to identify, manage, follow up and where required refer patients for specialist care in the community.

Are services effective?

(for example, treatment is effective)

The service also had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. This was initiated by The National Institute for Health and Care Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist. The team notified all referrals to the Time for Teeth Limited head office for monitoring.

If a patient was awaiting a specialist appointment or treatment, Time for Teeth Limited would notify the prison to request that the patient was not moved to another prison until treatment was completed.

The service monitored all referrals to make sure they were dealt with promptly, and to ensure that the prison was able to facilitate patients' attendance at external appointments.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were caring. We saw that staff treated patients appropriately and were friendly towards patients when they arrived for their appointments.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. Staff password protected patients' electronic care records and backed these up to secure storage.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the

Accessible Information Standards (NHS Only) and the requirements under the Equality Act

or requirements under the Equality Act (Private) the Accessible Information Standard (a requirement to make sure that patients can access and understand the information they are given):

- Interpretation services were available for patients who did not use English as a first language.
- Staff communicated with patients in a way that they could understand.

The service gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them.

The staff described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of individual patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

They shared examples of how the service met the needs of more vulnerable patients, such as patients with dental phobia, men with a learning difficulty, and those living with dementia, diabetes, autism and long-term conditions.

Patients described satisfaction with the responsive service provided by Time for Teeth Ltd.

Timely access to services

The service had an appointment system to respond to patients' requests. Patients who required an urgent appointment were seen during the next dental session. However, the scheduling of the dentist's four sessions on two consecutive weekdays meant that patients with an urgent need to see the dentist could wait up to six days until the dentist was next on site. In between sessions, patients could have their pain managed by the main healthcare team, and have antibiotics prescribed by a GP if appropriate. We saw evidence in records of dental infections being managed appropriately.

Patients made appointments to see the dental team via the main healthcare applications arrangements. If they required urgent treatment, they would request this via the main healthcare team, who would task the dental team to triage the request. The dental therapist was able to undertake simpler treatments, including routine restorations, take radiographs, and manage periodontal disease, which allowed the dentist to focus on the more serious cases.

Additional dental therapist sessions had been run between January and March to triage patients awaiting routine appointments owing to a significant increase in the waiting list at that time. At the time of inspection, we saw that patients could be seen within three weeks by the dentist, although the wait to see the dental therapist was up to 10 weeks.

Patients told us that they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff on how to handle a complaint.

The majority of complaints were submitted by patients via the main healthcare provider's complaints process. If these complaints were related to dental treatment, they were passed to the dental team to respond, and logged and monitored with other healthcare complaints.

We looked at comments, compliments and complaints the service received in the first three months of 2019. Four complaints and one compliment had been received regarding the dental service in that time. These showed the service responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

We found leaders had the capacity and skills to deliver high-quality, sustainable care. Leaders had the experience, capacity and skills to deliver the service strategy and address any risks to it.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Leaders at all levels were accessible and approachable via telephone, email and site visits. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The provider had effective processes to develop leadership capacity and skills, including planning for future leadership.

Vision and strategy

There was a clear vision and set of values, which the staff were aware of.

The strategy was in line with health and social priorities across the region. The provider planned its services to meet the needs of the prison population. An action plan for the overall healthcare provision, arising from a prison-wide health needs analysis, had no actions outstanding for the dental service when last reviewed in February 2019.

Culture

The service had a culture of high-quality sustainable care. Staff stated they felt respected, supported and valued. They were proud to work for the service.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The registered manager had overall responsibility for the management and clinical leadership of the service. The on-site clinical team were responsible for the day to day running of the service, with the support of the main provider's head of healthcare and their team. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were clear and effective processes for managing risks, issues and performance. However, Time for Teeth Ltd did not have arrangements in place with the main healthcare provider to ensure that it had effective oversight of shared processes. These included infection control, equipment maintenance, patient access and complaints.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The provider involved patients, staff and healthcare partners to support high-quality sustainable services.

The provider used patient surveys and verbal comments to obtain patients' views about the service, and feedback from the patient involvement forum run by the main healthcare provider. It gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included

Are services well-led?

audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The leaders showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.