

Somerset Partnership NHS Foundation Trust

RH5

Community dental services

Quality Report

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RH548	Bridgwater Dental Access Centre		
RH5H3	Glastonbury Dental Access Centre		
RH5Y9	Taunton Dental Access Centre		
RH5X6	Yeovil Dental Access Centre		







This report describes our judgement of the quality of care provided within this core service by Somerset Partnership 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 Somerset Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Somerset Partnership 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?	Outstanding	
Are services responsive?	Requires improvement	
Are services well-led?	Requires improvement	

Summary of findings

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Summary of findings

Overall summary

Overall rating for this core service Requires Improvement

Although we rated the service outstanding for providing caring services and good for providing effective services, overall, we rated the services as requiring improvement.

Somerset Partnership NHS Foundation Trust has 17 dental clinics across Somerset, Dorset and the Isle of Wight area. There are 13 clinic locations, excluding the locations where general anaesthetic services are provided. There are 10 clinics in Somerset, plus 2 Hospital locations. There are 3 clinics in Dorset, and one location for paediatric general anaesthetic services, as well as a Community Hospital location for adult general anaesthetic services.

During our inspection we visited seven locations which provided a special care dental service:

Bridgwater Dental Access Centre – special care dental treatment for all age groups.

Glastonbury Dental Access Centre - special care dental treatment for all age groups.

Taunton Dental Access Centre – special care dental treatment for all age groups.

Yeovil Dental Access Centre – special care dental treatment for all age groups.

The Browning Centre – dental treatment for adults with an impairment, disability or complex medical condition.

Canford Heath Dental Clinic – dental treatment children who are unable to tolerate treatment in the general dental practice setting.

The Dorset County Hospital - oral health care and dental treatment for adults with an impairment, disability and/or complex medical condition.

Overall we found dental services provided effective and caring treatment. We observed and heard practitioners were providing an excellent service in all locations with exceptionally caring, compassionate and respectful staff.

We found the service was not providing safe care as identified risks were not always acted upon in a timely manner and equipment was not always serviced or

appropriately managed for the safety of patients. The services were not responsive to the needs of patients referred to them in a number of areas, there were large numbers of patients waiting to be assessed and waiting lists were long.

The service was not well led as leadership, management and governance of the organisation did not assure the delivery of care in a supported learning and open environment across the service provision. There was limited devolved leadership to location managers and lead clinicians to empower them to make the necessary local judgements and actions for the safety and well-being of patients.

The two Dorset locations were well led locally. The issue was with the central leadership. Although this was beginning to be addressed by Clinical Support Managers who came across from the Somerset locations. Staff did report that although in its infancy it was a good innovation.

The Somerset locations were well led locally but were not always empowered to ensure all required actions for the efficient and effective running of the location. For example they told us they had reported issues relating to premises risks and maintenance and had been unable to obtain a response and action from the trust.

Dental services were effective and focussed on the needs of patients and their oral health care. We observed good examples of effective collaborative working practices and sufficient staff available to meet the needs of the patients who visited the clinics for care and treatment.

All the patients we spoke with, their relatives or carers, said they had positive experiences of their care. We saw good examples of care being provided with compassion; and effective interactions between staff and patients. We found staff to be hard working, caring and committed to the care and treatment they provided. Staff spoke with passion about their work and conveyed how dedicated they were in what they did.

At each of the locations we visited staff responded to patients' needs. We found the organisation actively sought the views of patients, their families and carers.

Summary of findings

People from all communities, who fit the criteria, could access the service. Effective multidisciplinary team working ensured patients were provided with care that met their needs, at the right time and without delay.

The service required improvement to the leadership. Organisational, governance and risk management structures were not in place to enable and empower staff in the locations to ensure safe and responsive care. The senior management team were not always visible across

the area of whole area of service delivery. Staff described a culture that encouraged openness locally however some locations visited told us they could not express this a Trust level and be heard. Staff in these locations reported low morale because they did not feel supported by senior managers.

Staff were not always aware of the vision and way forward for the organisation and some said they did not feel supported or able to raise concerns.

Summary of findings

Background to the service

Information about the service

Somerset Partnership NHS Foundation Trust provides a special care dental service for all age groups who require a specialised approach to their dental care and are unable to receive this in a General Dental Practice.

The service provides oral health care and dental treatment for children and adults that have impairment, disability and/or a complex medical condition and those who are nervous or dental phobic. Patients who come in to this category are those with a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability, including those who are housebound.

Additional services provided are an inhalation and intravenous sedation service where treatment under a local anaesthetic alone is not feasible and conscious sedation is required, domiciliary dental services where dental staff will visit patients in their own home or a

nursing and residential environment and minor oral surgery. In the Somerset area they provide a Dental Advice and Help Line where they can access urgent appointments to dental treatment.

General anaesthetic (GA) services are provided for children in pain where extractions under a local anaesthetic would not be feasible or appropriate such as in the very young, the extremely nervous, children with special needs or those requiring several extractions. This service can also be provided for adults with special needs. GA services are delivered at:

- Musgrove Park Hospital, Taunton
- Yeovil District Hospital
- Dorset County Hospital

There are 17 clinics across the Somerset, Dorset and Isle of Wight area.

Our inspection team

Our inspection team was led by:

Chair: Kevan Taylor, Chief Executive Sheffield Health and Social Care NHS Foundation Trust

Team Leader: Karen Bennett-Wilson, Head of Inspection for Mental Health, Learning Disabilities and Substance Misuse, Care Quality Commission

The team included three CQC inspectors and three dental specialist advisors

Why we carried out this inspection

We inspected this core service as part of our comprehensive community health services inspection programme.

How we carried out this inspection

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

The inspection was carried out across the seven of the service locations on three days

8 - 10 September 2015 by a lead inspector, two additional inspectors and three dental specialist advisors.

Summary of findings

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

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

During the inspection we spoke with patients who were attending the locations for treatment and they told us they were satisfied with the care and treatment received. The patients spoke very positively regarding the care and

treatment received and about the caring nature of all the staff in the trust. Common themes were patients felt they received excellent care and were provided with a personal and compassionate service.

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

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

These questions therefore formed the framework for the areas we looked at during the inspection.

What people who use the provider say

All the patients we spoke with across the locations were very complimentary about the service. They told us they found the locations and staff provided an excellent and highly professional service; and staff were extremely friendly and welcoming. All patients felt they were treated with dignity and respect.

Patients said they felt the locations offered an excellent service and staff were efficient, friendly, helpful, caring and knowledgeable. Patients stated they felt the dentists took a lot of time to explain care and treatment options in a way they understood.

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

Young patients and parents particularly noted staff were sympathetic and reassuring when they were nervous and this helped to put them at ease.

The results of the Friends and Family Test across the service provision showed 84% of patients were extremely likely to recommend the service.

Good practice

The dentists and support staff were skilled at building and maintaining respectful and trusting relationships with patients and their carers. The dentists sought the views of patients and carers regarding the proposed treatment and communicated in a way which ensured people with learning disabilities were not discriminated

against. For example, staff had learnt sign language and had made extensive efforts to communicate dental care and treatment options in language individual patients could understand and had developed a DVD training video for carers helping them to maintain good oral health for patients with mental and physical impairment.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider MUST take to improve

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

Summary of findings

- Ensure the cleaning contractor conforms to published National Patient Safety Association (NPSA) guidance regarding cleaning of dental premises.
- Implement recommendations in the legionella risk assessment carried for the trust in 2013.
- Ensure immunisation status is recorded for all staff who have received hepatitis B immunisation as directed by the Code of Practice on the prevention and control of infections, appendix D criterion 9(f).
- Ensure when carrying out domiciliary visits they take appropriate emergency equipment as advised by the British Society for Disability and Oral Health (BSDH) August 2009.
- Ensure staff are recruited safely according to the trust recruitment policy and Schedule 3 of the Health and Social Care Act 2008. Particularly ensuring references and gaps in employment were evidenced during the recruitment process.
- Ensure all equipment is regularly serviced and evidence available to demonstrate it is safe and fit for purpose.
- Ensure the services in Dorset are properly staffed and supported to be able to provide the additional activity expected by the commissioners of services.
- Ensure there are open and effective lines of communication between the senior management team and the staff in Dorset.
- Ensure the concerns of the staff in Dorset are listened to and acted upon in a timely manner with respect to operation issues that arise on a day to day basis
- Ensure staff providing care and treatment to children and young people have paediatric life support training.

Action the provider **SHOULD** take to improve

- The provider should ensure the location managers and senior clinicians are empowered to make local decisions.
- The provider should ensure the whistle blowing policy includes information about who staff could raise concerns with externally such as the Care Quality Commission (CQC).
- The provider should ensure clear communication channels for good leadership and management of the service and the safety and well-being of patients.

Somerset Partnership 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

Safety within the service required improvement.

We saw the trust did not have robust recruitment practices as four of the 14 records inspected did not have references. In some of the 14 records the individual's immunisation status was not always recorded to ensure they had the required protection for their role.

We saw no action had been taken to address the high risk areas identified in the legionella risk assessments or in relation to building and maintenance works for the safety of patients. We did not see evidence equipment had been regularly serviced and was safe and fit for use.

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

The locations had systems in place to assess and manage risks to patients however where risks had been identified the location managers had been unable to obtain a response from the trust to minimise the risks. They had

robust processes in place including infection prevention and control, training and the management of medical emergencies. Medicines were stored safely for the protection of patients.

Systems, processes and practices were in place to keep people safe and safeguard them from abuse. Risks to individual patients were assessed and their safety monitored and maintained. All locations kept clinical records in accordance with data protection regulations and confidential information was properly protected.

Detailed findings

Incident reporting, learning and improvement

- The trust had an incident reporting system in place and standard reporting forms for staff to complete when something went wrong. Records seen demonstrated staff had acted upon incidents that had occurred. Staff told us that reported incidents were sent to the trust head office and discussed at staff meetings when necessary. However, records were not kept locally or electronically to enable location staff to evidence trends or identify the number of incidents at their location over the preceding 12 months.

Are services safe?

- We saw evidence there was recognition of the value of shared learning when things went wrong. Staff meetings were held monthly and learning from incidents was a regular agenda item. This was where the wider learning points from an incident were disseminated and any necessary change in protocol discussed and passed to all staff.
- Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had been no accidents or incidents which had required notification under the RIDDOR guidance in the last 12 months.
- Staff told us they were also aware that for many patients non-attendance at an appointment was transport related and worked with other agencies to ensure appropriate transport for next appointment. Staff were well aware that for children who did not attend there may be safeguarding issues and took the relevant steps to ensure children were protected from potential abuse through dental decay by non-attendance at appointments. All staff told us this system had reduced the number of patients who did not attend. The trust advised us their actions had reduced the rate of non attendance at Somerset locations by 6% in the last two years.

Safeguarding

- All staff had a good knowledge about safeguarding issues affecting vulnerable people. A trust policy was in place for staff to refer to in relation to safeguarding children and vulnerable adults who may be the victim of suspected abuse.
- Records demonstrated that staff had been appropriately trained in line with national guidance (Child Protection and the Dental team 2013). The lead clinicians had been trained to level 3 and dental nurses to level 2. Staff were able to describe what might be signs of abuse or neglect and how they would raise concerns with the safeguarding lead professional. The training records for staff showed safeguarding refresher training for some staff was overdue. The electronic system for recording staff training did not enable the provider to identify the last time staff had received training in the subject.
- Staff were aware of the policy about raising concerns about another member of staff's performance (a process sometimes referred to as 'whistleblowing'). Staff told us they knew they could raise such issues with one of the dentists or location manager. They also knew they could contact the Care Quality Commission (CQC) if any concerns remained unaddressed.
- The locations had a number of patients who did not attend their appointments which the trust had identified and were working to reduce. They had implemented a robust system whereby the receptionists followed up patients who did not attend with a phone call, or if the patient appeared to have moved sought to work with other agencies to find where the patient now lived.

Medicines and Medical Emergencies

- An effective system was in place for the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice such as local anaesthetics and drugs used for sedation purposes. The systems we viewed were complete, provided an account of medicines used and prescribed which demonstrated patients were given medicines only when necessary.
- Dentists recorded the batch numbers and expiry dates for local anaesthetic cartridges and these were recorded in the clinical notes. Medicines and prescription pads were stored securely and NHS prescriptions were stamped with an official centre stamp. Medicines stored in the locations were reviewed regularly to ensure they were not kept or used beyond their expiry date.
- Medicines which needed to be stored in a fridge were in line with the manufacturer's guidance. We saw routine checking of the fridge temperature ensured storage of these items remained within the recommended range.

Environment and equipment

- There were clear guidelines for staff about how to respond to a sharps injury (needles and sharp instruments). The service used dental safety syringes which meant needles were disposed of safely. This complied with the Safe Sharps Act 2013.
- Single use equipment was used during root canal treatment in line with national guidance. We observed disposal of these after treatment. There was an extensive stock of materials and equipment used for root canal treatments, kept in each surgery. Root canal treatment was carried out where practically possible

Are services safe?

using a rubber dam which we observed was latex free. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. This followed guidance on the use of the rubber dam from the British Endodontic Society.

- The service had carried out risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. This included: the safe use of X-ray equipment; disposal of waste; and the safe use of sharps (needles and sharp instruments). The assessments included some of the measures which had been put into place to manage the risks, but not all the required actions had been taken to mitigate identified risks. For example, we saw a legionella risk assessment that had been completed in 2013 and we were told no action had been taken to implement the recommendations in the risk assessment for the safety of patients.
- The organisation had a risk register which we were unable to access, but, staff told us risks recorded included the length of the waiting list, staffing levels and on going IT issues.
- There were sufficient quantities of instruments and equipment to cater for each clinical session which took into account the decontamination process. However, in Dorset, due to a change made by the trust to the frequency in the collection of dental instruments for contamination, there had been occasions where there were not enough instruments to carry out procedures. This issue had been resolved by the purchase of extra instruments.
- There were systems in place to check and record equipment was in working order. These included annual checks of portable appliance testing (PAT) of electrical equipment. The trust had contracts in place with external companies to carry out annual servicing and routine maintenance work of other equipment in the premises in a timely manner. This helped to ensure there was no disruption in the safe delivery of care and treatment to patients.
- We were told the centre staff provided oral surgery for two sessions a week at the local hospitals. They told us they took and used their own staff and instruments. However, hospital equipment used was not checked to ensure it had been appropriately serviced and verified as safe to use for the protection of patients.
- The trust was working in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). An external Radiation Protection Advisor (RPA) had been appointed and a nominated dentist was the Radiation Protection Supervisor (RPS) for the trust.
- We found there were suitable arrangements in place to ensure the safety of the equipment and we saw local rules relating to each X-ray machine were displayed in accordance with guidance. However, the trust could not provide documentary evidence to demonstrate the X-ray equipment in use had been serviced at recommended intervals. We were told all the documents were located at trust headquarters, but were not provided with a copy. This does not meet the IRMER regulations and is not safe practice as staff operating the equipment cannot assure themselves of the safety and effectiveness of the equipment.
- X-ray audits were carried out at the locations annually to ensure they were of a satisfactory quality. We saw evidence the dentists recorded the reasons for taking X-rays (justification) and the images were checked for quality assurance and fully reported in the clinical records which demonstrated compliance with current best practice. Some locations did not have a current radiograph audit available for us to look at during our inspection.
- There were arrangements in place to meet the Control of Substances Hazardous to Health Regulations 2002 (COSHH). COSHH is the legislation that requires employers to control substances which are hazardous to health. There was a COSHH file where risks to patients, staff and visitors associated with hazardous substances were identified. However, these were not up to date in all locations.
- Checks of fire extinguishers and emergency lighting had taken place at regular intervals. We also saw records of recent fire drills and fire training within the last 12

Are services safe?

months. We saw the fire evacuation procedure was clearly posted on the walls throughout the locations. Fire risk assessments had been carried out which indicated identified risks had been partly addressed.

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

Quality of records

- Patients individual care records were written and managed in a way that keeps them safe. Patients' clinical records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage with paper records stored in lockable metal filing cabinets. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality.
- All patient records were stored at the location from which care and treatment was provided. For patients receiving domiciliary dental care the paper records collected by the dentist or hygienist prior to the domiciliary visits. During visits they were kept in folders which remained with the dental practitioners at all times. Records were completed fully following the treatment and prior to continuing to the next patient. Clear advice and written information was provided to the patient, care home and relatives as appropriate.
- Patient records demonstrated that dental general anaesthesia (GA) and conscious sedation was delivered according to the standards set out by Intercollegiate Royal Colleges Guidelines for Conscious Sedation 2015. The records demonstrated an approved care pathway approach had been followed for the safety of patients. These records were accurate in that they detailed the treatments carried out and all required information relating to the sedation and local anaesthetic used as required by best practice guidelines. They were complete legible, up-to-date and stored appropriately.
- Each patient contact with a dentist was recorded in the patient's care records. We observed and were told records were completed at the time of treatment. They were legible, accurate and up-to-date. New patients were asked to complete a comprehensive medical history and a dental questionnaire. This questionnaire enabled the clinicians to gather important information

about their previous dental, medical and relevant social history. They also aimed to capture details of the patient's expectations in relation to their needs and concerns. This helped to direct the dentists in providing the most effective form of care and treatment for them. These aspects of information were seen to inform treatment options and ensure comprehensive records for the safety and well-being of patients.

- The service had a programme of clinical audit in place. We saw clinical record keeping was one of the audits undertaken as part of a regular rolling programme of audit. The results seen demonstrated a high standard of work and documentation which met the record-keeping requirements. The results had not shown any specific trends or issues of concern. However we were told should improvements be needed following an audit these would be discussed at the senior practitioners meetings which were held monthly

Cleanliness, infection control and hygiene

- Locations appeared clean and well maintained. The trust employed a new contract cleaner for the Somerset locations in July 2015. Staff in the locations were unable to supply us with a cleaning plan, schedule and checklists to demonstrate appropriate cleaning was being undertaken in line with the Infection Prevention and control Code of Conduct and the 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM 01-05) published by the Department of Health. Senior staff in these locations told us they had raised concerns with the trust about the cleaning of the premises and storage of equipment which was not following the recommended guidelines. This was being followed up with the cleaning company to ensure guidance was adhered to and records were held in the locations.
- The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM 01-05) published by the Department of Health, sets out the processes and practices which are essential to prevent the transmission of infections. We observed processes at the locations which demonstrated that the HTM 01-05 essential requirements for decontamination had been met. The locations had an infection control policy and a set of procedures which included hand hygiene, managing waste products and decontamination guidance.

Are services safe?

- There were effective systems in place to reduce the risk and spread of infection within the locations. Decontamination was carried out in a dedicated local decontamination room or the local hospital sterilisation service was used, which we found met essential requirements of HTM01-05. We saw a clear separation of dirty and clean areas. There were adequate supplies of personal protective equipment such as face visors, aprons and gloves. Posters about good hand hygiene and decontamination procedures were displayed to support staff in following practice procedures.
- It was noted the dental treatment rooms, waiting areas, reception and toilets were clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including liquid soap and paper towels in each of the treatment rooms and toilets. Hand washing protocols were also displayed appropriately in various areas of the trust and bare below the elbow working was observed.
- Staff described the end to end process of infection control procedures at the locations which met the requirements of HTM01-05. For the locations where the hospital sterilisation services were used we saw a robust system of instrument tracking in place which used an electronic scanner to track instruments between the location and the HSDU. This system helped to prevent loss of instruments to the service as well as being able to trace instruments in the event of a patient suffering from a healthcare acquired infection.
- Staff explained the decontamination of the general treatment room environment following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental unit water lines.
- The drawers in the treatment rooms were inspected in the presence of a dental nurse. These were well stocked, clean, well ordered and free from clutter. All of the instruments were pouched and it was obvious which items were single use and these items were clearly new. Each treatment room had the appropriate routine personal protective equipment available for staff and patient use.
- In Dorset we observed the dental unit water lines were maintained to prevent the growth and spread of legionella bacteria (legionella is a bacteria which can contaminate water systems in buildings). The dental nurse described the method they used which was in line with current HTM 01-05 guidelines. The recommended procedures contained in the report were being carried out and logged appropriately. These measures ensured patients and staff were protected from the risk of infection due to Legionella.
- In the Somerset locations records showed a risk assessment process for legionella had been carried out in 2013. However, we were not shown any evidence which demonstrated the trust had addressed the identified risks or implemented the recommended actions. For example, they did not have a process in place to monitor water temperature from the standard domestic hot and cold facilities in the locations to ensure the safety of the general water systems. The trust told us the water company employed by the trust had recently changed. Staff managing the locations did not mention this and told us they were not aware why action to address the highlighted risks in the report had not been taken. They told us this was managed by the trust headquarters
- The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines.

Mandatory training

- Staff told us they received appropriate professional development and training. Continuing professional development was reviewed centrally within the trust to monitor dentists' and dental nurses' progression. Professional registration was also reviewed and highlighted to staff when they were due for review by the General Dental Council.
- Training records showed that all staff working in the Somerset locations were up to date with their training. The training covered all of the mandatory requirements for registration issued by the General Dental Council. This included responding to medical emergencies, safeguarding, consent and infection control. There was an induction programme for new staff to follow to ensure they understood the protocols and systems in place with the trust and access centres.

Are services safe?

- Staff in Dorset told us, training courses were organised but were held a number of miles away. For example, an upcoming basic life support course was to be held approximately 44 miles away. The dentist we spoke with wanted to undertake a further qualification in paediatric dentistry which was relevant to their role. They told us they were in discussion with the trust about funding this.

Assessing and responding to patient risk

- The locations carried out consultations, assessments and treatment in line with recognised general professional guidelines. A review of a sample of dental treatment records and discussions with the senior clinician on duty confirmed this.
- The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence the medical history was updated at subsequent visits. An examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer was recorded in patient records. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was discussed with the patient and treatment options explained in detail.
- Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures such as brushing techniques or recommended tooth care products. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and or carer and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements. A review of a sample of dental care records showed the findings of the assessment, dietary advice, tooth brushing; recommended tooth care products and details of the treatment carried out were recorded appropriately.
- Dental general anaesthesia and conscious sedation was delivered according to the standards set out by Intercollegiate Royal Colleges Guidelines for Conscious

Sedation 2015. The general anaesthetic and sedation care was prescribed using an approved care pathway approach. Patients entered a recognised pathway of: 'tender loving care'; 'tender loving care' and inhalation sedation; and finally general anaesthesia. Details of the treatments carried out were documented; local anaesthetic details including type, site of administration, batch number and expiry date were recorded.

Staffing levels and caseload

- Staff in the Somerset locations told us there were usually enough staff to maintain the smooth running of the locations and there were always enough staff on duty to keep patients safe. We saw records that demonstrated staffing levels and skill mix were in line with planned staffing requirements for the reduced service provision.
- Staff we spoke with told us they were clear about their roles and responsibilities and had access to the trust policies and procedures. The location managers ensured there were sufficient numbers of staff to meet patients needs. They told us they were able to use staff from other locations in the case of staff absences. However, we were told the service had a number of vacancies across the areas covered and this led to increased waiting lists. The trust told us they were reviewing the grades of staff recruited to provide a better skill mix balance.
- In Dorset staff told us there were not always enough staff available to maintain the smooth running of the domiciliary care service. The number of staff providing the service in these locations reduced during the transition period as some staff did not TUPE across to the trust when the contract commenced on 1 April 2015. The clinical director told us they had and were recruiting staff to maintain the staffing numbers. The number of treatment sessions (each treatment session is half a day) had been reduced by five as a consequence.

Managing anticipated risks

- The service had arrangements in place to deal with medical emergencies. These were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Appropriate emergency equipment and an automated external defibrillator

Are services safe?

(AED) were available. An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Oxygen and medicines for use in an emergency were available and were stored securely at reception. We saw the emergency kit contained the correct emergency drugs.

- Records showed checks were made to ensure the equipment and emergency medicine was safe to use. The expiry dates of medicines and equipment were monitored using a weekly check sheet which was signed by a member of staff. Therefore, staff were familiar with the content and were able to replace out of date or used medicines and equipment promptly. The emergency medicines and equipment were stored in a central location known to all staff.
- Records seen during the inspection at the various locations showed that a small number of staff had not completed annual training in emergency resuscitation and basic life support including paediatric life support. However the trust has told centrally held information, which we did not see, demonstrated all staff had received this training .
- The trust did not always implement nationally recognised guidance in respect of emergency treatment for domiciliary visits (treatment in a patient's home or a care home). The trust had a standardised list of equipment that all dental access centres used in Somerset. However, the equipment did not include a full

pack of emergency medicines, oxygen and an automated external defibrillator. This did not reflect the British Society for Disability and Oral Health, guidelines for the delivery of a Domiciliary Oral Health Service August 2009.

Staff recruitment

- There were recruitment and selection procedures in place which were managed through the human resources department of the trust. We were assured by the provider that effective recruitment procedures were in place for all new starters.
- We reviewed 14 personnel files and saw in 10 of the 14 records information obtained and recorded was compliant with the relevant legislation. Evidence of professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service (DBS) had been carried out in all records seen. However, in four people's records not all references received had been signed and gaps in employment had not always been explored and recorded. Also, the person's immunisation status was not always recorded and if their immunisation status had been recorded as needing attention, there was no clear process to identify who was responsible for ensuring appropriate action was taken and completed.
- Most staff in Dorset had transferred to this provider when they had taken over the dental contract on 1 April 2015.

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 the effectiveness of the service as good.

Patients' needs were assessed and care and treatment was delivered in line with current legislation, standards and evidence based guidance. The dental care records seen were clear and complied with current best practice in dental clinical record keeping.

Staff had the skills, knowledge and experience to deliver effective care and treatment. However the Trust did not always support staff to participate in training and development relevant to their role. The locations monitored patients' oral health and gave appropriate health promotion advice. There were effective arrangements in place for working with other health professionals to ensure effective quality of treatment and care for the patient.

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

Detailed findings

Evidence based care and treatment

- Dental general anaesthesia and conscious sedation was delivered according to the standards set out by Intercollegiate Royal Colleges Guidelines for Conscious Sedation 2015.
- Consultations, assessments and treatment were carried out in line with recognised general professional guidelines. A review of a sample of dental treatment records and discussions with the clinicians on duty in each location visited confirmed this.

Health promotion & prevention

- Preventive care across the service was delivered using the Department of Health's 'Delivering Better Oral Health Toolkit 2010'. Adults and their carers attending services were advised during their consultation of steps

to take to maintain healthy teeth. Tooth brushing techniques were explained to them in a way they understood. Across the sample of dental care records reviewed we observed all demonstrated the dentist had given oral health advice to patients.

- Within the Somerset area, locations were supported in the promotion of oral health by an exceptional team located at the Burnham-on-Sea satellite access centre. The service provided NHS oral health care and dental treatment for children and adults that had an impairment, disability or complex medical condition. This includes patients with a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability, including those who are housebound.
- Patients' dental recall intervals were determined by the dentists using a risk based approach based on current National Institute for Health and Care Excellence (NICE) guidelines.
- The recall interval for each patient was set following discussion of these risks with them. The dentists worked according to the NICE guidelines and the Faculty of General Dental Practice (FGDP) guidance, in relation to deciding antibiotic prescribing and wisdom teeth extraction. The dentists were also aware of the 'Delivering Better Oral Health Toolkit' when considering care and advice for patients. 'Delivering Better Oral Health' is an evidence-based toolkit to support dental teams in improving their patients' oral and general health.
- The dentists were informed by guidance from the FGDP before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded in the patient's care record and these were reviewed in the location's programme of audits.
- In the Somerset area a Dental Advice and Help Line is provided where patients can access urgent appointments for dental treatment. The Dental Advice and Help Line is manned from 8:30am until 8.00pm Monday to Friday and Saturday mornings (8:30am to

Are services effective?

12:30pm) by two regular staff members (one staff at a time). Saturday afternoons and Sunday's (all day) are covered by trained administrative staff and dental nurses.

Patient outcomes

- The service had an effective system to regularly assess and monitor the quality of service patients received. To facilitate this there was evidence the service carried out clinical audit and risk assessments. This included auditing of clinical recording keeping standards, dental X-rays. Infection control, sedation and oral surgery. The results of these seen demonstrated a high standard of work.
- Information about the outcomes of patients' care and treatment is routinely collected through clinical audit, peer reviews and patient surveys. We saw minutes of senior clinicians meetings where patient outcomes and ways for improvement were discussed. For example the service was effective and focussed on the needs of patients and their oral health care. In Somerset, patients were supported in the promotion of oral health by an exceptional team located at the Burnham-on-Sea satellite access centre which we inspected. We saw audits which demonstrated their activity of fluoride application to children's teeth across the county had improved their dental health.
- Records and audits showed intended outcomes for patients were being achieved. Patients' dental recall intervals were determined by the dentists using a risk based approach based on current National Institute for Health and Care Excellence (NICE) guidelines. The recall interval for each patient was set following discussion of these risks with them.
- We saw clinical audits and patient comments supported good outcomes for patients. However, we did not see any comparative data with similar services.
- The dentists worked according to the NICE guidelines in relation to deciding antibiotic prescribing and wisdom teeth extraction. The dentists were also aware of the 'Delivering Better Oral Health Toolkit' when considering care and advice for patients. 'Delivering Better Oral Health' is an evidence-based toolkit to support dental teams in improving their patients' oral and general health.
- To promote shared learning across the service, clinical peer review groups had been set up in each county area

to review and discuss conscious sedation. Please groups met at least annually, to discuss best practice in relation to conscious sedation and compared data with other similar service provision. Minutes and outcomes seen demonstrated the locations were providing a good service.

- The service gathered feedback from staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff in Somerset told us they felt involved and engaged in activities to improve outcomes for both staff and patients. However, in Dorset they did not feel involved or engaged in the processes to improve outcomes for patients and staff. We were shown examples of action taken to improve outcomes these were the work undertaken to address inappropriate referrals from high-street dentists and the ongoing work from reception staff to minimise missed appointments.

Competent staff

- Staff told us they mostly received appropriate professional development and training across the area of service provision. Continuing professional development was reviewed centrally by the trust to monitor dentists and dental nurses' progression. Professional registration was also reviewed and highlighted to staff when they were due for review by the General Dental Council.
- We reviewed training records for all dentists, dental nurses and reception staff and saw they were up to date with their training. The training covered all of the mandatory requirements for registration issued by the General Dental Council. This included responding to medical emergencies, safeguarding, consent and infection control. There was an induction programme for new staff to follow to ensure they understood the protocols and systems in place with the Trust and locations.
- Staff we spoke with told us they were clear about their roles and responsibilities, had access to the trust policies and procedures, and were supported to attend training courses appropriate to the work they performed

Are services effective?

in the Somerset area but not in the Dorset area of service provision. We observed dental nurses had attended extended duty dental nurses training in sedation and radiography.

- Appraisals were completed annually for all staff and in addition to this staff attended supervision meetings every six to eight weeks. Staff were encouraged to develop their role and were supported to complete additional training, such as a sign language to communicate with a specific patient group, dementia awareness and additional training in dental radiography and sedation enabling the service to provide enhanced care for patients. For reception staff they had been encouraged to complete a business level 3 course to help support and assist them with their day to day role.
- In Dorset staff told us they had taken part in a recent appraisal but were aware they needed to update some of their training. The record of staff training showed the majority of staff had not completed the training identified as mandatory by the provider. The senior member of staff who showed us the records thought they had not been transferred to the trust record system when staff had transferred from another organisation five months prior to our inspection.
- Access to development opportunities was varied. In Somerset staff were supported to pursue development opportunities. We saw evidence staff were working towards completing the required number of continuing professional development hours to maintain their professional development in line with requirements set by the General Dental Council. In Dorset staff said they were not supported to pursue development opportunities. We saw evidence that staff were working towards completing the required number of continuing professional development hours to maintain their professional development in line with requirements set by the General Dental Council. However, they said training and development had not always been supported by the trust.

Multi-disciplinary working and coordinated care pathways

- The service was relatively self-contained as the locations contained a diverse mix of well trained and experienced dental staff. However, the nature of the patients, and their special needs, required

multidisciplinary working. There were suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. There was effective collaboration and communication amongst all members of the multidisciplinary team to support the planning and delivery of patient centred care.

- Details of all treatment patients had received were communicated back to their referring dentist when they were discharged from the service at the end of their course of treatment.
- The majority of patients in the Somerset area were referred to the service from general dental practices within the local area. Referrals were assessed and monitored by the trust and were refused or rejected on a case by case basis. Where a theme was established of rejected referrals for particular dentists or dental practices the clinical director followed up with the specific practice to improve referral quality received and understanding of the referring dentist. In Dorset the two main locations had a specialised list of regular children and vulnerable adults to whom they provided a service.
- Referrals when required were made to other dental specialists such as oral surgery and consultants in haematology for haemophiliac patients and restorative dentistry for patients requiring advanced procedures.

Access to information

- Patients were provided with information about the services offered on the waiting room notice boards. There were also a number of leaflets describing the range of treatments which were available and their costs outlined. There were leaflets for specific treatments such as root canal, and oral hygiene. NHS charges were clearly displayed in the waiting area.
- Preventative dental information was given during consultations in order to improve the outcome for patients. This included dietary advice and general dental hygiene procedures such as brushing techniques or recommended tooth care products. There was a patient information leaflet with pre-operative and post-operative instructions for the patient to follow when having sedation. These patient instructions were reinforced verbally at the assessment appointment and again at the point of discharge following surgery.

Are services effective?

- Patients reported they had access to and received information in the manner that best suited them and that they understood. Information for patients about how to raise a concern or complaint was available in the waiting room and on the provider's website, but it was not explained in the dental service leaflet which could be downloaded from the site.

Consent and Mental Capacity Act

- Staff described the methods they used to ensure patients had the information they needed to be able to make an informed decision about treatment. We saw treatment options; risks, benefits and costs were discussed with each patient and documented in a written treatment plan. Staff explained to us how valid consent was obtained from patients at the locations. We reviewed a random sample of patient records which confirmed valid consent had been obtained.
- Dentists had a clear understanding of consent issues. They stressed the importance of communication skills when explaining care and treatment to children and the adults responsible for their care. The dentists felt that responsible adults and older children should be given time to think about the treatment options presented to them. This ensured that a parent or older children could withdraw consent at any time.
- Patients told us they were given time to consider their options and make informed decisions about which option they wanted.
- There was a system for obtaining consent for patients undergoing general anaesthesia, inhalation sedation and other operative dental treatment. Staff discussed treatment options, including risks and benefits, with each patient their parents, guardians or carers. Responsible adults were asked to read and sign these before starting a course of treatment.
- The documentation used in each case to inform consent consisted of: the referral letter from the general dental practitioner, the patient assessment including a completed written medical, drug and social history. Patients' parents or guardians were also required to complete the appropriate NHS consent form.
- There were pre-operative and post-operative check lists and a patient information leaflet of pre-operative and post-operative instructions for the patient to follow. The dentists involved in the provision of general anaesthesia undertook a series of checks immediately prior to the removal of teeth to prevent the occurrence of a 'never event' i.e. wrong tooth extraction.
- In situations where people lack capacity to make decisions through illness or disability, health care providers must work in line with the Mental Capacity Act 2005. This is to ensure decisions about care and treatment are made in the patient's best interests. Staff explained how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met. The trust had an electronic checklist to ensure they covered all the key points of the Mental Capacity Act 2005 when treating patients who lacked capacity to consent to care and treatment. Staff had received specific Mental Capacity Act 2005 training and had a good working knowledge of its application in practice.



Are services caring?

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

Summary

We rated caring in the service as outstanding.

We observed and heard from patients they were truly respected and valued as individuals and are empowered as partners in their care.

Feedback from patients, those who are close to them and stakeholders was positive about the way staff treated them. People think staff go the extra mile and the care they received exceeds their expectations.

There was a strong, visible person-centred culture. Staff recognised and respected the totality of patient's needs. They were highly motivated and inspired to offer care which was kind and promoted patient's dignity. We observed relationships between staff and patients were strong, caring and supportive.

Staff demonstrated they were fully committed to working in partnership with patients and worked to meet individual preferences and needs in care delivery.

We found patient records were stored securely and patient confidentiality was well maintained. We observed privacy and confidentiality was maintained for patients using the service on the day of our inspections.

Detailed findings

Compassionate care

- We spoke with 20 patients and received 30 CQC comment cards. All patients we spoke with and the comments received reflected patients were very satisfied with the assessments, explanations, the quality of the dentistry and the outcomes of the treatment provided.
- Patients told us they were treated with compassion, kindness, dignity and respect. They were very positive about the services they experienced. Patients said they felt it was an excellent service and staff were efficient, friendly, helpful, caring and knowledgeable. They told us health issues and medicines were discussed with them and they felt involved in decision making about the treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive.
- We observed patients were dealt with in a kind, friendly, compassionate and professional manner. We observed staff being polite, welcoming patients by their preferred name, being professional and sensitive to the different needs of patients. Parents particularly noted staff were sympathetic and reassuring when they were nervous and this helped to put them at ease.
- Staff and patients told us all consultations and treatments were carried out in the privacy of treatment rooms to maintain patients' dignity and privacy. We observed treatment room doors were closed at all times whilst patients were with dentists. Conversations between patients and their carers and dentists could not be heard from outside the rooms which protected patients privacy. Staff were aware of the importance of providing patients with privacy and maintaining confidentiality.
- We saw before treatment commenced, patients signed their treatment plan to confirm that they understood and agreed to the planned treatment. Staff told us they involved relatives and carers to support patients in decision making when required.
- We observed the dentists and the dental nurses treating patients and carers with dignity and respect. They took extra time with patients who did not have full capacity to understand the advice being given. The dentists and support staff were skilled at building and maintaining respectful and trusting relationships with patients and their carers. The dentists sought the views of patients and carers regarding the proposed treatment and communicated in a way which ensured people with learning disabilities were not discriminated against. For example, patients and carers were given choices and options about their dental treatment in language they could understand.
- The service obtained regular feedback from patients via the friends and family test. The results from this were



Are services caring?

analysed centrally and included results from all locations. The overall result for all locations showed high patient satisfaction and 84% would recommend the service.

Understanding and involvement of patients and those close to them

- Patients and their parent or guardian received a detailed explanation of the type of treatment required, including the risks, benefits and options. Dental care records we observed contained extensive notes with respect to treatment options and the risks and benefits of the proposed treatment.
- Patients and families we spoke with confirmed they felt appropriately involved in the planning of their, or their, family member's treatment.
- Patients told us health issues and medicines were discussed with them and they felt involved in decision making about the treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive.
- Patients were given a copy of their treatment plan and for non-exempt patients the associated costs of the treatment planned. We found planned care was consistent with best practice as set down by national

guidelines. Patients were informed of the range of treatments available and their cost in information leaflets. We saw NHS charges were clearly displayed in the waiting area.

Emotional Support

- Staff demonstrated a good understanding of the emotional impact dental treatment can have on patients' well-being. We saw staff were passionate about working within the service and providing good quality care for patients. They demonstrated a good understanding of individual needs of patients and a breadth of experience in ensuring the emotional impact of dental treatment was minimised.
- Staff demonstrated patience and understanding when interacting and treating patients. We observed and were told they provided timely support and information to patients to cope emotionally with their care and treatment.
- Young patients and parents particularly noted staff were sympathetic and reassuring when they were nervous and this helped to put them at ease.
- Patients who used services were empowered and supported to manage their own dental care with advice and education about good tooth brushing techniques and other dental advice to enhance their dental well-being and maximise their independence.

Are services responsive to people's needs?

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

Summary

We the responsiveness of the service required improvement.

We were told there was a waiting list and for some treatments and that patients were waiting more than 18 weeks. The senior dental officers told us once in the system treatment was completed in a timely manner. At the time of our inspection in Dorset there were over 450 children on the waiting list of which 15 children had been waiting 24 weeks and a large number had been waiting 22 weeks. We were told approximately 60 adult patients were waiting for domiciliary care and this was outside the 18 week target for treatment. In the Somerset area we were shown that for one location they had a waiting list of 124 patients who had passed the 18 week timeframe.

Services were planned and delivered to meet the needs of patients but the available resources were not meeting the demand for service. Patients had good access to appointments, including emergency appointments, which were available on the same day. The needs of patients' with disabilities had been considered and arrangements had been made to ensure level access to the waiting area and treatment rooms on the ground floor. Patients were invited to provide feedback via a satisfaction survey. We observed a good rapport between staff and patients attending appointments on the day of the inspection.

There was a complaint policy which was displayed in the waiting room. The location managers told us a majority of complaints were dealt with immediately by the staff with the patient or carer and following the complaint policy. Formal complaints were sent to trust headquarters where a full investigation was carried out, and records kept of the investigations undertaken and the outcome for the complainant.

Detailed findings

Planning and delivering services which meet people's needs

- The dentists reported in a large number of cases patients were referred to the service for short-term specialised treatment. On completion of treatment,

patients were discharged back to their own dentist so that ongoing treatment could be resumed by the referring dentist. Each referral provided information about why the patient was visiting and any communication difficulties they may have so this enabled the locations to determine how long the patient may need for an assessment.

- We found services were planned and delivered to meet the needs of patients. Staff had a clear understanding of who their population group were and understood their needs including, making appointments long enough to provide thorough investigations and treatment.
- There was an efficient appointment system in place to respond to patients' needs. There were vacant appointment slots for the dentist to accommodate urgent or emergency appointments. The patients we spoke with told us they were seen in a timely manner in the event of a dental emergency. Staff told us the appointment system gave them sufficient time to meet the requirements of high need patients. Basic periodontal treatment to help maintain patient's gum health was carried out by a dental therapist.
- There were excessive waiting lists for vulnerable adults and children who had been referred to the service and were waiting for their first assessment appointment. At the time of our inspection in Dorset there were over 450 children on the waiting list of which 15 children had been waiting 24 weeks and a large number had been waiting 22 weeks.
- We were told approximately 60 adult patients were waiting for domiciliary care and this was outside the 18 week target for treatment. In Somerset we were given figures which showed there was a significant delay in accessing services for both children and adults. The data for Bridgwater dental access centre showed in September they had a waiting list of 124 patients who had passed the 18 week timeframe. Data seen showed this had decreased from 171 referrals in June. Data seen across the locations was similar. Across the trust area there were significant waiting times for domiciliary service provision from 8 to 12 weeks in Somerset and over 18 weeks in Dorset.

Are services responsive to people's needs?

- In Dorset the number of general anaesthetic sessions available for the treatment of children had been reduced from four sessions to two sessions. The associate clinical director told us these sessions were to be replaced by sessions at other locations. We were also told the provider had recruited a dental therapist to address the waiting list for treatment; they were due to start the week after our inspection. We were told the trust had advertised for dentists to further reduce the waiting time.

Equality and diversity

- The special care dentistry service is commissioned to specifically provide access to dental services for vulnerable adults and children. In order to improve the oral health of this vulnerable group of patients we observed plenty of time was allowed for patient appointments.
- The service had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. Reception staff told us they had access to a translation service should it be required. Details and the access code for translation services were available in the office.
- The trust had also considered the needs of patients with mobility issues. All locations visited had adapted the premises to enable wheelchair access for patients with mobility difficulties. They all had disabled toilet facilities. Car parking was available at the locations; however, places were limited at some of the locations but there was parking close by.
- Staff described to us how they had supported patients with additional needs such as a learning disability. They ensured that patients were supported by their carer or a relative and that there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- All the Somerset locations had the support of the Oral Health promotion team based at the Burnham-on-Sea access centre and we were told all schools in the county were regularly visited to apply fluoride varnish to children's teeth. Fluoride is one method of preventing dental decay. We were told all children regularly received fluoride toothpaste and a toothbrush, use of which has been shown to reduce dental decay. We were shown audits which demonstrated the positive impact of the oral health promotion team.
- Patients unable to access the locations for dental treatment were visited in their own homes, care homes or nursing homes. We were told due to the number of patients waiting for treatment in this way it was hoped to increase the number of sessions to two a week.

Access to the right care at the right time

- The locations were open on Monday to Friday between 8.30am and 5pm and closed for an hour at lunchtime. The locations were closed on Saturdays and Sundays in Dorset, but, in Somerset a clinic was held in one of the locations on both days of the weekend to provide emergency dental appointments to treat patients with dental pain and emergencies.
- Information regarding the opening hours was available in all the premises. There was an answer phone message which provided information about opening hours as well as how to access out of hours treatment. Some emergency appointments were kept free each day so the locations could respond to patients in pain. Patients unable to access the locations were visited in their own homes, care homes or nursing homes.
- The service had a well-defined acceptance criteria with senior clinicians triaging all of the referrals sent to them. This ensured only those patients falling within the acceptance criteria were able to access the service.
- We asked staff about access to the service in an emergency. They told us they had the flexibility in the appointment system to see patients who needed to be seen urgently because they were experiencing dental pain. This was explained on the service website.
- The locations had a number of patients who did not attend their appointments which was affecting the length of time other patients had to wait to be seen. They had acknowledged this was an area which needed to be improved upon and had made a number of changes to try and decrease the number of 'did not attend' (DNA).

Are services responsive to people's needs?

- All patients were telephoned the day before their appointment to remind them. If patients did not attend an appointment they were either sent a letter or called by one of the reception team members.
- Due to the long wait between referral from the general dental practice and being seen by the location sometimes patients address details had changed, so to ensure patient details were correct before sending the initial appointment letter the patient was phoned to check their personal details. In the Somerset area these actions, staff told us, and figures demonstrated it had resulted in a steady decrease in DNAs since March 2013.
- We looked at the trust's complaints log for the 12 months prior to our inspection and examined five complaints received across the whole service. The trust had responded to the complaints appropriately and in a timely way. However, we observed in one complaint, which related to an extraction, no written consent had been obtained.
- In Dorset we saw there had been three complaints recorded since the provider took over the service on 1 April 2015. A senior member of staff carried out investigations and discussed learning points with relevant members of staff. One of the complaints had been in relation to the waiting time for an initial assessment; while another reported there had been no staff available to provide advice when their child had experienced trauma to a tooth. We reviewed one of the cases in detail and saw this had been thoroughly investigated and a written response sent to the complainant. The service had discussed the availability of appointments and had started to address the shortfall in staffing levels.
- We observed it was the trust policy to offer an apology when things went wrong. We were told of examples of how the staff had exercised their Duty of Candour with an apology that had been offered following a patient's complaint and a record made in their notes.

Learning from complaints and concerns

- The trust had a complaint policy and procedure in place for handling complaints which provided staff with relevant guidance and described how the locations handled formal and informal complaints from patients.
- Information about how to make a complaint was available on the provider's website but was not explained in the dental service leaflet which could be downloaded from the site. Patients told us if they needed to complain they would approach staff for the information. Managers told us most complaints were dealt with swiftly and in a timely manner locally thus avoiding the need to escalate to a formal written complaint.

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 found the service required improvement.

The leadership, governance and culture do not always support the delivery of high quality person-centred care.

Governance of the service was not consistent across the geographical areas. In Somerset of the service governance arrangements ensured responsibilities were clear, quality and performance were regularly considered. Risks were identified but not always coordinated and effectively managed to ensure recommendations were addressed promptly.

The leadership and culture encouraged openness and transparency and promoted the delivery of high quality care and treatment, however staff did not always feel listened to or involved in the service vision and strategy of delivery. Feedback from staff and patients was used to monitor and drive improvement in standards of care.

In Dorset the service governance arrangements did not ensure quality and performance were regularly considered or that risks were identified and managed. Local leadership had been put in place, but, this was very recent and had not impacted on the management of the service. The leadership from the trust was remote and staff were not supported, informed or consulted about changes to the service.

The trust told us the Dorset team had been two separate services before being acquired by Somerset and there is on going work through structural organisational changes to integrate the Dorset services together and with the Somerset service. The trust told us they believed morale was improving.

We observed across the service some records relating to staff recruitment had not been kept in line with legislative guidance and trust policy.

Detailed findings

Service vision and strategy

- The trust vision for the service was to provide a fully integrated service across the three counties where

services were provided. They had taken over the contract for Dorset and the Isle of Wight services on 1 April 2015, which had been a difficult for all staff. The clinical director told us because of the difficulties during the transition period the trust were slowly seeking to implement changes across the service provision. They told us the dental services were carrying a significant number of vacancies across all locations and this has given them an opportunity to review the staffing levels and skill mix of practitioners across all locations in order to increase service provision. Staff told us they were aware of the vacancies but had no understanding of the vision or strategy for filling these and ensuring good service provision.

- The ethos of the trust was caring for you in the heart of the community. There was a commitment to quality care, dignity and respect, compassion, improving lives, everyone counts and working together for patients. Staff told us they were aware of the ethos of the trust and sought to implement it in their day-to-day work at the locations. However they told us they did not experience the ethos in relation to staff welfare and management.

Governance, risk management and quality measurement

- Governance and performance management arrangements were proactively reviewed and reflected best practice, but, these were not consistent across the service. In Somerset detailed risk assessments had been carried out and the control measures were in place to manage those risks. However, some risks relating to the premises had not been addressed. We were told and shown requests for action had been made but no response had been received. In Dorset we observed they had suitable arrangements for recording risks, but, possible risks to the service, staff and patients were not always been identified or action taken.
- Although some risks were visible to senior leaders, for example, concerns with the provision of general anaesthesia and domiciliary dentistry services in Dorset, others were not. Records for the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical

Are services well-led?

Exposure) Regulations 2000 (IR(ME)R) were not all complete in the locations as we were told some of the safety and servicing certificates were held at trust headquarters but were not shown a copy of these. The emergency equipment required by national guidance was not taken on domiciliary dental visits posing potential risks to patients.

- Across the service we saw risk assessments were not always used to minimise the identified risks. For example the system for monitoring annual servicing was not always effective as there was no check to ensure all equipment at the locations were serviced at the required intervals and records held. We were told this was held and managed centrally however evidence seen demonstrated the system did not always address risks in a timely manner. We saw the Trust had not taken any action to mitigate the identified risks seen in the legionella assessment, completed in 2013, at two locations for the safety and well-being of patients and staff.
- In Somerset not all of the records in the clinical governance files were completed. We found essential paperwork in the file pertaining to relevant to the locations were incomplete.
- The trust had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the locations. These were updated regularly and reflected current guidance and legislation. Senior dental staff met regularly to discuss best practice and make decisions about updating relevant policies according to newly published guidance.

Leadership of the service

- There were clearly defined leadership roles within the locations. There was a trust administration team that ensured human resource and clinical policies and procedures were reviewed and updated to support the safe running of the service. These included guidance about confidentiality, record keeping, incident reporting and consent to treatment. We reviewed a number of policies which were in place to support staff. We were shown information was available to all staff which

included equal opportunities, confidentiality and staff employment policies. For example whistleblowing, harassment and bullying at work. Staff we spoke with knew where to find these policies if required.

- There was a clear leadership structure for Somerset with named members of staff in lead roles. In Dorset there was a lack of clear senior leadership to oversee and direct the service provision. The trust told us they were working towards better leadership and communication in both Dorset and the Isle of Wight. In Dorset some the leadership and management team had not transferred to the trust, leaving gaps in the leadership of the service. Although local leadership had been put in place the impact of this was not evident. Staff told us they felt the leadership from the trust was remote. They said they were not supported, informed or consulted about changes to the service and we saw evidence of support these comments.

Culture of this service

- Staff in Somerset described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with any of the dentists, their line manager and senior management. They felt they were listened to and the senior management team responded when they raised issues of concern or suggestions for improvement.
- In Dorset we found the morale of staff was poor and they did not feel supported. They told us they enjoyed their work but were not happy with being part of Somerset Partnership NHS Foundation Trust as they did not feel they were consulted with, respected or supported. Although, staff were comfortable about raising concerns with the organisation's managers they did not feel listened to or kept informed. A recent example was a letter sent to all patients on the waiting list. The letter had been sent from trust headquarters and gave the Canford Heath clinic telephone number for patients to call to discuss their continued place on the waiting list. Staff were not consulted or shown a copy of the letter and only knew of its existence when the location received a large number of calls from patients.
- All staff spoken with described a culture which encouraged candour and openness in the individual locations with local managers being available and

Are services well-led?

responding to and involving staff in the service vision and delivery staff. Staff in the Somerset locations told us they found this was also the case with the organisation's managers and trust leadership.

- Staff in Dorset told us they had raised concerns about the waiting list and the reduction in general anaesthetic sessions. Figures seen showed in Dorset there were over 450 children on the waiting list of which 15 children had been waiting 24 weeks and a large number had been waiting 22 weeks. It had not been made clear to staff why, if the organisation was unhappy about the facilities available for general anaesthetics, they continued to run two sessions but not four. Staff reported requests for advice or information went unanswered or needed to be repeated. Staff told us they enjoyed their work and supported each other. Local managers had been put in place but this had been very recent and it was not possible to assess if this would improve communication.
- We saw from minutes of team meetings they were held regularly. Each meeting had an agenda that was variable but included updates and information about subjects such as infection prevention and control, clinical audits and health and safety. We saw completed audits which included aspects of health and safety, radiography and infection control.

Public and staff engagement

- Patients expressed their views and were involved in making decisions about their care and treatment. The trust used the friends and family test to monitor patient satisfaction. The data was captured centrally for all locations across the area of service provision. Information sent to individual locations included all the locations feedback and not individual locations, so it was difficult to determine patient satisfaction at individual sites and use this to improve the service. We did not see any evidence of patient involvement in the development of changes to the service.

- The trust had gathered feedback from staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff in the Somerset locations told us they felt involved and engaged in the locations to improve outcomes for both staff and patients. However staff in Dorset told us that despite giving feedback and seeking to discuss concerns or issues with colleagues and management they did not feel involved or engaged in the processes to improve outcomes for patients and staff.

Innovation, improvement and sustainability

- All staff spoken with across Somerset said they enjoyed their work and were well supported by the trust, dentists and management. Staff were regularly appraised and received regular supervision to aid their learning and improvement.
- We saw examples of innovative practice at the Browning Centre in Dorset with the development of the dental health section of the 'Yellow Book', the hand held health record for patients with a learning disability. They had also produced a DVD training video for carers helping them to maintain good oral health for patients with mental and physical impairment.
- We saw further examples of innovative practice at Dorset County Hospital where an analysis of the clinical governance systems of the service using the five key questions had been written up in the form of a report with actions, time lines and responsible individuals.
- We were also shown by the lead dental nurse a file of risk assessments and governance structures which had been mapped to the Care Quality Commission's five key questions. Prior to our visit the service had undertaken a 'SWOT' analysis of their systems and processes in relation to clinical governance under the five key questions. The report consisted of a tabulated layout including key actions, lead person, timescale and support

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>Health and Social Care Act 2008 (regulated activities) Regulations 2014. Regulation 12(2)(c)</p> <p>The provider had failed to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.</p> <p>Not all staff providing care and treatment to children had undertaken training in paediatric life support.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Health and Social Care Act 2008 (regulated activities) Regulations 2014. Regulation 12(2)(f)</p> <p>The provider had failed to ensure that where equipment and medicines are supplied, there were sufficient quantities of these to ensure the safety of the service users and to meet their needs.</p> <p>Relevant nationally recognised guidance had not been implemented to ensure safety standards were met for the availability and use of emergency equipment used for domiciliary visits.</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Health and Social Care Act 2008 (regulated activities) Regulations 2014. Regulation 12(2)(h)

The provider had not ensured that they were assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that a healthcare associated.

Legionella risk assessment recommendations had not been implemented; there was no system in place to monitor the responsibilities of cleaners; and the immunisation status of staff was not always checked and followed up for those who are required to have Hepatitis B immunity.

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulation 15.1(e) Premises and equipment: Health and Social Care Act 2008 (regulated activities) Regulation 2014

15(1) all premises and equipment used by the service provider must be

- (a) clean,
- (b) secure,
- (c) suitable for the purpose for which they are being used,
- (d) properly used
- (e) properly maintained,

How the regulation was not being met:

This section is primarily information for the provider

Requirement notices

Not all recommendations from fire risk assessments had been completed in dental services. Records for equipment in dental services did not demonstrate that they had been properly maintained and were safe for use.

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 Good governance

Health and Social Care Act 2008 (regulated activities)
Regulation 2014

17(2)(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).

17(2)(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

17(2)(e) seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services

How the regulation was not being met:

17(2)(a) systems and processes which were in place did not support the provision of an accessible and timely service.

This section is primarily information for the provider

Requirement notices

17(2)(b) systems and processes to assess monitor and improve the safety of the services provided were not effectively implemented and used within dental services.

17(2)(e) The trust did not seek and act on feedback from relevant persons, including staff, on the services provided in the carrying on of the regulated activities, for the purposes of continually evaluating and improving such services.

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulation 19 Fit and proper persons employed

Health and Social Care Act 2008 (regulated activities)
Regulation 2014

How the regulation was not being met:

19(2)(3)(a) The provider must ensure staff are recruited safely according to the trust recruitment policy and Schedule 3 of the Health and Social Care Act 2008. Particularly ensuring references and gaps in employment were evidenced during the recruitment process.