

King's College Hospital NHS Foundation Trust

King's College Hospital

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated ●

Are services safe?

Inspected but not rated ●

Are services effective?

Inspected but not rated ●

Are services well-led?

Inspected but not rated ●

Our findings

Overall summary of services at King's College Hospital

Inspected but not rated ●

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

We inspected the acute dental services based at the main hospital site at Denmark Hill. We also inspected community-based services at two of the providers satellite locations at the Akerman Road Health Centre and the Waldron Health Centre.

How we carried out the inspection

During the inspection, we spoke with staff at each location, dentists and dental nurses, both trainees and trainers, as well as members of the senior leadership team. In all over 25 members of staff. We also reviewed 13 sets of patient records.

You can find further information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Hospital Dental Services

Inspected but not rated ●

Summary of this service

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment to patients and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Certain key services were available seven days a week.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and staff were committed to improving services.

However:

- The paediatric and special care departments were not complying with the Resuscitation Council UK recommended guidance for annual immediate life support and paediatric immediate life support training.
- Basic life support and Immediate life support training information was recorded by departmental leads for each dental department but not captured by senior managers for the whole of the dental services on site.
- We were told staff fire drills were not regularly carried out and the car park where the staff had previously been told to congregate was now being built on.
- It was acknowledged by the senior leadership team the main site's electrical system; ventilation and a safe water supply were the top risks. We were told the age and layout of the site was the main issue and measures had been put in place to mitigate risk and keep patients safe.

Is the service safe?

Inspected but not rated ●

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

The mandatory training was comprehensive and met the needs of patients and staff. Training was monitored monthly and dental staff were sent reminders via the human resources lead when training was due. A training report was prepared and reviewed every three months.

Training was completed within the electronic system, some in staff's own time and some within the working day.

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At the time of our inspection for example, staff completion of fire safety training was at 94%, infection prevention and control (IPC) was at 98%, data security at 98% and basic life support (BLS) at 85%.

During our inspection we were told by staff it was trust policy that staff completed training updates in immediate life support (ILS) and paediatric immediate life support (PILS) every two years. The Resuscitation Council UK guidance recommends this training is carried out annually; while the Royal College of Surgeons states all dentists performing sedation should have current immediate life support skills. Managers told us that they were reviewing staff training and would ensure that staff who had undertaken ILS and PILS training within 12 months would be redeployed to paediatric and special care departments when sedation was carried out.

BLS and ILS training was only recorded at department level which made it less easy for senior managers to overview where extra training was needed.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Safeguarding information was available on the individual dental units and safeguarding policies were accessible via the King's College Hospital (KCH) intranet portal. Staff knew how to make a safeguarding referral and who to inform if they had concerns, including who were the safeguarding leads for the different areas. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

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

Nursing, dental and ancillary staff received training specific for their role on how to recognise and report abuse.

Cleanliness, infection control and hygiene

The service assessed and controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinical and non-clinical areas were visibly clean and had suitable furnishings which were clean and well-maintained. Staff and patients had access to hand sanitising agents, hand wash facilities and hand hygiene posters. Hand hygiene audits were carried out monthly and the results from the audit in February 2022 showed the dental service scored 100% against the Trust's criteria for hand hygiene.

We saw staff wearing appropriate personal protective equipment (PPE) and followed current hospital and government COVID-19 guidelines. Face masks were available for patients and visitors. Some departments employed fallow time and used every other dental chair to maintain social distancing. Fallow time meant the treatment area was given a set period to allow any COVID-19 virus to be dispersed through ventilation before the area was cleaned. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

Ventilation within the dental clinics was mainly provided by fresh air via open windows. Where possible, to minimise the production of aerosol matter, micromotor drills were used.

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Arrangements for clinical waste, including dental sharps (needles etc.) were well managed and risks were effectively controlled.

Dental services presented reports and updates quarterly at the infection prevention and control meetings. Advice was available from the director for infection prevention and control when needed.

The dental head of nursing was part of the Trust's water safety group, which held regular meetings to review and assess any issues in relation to Legionella management. Water lines were flushed twice a day. This was required to mitigate against an outbreak of Legionella, as due to the age of the building, water pipes had numerous pipe runs, either not in use or they had become isolated from the regular flow.

The service had 178 dental chairs which were regularly cleaned, and waterlines disinfected. In addition, monthly bacterial swab checks were carried out. Any dental chairs which failed the swab test, were taken out of service and disinfected. We saw records of the swab checks and records to show where chairs had required additional disinfection.

The decontamination and sterilisation of dental instruments was managed through a mix of central sterilisation services (CSS) and dedicated decontamination areas within the main site. Records we saw confirmed sterilisation was carried out in accordance with relevant guidelines. Sterilisation equipment was tested, serviced and maintained in accordance with guidelines and the equipment manufacturer's recommendations.

We checked the procedures for infection, prevention and control (IPC) at the two community sites we visited during our inspection. Decontamination procedures, management of sharps, clinical waste and Legionella testing was suitable for the service provided.

We were told all dental staff were vaccinated against hepatitis B virus.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment mostly kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The age and design of the main site building meant some aspects of the facilities did not fully meet the needs the service provided. The management team were aware of issues relating to the layout of the clinical areas, the difficulties posed by the old electrical systems and issues in relation to ventilation as highlighted during the recent COVID-19 pandemic. These issues were reviewed, reported on and discussed as part of the risk management arrangements.

Fire safety – the trust carried out a three yearly full fire safety risk assessment which was reviewed annually, unless there any major changes. We saw the fire detection and firefighting equipment test logs, which showed equipment was maintained appropriately. Each department had dedicated fire wardens. Staff at the main site told us fire evacuation drills were not regularly carried out and had not been carried out for some time. In addition, on the main site, fire evacuation plans had not been updated since building work had commenced on the original assembly point at the old hospital car park. However, staff we spoke with did know where to assemble, they had just not been told via a new plan. We spoke with the health and safety officer and was told about a new fire safety and evacuation plan which at the time of inspection had not yet been signed off. We were later provided with a copy.

The community locations we inspected had regular fire safety equipment testing. Fire evacuation drills and training were also up to date.

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During our inspection, we found the most recent electrical testing certificate for fixed wiring, dated 2019, stated the systems were unsatisfactory. This was due to the age of the electrical distribution systems which were not in compliance with current standards. The only way to resolve this issue is a re-wire of the building, which cannot be achieved without considerable disruption to the delivery of service and patient care and treatment. The issues were reported on and monitored on the risk register. This was subject to regular review and there were plans to make improvements to the systems as part of an ongoing refurbishment plan.

Prior to our inspection, concerns had been raised to us about infection control and general COVID-19 ventilation issues in the ground floor acute dental care department (ADC). We had been told there had already been an IPC inspection, the windows had been replaced and general refurbishment work completed. Due to electrical issues across the whole main site, suitable ventilation was achieved by natural airflow from the open windows. Staff we spoke with were content with the environment, working conditions and patient safety. Inadequate ventilation and the related uncertainty of an upgrade to the high voltage electric supply were on the dental care group risk register.

Resuscitation equipment including defibrillators were available on each floor at the main site. This equipment was checked daily and replaced promptly after use.

Appropriate resuscitation equipment including portable oxygen and automated external defibrillators were available in the community sites and these were checked to ensure they were available and in good working order when required.

We saw documentation for the control of substances hazardous to health (COSHH) at the main site and at both satellite locations. This showed there was system in place to ensure hazardous substances were safely stored and disposed of.

Akerman Road Health Centre was a spacious and well laid out facility for dental services. There were separate clinic rooms for treatment, all of which were well equipped and safely arranged. The room used for x-ray had appropriate safety signage. Relevant safety arrangements were in place for carrying out x-rays. This included policies and procedures and an on-site radiation protection supervisor. X-ray equipment was checked daily and risk assessments were completed for the room in which it was used.

There was a designated room used for the cleaning and sterilisation of surgical instruments. Equipment was subject to routine safety checks and calibration, records of which were retained for consideration. Staff had competencies for using the washer-disinfector and specific role attributes for using equipment.

Waldron Clinic was in a health centre. The premises and facilities were well designed to meet the needs of patients. Clinical areas were well equipped and there were comprehensive risk assessments.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

Staff identified risks to patients as part of their initial assessment of dental care needs. Staff were able to identify signs of patients at risk of deterioration and act promptly to ensure suitable treatment was provided.

Staff shared key information to keep patients safe when handing over their care to others. These included records of treatment provided, for example sending them to the patient's general practitioner following referral for specialist treatment.

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The provider carried out procedures under sedation at the main site and both satellite locations we visited. This included intravenous and inhalation sedation. We reviewed the sedation arrangements on the surgical unit, special care dentistry, paediatrics and both satellite locations.

Records we saw demonstrated assessments of patients and important checks before, during and following sedation were carried out in accordance with guidance from the Royal College of Surgeons and Royal College of Anaesthetists in 2015 for patients requiring sedation. Patients were given detailed post-operative information and instructions. Appropriate checks were carried out for equipment and medicines used in the delivery of sedation techniques and staff undertook training in sedation.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

Staff vacancies and sickness rates were monitored and reported on quarterly.

We were told by the executive team there was a national issue with the recruitment and training of dental nurses. At the time of our inspection, the vacancy rate for dental nurses was 11%. Over the previous year, the dental care group had not used any agency medical or nursing staff. We were told that recruitment for additional nursing staff was planned.

We were told the impact of some of the nursing staff's redeployment to other parts of the Trust during the COVID-19 pandemic was becoming less as staff returned to their normal duties.

We were also told about the impact of national shortages and issues in recruiting radiography staff. To help mitigate the impact, some dental nurses were provided with additional training to take dental X-rays with supervision and oversight from radiography staff.

There were enough numbers of appropriately skilled and trained staff working in the community facilities we inspected. Nurses who supported dentists with patients undergoing conscious sedation were trained in this area of practice. In discussion, nurses were able to describe their responsibilities and how they would respond should there be a deterioration in the patients' condition.

Records

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

At the time of our inspection there was a mixture of patient records used, including two separate electronic systems and a paper-based system. Some notes were scanned onto the trust's electronic patient record system (EPR). Patients generally had two sets of records. This matter was expected to be resolved in 2023, when the trust was converting to a different electronic system.

We examined a sample of records (13) from the main site and the two satellite locations. Records included those for patients who had undergone conscious sedation. Paper records were detailed and clearly written. They included patient

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assessments, treatment records complete with details of American Society of Anaesthesiologists (ASA) classification and monitoring of the patient before, during and post treatment. We also noted records showed patients receiving post operation/treatment advice. However, we also noted a small sample of records (2), did not have details of the monitoring of the patient during surgical procedure or sedation.

Staff told us there was an incident review was in progress, about a significant event related to a patient's record. This incident related to the transfer of a patient from one site to another and not all their records were provided.

Patient notes reviewed for dental care on the Trust site were detailed and completed to a consistently high standard. There was one exception to this, as post sedation observations had not been entered on the record in the expected section.

We looked at three patient records in the two satellite services where the individual had received conscious sedation. The records were fully completed and contained all necessary information including patient or relative consent, where appropriate, for the intended procedure. A modified version of the world health organisation (WHO) safety checklist was included, although the time the procedure ended, was given a tick rather than an actual time stated. Time of discharge was entered in the records.

Patient records were stored securely in locked cabinets.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Medicines were stored and managed appropriately on the main site and both community sites we visited. Medicines required for patient care and treatment were prescribed and recorded as given on the patient record.

Medicines for dealing with medical emergencies and those in treatment using sedation techniques were checked regularly and stored appropriately. There were systems to ensure medicines were within the manufacturer's expiry date and arrangements to replace and dispose of expired medicines. Stock control systems ensured medicines were available as required.

Dentists were aware of and followed guidance in relation to prescribing antibiotics.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

The electronic database was used by staff to report any incident, adverse event or near miss. Staff were confident to report such matters and recognised the value in doing so, as well as learning from any investigations.

A total of 66 incidents were reported across all the dental services in the last quarter of 2021. All incidents were categorised according to whether they were of a clinical or non-clinical nature. Incidents were prioritised and rated

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according to severity / level of harm. They were reviewed and reported on every month. All red and amber incidents and investigations were discussed at monthly risk & governance meetings, clinical leads meetings, departmental governance meetings and nursing huddles. Incident records and action / improvement plans were updated on a regular basis so progress with how these were managed was evident.

Some staff on the main site expressed frustration regarding a lack of clarity about resolution with issues such as heating and air conditioning, caused by the site's known electrical problem. The executive and management team told us they understood staff frustrations and would provide more staff engagement about short term solutions and ongoing plans as these were ratified.

In the community service, staff took it in turns to lead on incident scenarios at the quarterly meetings, using these to reflect on incidents or to consider them, if they were to arise.

Is the service effective?

Inspected but not rated ●

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up to date policies to plan and deliver high quality care according to best practice and national guidance, including national institute for health and care excellence (NICE) and other expert professional bodies, to achieve effective outcomes.

Information, Trust policies and national guidance documents were accessible to staff, reviewed and updated as needed.

Clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Regular clinical meetings and reviews were used to share learning knowledge and clinical expertise as part of systems for monitoring the effectiveness of treatment and outcomes for patients.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed patients' pain and gave pain relief in line with individual needs and best practice.

Patients received pain relief soon after requesting it.

Staff prescribed, administered and recorded pain relief accurately.

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Patient outcomes

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

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. These included audits of sedation to ensure procedures were carried out in accordance with relevant guidelines and to help identify any issues which would impact on outcomes for patients. Managers used information from the audits to improve care and treatment. This was overseen by the patient outcomes lead.

The service had access to three-dimensional printing facilities which were used to good effect to improve outcomes for patients particularly when treating trauma patients.

The service had reduced the number of patients waiting over 52 weeks for referral to treatment from over 3000 in February 2021 to low double figures at the time of inspection.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance with them to provide support and development.

King's Dental Institute (centre for excellence) provides graduate and post graduate training for dental students.

All new staff completed a period of induction when they commenced work. Staff reported the induction was comprehensive and helped them in their roles. Staff completed a range of training courses and were provided with opportunities for professional development.

All qualified dental staff had current registration with the General Dental Council (GDC) and completed the highly recommended training as part of the GDC standards and continuing professional development (CPD).

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge as part of the performance and development appraisal process. There were arrangements to identify and address any incidents of poor performance in accordance with a range of policies.

Multidisciplinary working

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

Staff training and development provided by the service meant staff could work across various specialities as needed.

During the COVID-19 pandemic, some nursing and dental staff had been redeployed to work in other areas of the hospital to offer support and assistance. Most staff had returned to the dental sites at the time of our inspection

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care.

Systems in place to manage referrals into the service were robust. Referrals were received and reviewed in a timely manner. Referrals were triaged and patient treatment planned according to the level of urgency, and presentation of any relevant underlying needs. The referral to treatment targets were regularly reviewed and the time taken to assess and treat patients was monitored.

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Health promotion

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

The service had relevant information promoting healthy lifestyles and support. This included posters and leaflets. The services provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

Staff assessed each patient's health including lifestyle choices such as smoking and alcohol consumption. They provided support and advice to help patients maintain good oral health and to promote healthier lifestyles where applicable. We saw this documented in the dental care records we reviewed.

National priorities to improve the population's health were supported. For example, smoking cessation, obesity, drug and alcohol dependency, dementia and cancer were all areas where the service assisted patients and provided information as it related to their dental care needs.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Staff made sure patients consented to treatment based on all the information available and took measures to ensure patients understood the treatment.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Staff understood Gillick Competence and supported children who wished to make decisions about their treatment. The consent policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Patient consent was recorded in the patients' records. The 13 patient records reviewed in the main site and two satellite locations had fully completed consent forms.

Is the service well-led?

Inspected but not rated ●

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

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The dental services were led by three designated individuals; a clinical director, head of nursing and general manager. Reporting into them as appropriate were clinical leads for each of the separate specialty areas. There were deputy heads of nursing, one having responsibility for community and one for the main hospital site and training. Service managers had specific areas of responsibility, such as patient services or the community. Additionally, the dental service had a patient safety and governance lead, a patient outcomes lead, financial business partner and human resources partner.

Staff within these roles ensured they were visible in the departmental areas, and that they were accessible to staff, both informally and within the various governance groups.

Leaders ensured they worked in partnership across the acute provider collaborative with southeast London dental network. They recognised the challenges within the dental services and were focused on improving them. For example, one of the operational challenges impacted on maxillofacial activity, as theatres could not always be accessed, and beds were not always available.

Vision and Strategy

The service did not have a formalised vision for what it wanted to achieve or a strategy to turn it into action. Although there was some consideration of sustainability, nothing formal had been agreed. Leaders and staff understood and knew how to apply them and monitor progress.

Senior managers of the dental services explained to us that it was very difficult to develop a strategy without having a plan for the estate. They acknowledged the current facilities used for dental services on the hospital site had long-standing difficulties in controlling the temperature across the varied seasons.

We were informed by the chief nurse that there had been very recent discussion within the Trust about the longer-term plans for dental services, although dental service managers had not been included at this stage.

There was a recognition that any plans would need to focus on sustainability of services and would need to be aligned to local plans within the wider health economy. A Trust lead was doing some work around the use of plastics and carbon emissions. Within the dental service, they had re-usable sharps boxes, which reduced some of the plastic usage, however, staff understood dental services were in general a high user of such material.

Culture

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

During the pandemic, many staff were re-deployed to other clinical areas, although this did not include dentists. Those staff who moved were provided with support through re-deployment packs and on return to their usual area of work, a repatriation pack. It was acknowledged by management that staff were exposed to situations they had not seen before, and many found the move interesting and worthwhile. A dental psychologist had been providing a weekly drop-in session for staff affected by their experiences. One of the challenges since coming back to the dental services was getting the activity up to a level that was being achieved pre-pandemic. The management team were aware of the issues and were working to address these.

There was recognition within the management team and more senior staff in the trust, of a small number of individuals who did not always reflect the behaviours expected of them. Human resources were working with the senior team to address this.

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The staff survey in 2021 generated a higher than 50% response rate and morale was above average.

Opportunities for career progression were advertised internally and staff were encouraged and supported to apply for new roles.

Governance

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

The dental services had a structured governance arrangement whereby managers met with the director of operations and medical director, as well as a monthly triumvirate meeting with the trust. The head of nursing for dental services attended the wider heads of nursing meeting. A general dental manager group meeting took place once per month.

The patient safety and governance lead was supported in their work by care group leads. A lead for audit had recently started work and each service area also had a lead for audit. Aside from audits undertaken as part of professional trainee development, it was not clear what general audits were being carried out.

We saw several dental care group risk and governance meeting minutes. We noted at each meeting risks were discussed and updated. Incidents, complaints, and patient safety issues were also discussed, and any learning opportunities were recorded and shared with the wider staff group. Also contained within the minutes were details submitted by staff members about other staff who had 'gone above and beyond' what was expected of them.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

Staff reported there was a good culture around incident reporting and staff were encouraged to over report, rather than limiting them to specific types of incidents. The governance lead said they had a dashboard which enabled them to see open or in progress reports. Each incident was considered and attributed a red, amber or green (RAG) rating. The risk register was subsequently informed by the governance team and issues reported via the incident reporting system. Investigations of incidents were communicated at the monthly governance group and there were opportunities for each separate specialty to present any learning, themes or trends on a rotational basis at this.

The governance lead reflected on their role and indicated it was difficult to balance the governance side with their usual clinical role. As well as dealing with incidents and attending various governance meetings, they also dealt with the duty of candour letters. We were informed of plans to recruit a practice development nurse to support with this work in the future.

The dental service risk register identified the top risk as being that of the engineering and infrastructure of the building. The risk register was reviewed monthly and the top three or four risks were escalated to the corporate risk team for consideration.

There were monthly service meetings to discuss any issues with the supplier of the central sterile supply services, and contingency plans were used as required. A separate contract meeting was held to monitor service deliverables.

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Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

There were effective arrangements to ensure that the information used to monitor, manage and report on quality and performance was accurate, valid, reliable, timely and relevant.

Information technology systems were used effectively to monitor and improve the quality of care. IT systems were secure and integrated within the hospital. There was a need to manage patient records from satellite sites, where they needed to be copied and provided in hardcopy form, if a patient had treatment at the hospital site.

The provider had systems in place to report to their commissioners at NHS England/Improvement and other regulators, including the CQC. The Trust acted in a responsive manner when information was provided to CQC, which indicated possible concerns around quality of its services.

Engagement

Leaders and staff actively and openly engaged with staff to plan and manage services.

Information was shared with staff through a bi-monthly newsletter, which included good news stories. Additionally, a Friday email message was sent out to staff conveying information about what had been happening in the service. Conversation stations had been set up for staff to drop in and speak with the head of nursing and/or the general manager.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

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

- The trust should review the practice's protocols for conscious sedation, taking into account the guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015. This relates specifically to ensure staff complete immediate life support (ILS) and paediatric immediate life support training annually by those staff who require it in accordance with the Resuscitation Council UK guidance and the GDC standards.
- The trust should review the fire safety risk assessment and ensure that any actions required are complete and ongoing fire safety management is effective. This relates to ensuring suitable fire evacuation plans are implemented.

Our inspection team

Our inspection team comprised of three CQC inspectors, one inspection manager, two specialist advisors and a dental clinical fellow.