

Pennine Care NHS Foundation Trust

Integrated Care Centre

Inspection Report

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Overall summary

We carried out an unannounced responsive inspection on 23 February 2017 to ask the practice the following key question; Are services effective?

Our findings were:

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations

Background

The Integrated Care Centre is located in Oldham and is part of the Pennine Care NHS Foundation Trust.

Clinics serve patients of all ages who need specialised dental care that are not available in general dental practices. The service includes oral health care and dental treatment provision for patients with an impairment, disability and/or complex medical condition. This provision extends to patients with a physical, sensory, intellectual, mental, medical, emotional or social impairment or a disability including those who are housebound and homeless.

The service offers conscious sedation when treatment under local anaesthetic alone is not feasible. Any patients who require general anaesthetics are triaged here to ensure all treatment is appropriate before sending for the general anaesthetic appointment. General anaesthesia

(GA) services are provided in partnership with local NHS trusts as necessary for extremely nervous patients with individual needs and patients who need multiple extractions.

The practice has nine treatment rooms (all accessible and large enough to accommodate a wheelchair), a waiting area, a reception area, an X-ray room, a sterilisation room and a decontamination room and a store room.

There is a multi-disciplinary team including specialist dentists, senior dental officers, dental hygiene therapists, senior dental nurses, dental nurses and a full team of support through the organisation structure

The organisation has a designated registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Our key findings were:

- 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 their dedication in what they did.

Summary of findings

- Staff had been trained to handle medical emergencies. Appropriate medicines and life-saving equipment were readily available and in accordance with current guidelines.
- Appropriately trained nurses supported the dentists carrying out sedation on each occasion.
- We found clinical staff delivered care according to current guidelines in relation to dentistry; this included special care dentistry, conscious sedation and preventive dental care.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Arrangements were in place to ensure staff understood the requirements of the Mental Capacity Act 2005 and applied these requirements when delivering care.
- Treatment was well planned and provided in line with current guidelines.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- The service was aware of the needs of the local population and took these into account in how the practice was run.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

The team followed recommended up to date guidelines when delivering all levels of dental care.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD).

Staff were supported by the lifelong learning team to meet the requirements of their professional registration, including conscious sedation updates, basic and immediate life support.

Staff had had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Best interest decisions policies and procedures were in place and a specialist was involved in aspects of the process.

No action



Integrated Care Centre

Detailed findings

Background to 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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We carried out this inspection as a result of concerns expressed to us.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

During the inspection we spoke with various staff members including a specialist dentist, lead dental nurses and the decontamination staff. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

- Is it effective?

This question formed the framework for the areas we looked at during the inspection.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found the specialists and dentists managed the risk to patients in relation to conscious sedation in accordance with the guidelines published by the Royal College of Surgeons (RCS) and Royal College of Anaesthetists (RCA) in April 2015.

The Integrated Care Centre provided inhalation conscious sedation for patients who were very nervous about dental treatment and required extra help so that they could cope with dental procedures more easily. This included dental fillings or a tooth extraction. (Inhalation sedation is a technique whereby patients breathe a mixture of nitrous oxide and oxygen to make them feel more relaxed and less fearful of dental treatment).

We found the service had put into place effective governance systems to underpin the provision of inhalation conscious sedation. The systems and processes we observed were in accordance with current conscious sedation guidelines.

The governance systems supporting inhalation sedation included; equipment checks and emergency equipment requirements. We also saw templates were used as part of the dental care records to capture essential patient checks that included patient consent, monitoring of the patient during treatment and discharge arrangements following dental treatments.

We were also shown a patient profile document that covered methods of communication including what the patient preferred to be called, if there were any legal or ethical concerns, any likes or dislikes and the level of co-operation for each patient. This was completed to ensure information sharing of the patients' needs were easily accessible to the team and to prevent repetition of gathering information.

We were told of various situations where this template had helped build relationships, improved communication and compliance with patients

Appropriately trained dental nurses supported the specialists and dentists carrying out sedation on each occasion. This ensured that patients were treated safely and in line with current standards of clinical practice.

The staffing levels were appropriate and we found the team worked well together demonstrating an effective, cohesive and passionate team ethos.

We saw evidence all staff undertook annual training in cardiopulmonary resuscitation appropriate to their clinical grade. For example, staff involved in providing, inhalation sedation or general anaesthetic services undertook training in immediate and paediatric immediate life support techniques. This was in accordance with the guidelines published by the RCS and RCA in April 2015.

Staff received professional development appropriate to their role and learning needs. Staff, registered with the General Dental Council (GDC), had frequent continuing professional development training and met their professional registration requirements.

We were shown a colour coded index that was kept up to date by the lifelong learning team and the clinical leads also had access to the information to ensure any mandatory training for their team was met. Three months before any training was due the spread sheet would highlight this in amber and courses could then be sought to address the training needs.

We saw records that showed staff involved in the provision of inhalation sedation had undertaken appropriate update training in conscious sedation during January and February 2017. This training was provided in-house by one of the specialist dentists and was in accordance with current guidelines. Staff told us the course had covered topics including the Intercollegiate Advisory Committee for Sedation (IACS) in Dentistry guidelines April 2015 and their responsibilities.

The specialist dentist explained the services approach to best interest decision making for those patients who lacked capacity to consent to dental treatment. They explained that all best interest decisions were led by a specialist in special care dentistry. They went on to explain that several of the senior dental officers working in the service were also involved in best interest decision making, these were only in less complex cases and were overseen at all times by a specialist in special care dentistry.