

Review of compliance

Wirral Community NHS Trust Victoria Central Hospital Dental Service

Region:	North West
Location address:	Victoria Central Hospital Mill Lane Wallasey Merseyside CH44 5UF
Type of service:	Dental service
Date of Publication:	January 2012
Overview of the service:	The Community Dental Services (CDS) in Wirral Community NHS Trust provide dental care for children and adults who may find it difficult to access such care from the General Dental Practitioner. A specialist course of care is provided to clients who are referred in to the service. Clients seen may need special care due to: learning disabilities, physical disabilities, mental health

	problems, medical compromise, children with high or special dental needs, severe anxiety about dental treatment.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Victoria Central Hospital Dental Service was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 15 December 2011, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We spoke with patients and parents of child patients when we visited who all commented they were very happy with the service. They all said they felt the care they received was excellent. They confirmed that the dentist always explained what they were doing, what they had found during examination and what the treatment options were. They confirmed they had received written information in the form of information leaflets and treatment plans that they could take away and decide upon from a choice of treatment options. Parents said that they were involved in the planning of their children's care, they received information about oral health care, and the dentist explained the treatment / health advice in a way that could be understood.

We saw satisfaction survey results from September 2011 that confirmed general overall satisfaction with the service. Patients comments included:

- "Communication regarding treatment for myself and children is always good"
- "Always explain to me what they are planning to do,"
- "Staff are excellent with dementia patients"
- "This is an excellent service and dental staff are very understanding and patient"

What we found about the standards we reviewed and how well Victoria Central Hospital Dental Service was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Overall the provider is compliant with this essential standard.

People who use the service are treated with respect and involved in discussions about

their treatment. There are systems in place to obtain patient views.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Overall we found the provider was meeting this essential standard.
People receive effective, safe and appropriate treatment.

Outcome 07: People should be protected from abuse and staff should respect their human rights

Overall the provider is meeting this essential standard.
Children and adults who use the service are protected from abuse.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

Overall the service is meeting this essential standard.
People are protected against the risk of exposure to a health care associated infection.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke with patients and parents of child patients when we visited who all commented they were very happy with the service. They all said they felt the care they received was excellent. They confirmed that the dentist always explained what they were doing, what they had found during examination and what the treatment options were.

They confirmed they had received written information in the form of information leaflets and treatment plans that they could take away and decide upon from a choice of treatment options. Parents said that they were involved in the planning of their children's care, they received information about oral health care, and the dentist explained the treatment / health advice in a way that could be understood.

We saw satisfaction survey results from September 2011 that confirmed general overall satisfaction with the service. Patients comments included:

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Other evidence

There were a variety of information leaflets available for patients in reception and around the practice in surgery rooms. These included advice information, general information on the dental service at the location, dental treatment under sedation or general anaesthesia, and how to comment or complain. We were told some leaflets were available in large print format; we saw an easy read pictorial leaflet and were told the trust had a translation service which would translate information as requested.

There was a complaints procedure displayed in reception and a leaflet entitled 'Your experiences of our services' for general comments, compliments and complaints. Patients' mothers whom we spoke to were aware of how to make comments or complain. Staff whom we spoke to confirmed that regular monthly staff meetings took place at which information and feedback regarding complaints or incidents / events was communicated. We looked at the patient satisfaction survey results from this year (September 2011). Generally overall satisfaction with the service was expressed with many questions being answered 100% positively. The survey demonstrated patients were involved in the planning of care or their child's care and the healthcare person always explained the treatment and advice in a way that could be understood. We saw evidence of recorded /logged compliments and complaints. There were a number of complimentary comments regarding the service and one complaint seen for this year.

We saw evidence of completion and signing of consent forms held in patient records. We saw evidence of treatment plans, parents confirmed they were given consent forms which included treatment details, risks and benefits to take home prior to treatment being carried out.

We looked at patient care and treatment records (computerised). These demonstrated that the medical history of the patients was checked and patients recalled at regular intervals and according to best practice guidelines for recall intervals. We saw evidence in the records we viewed of discussion regarding diagnostic test results, treatment choices, medical risk assessments and advice given. Clinical record audits (May and June 2011) that we saw demonstrated compliance of over 90% for the following records:

- Correct pre operative instructions
- Medical history completion
- Medical history form signed
- Dated
- Consent forms signed
- Information given to patients
- Out of hours contacts

Our judgement

Overall the provider is compliant with this essential standard.

People who use the service are treated with respect and involved in discussions about their treatment. There are systems in place to obtain patient views.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke with people who use the service. They were very happy with the care and treatment provided. We saw further evidence of satisfaction with the care in the patient surveys. Comments made about the service included:

"Excellent", "All staff at the dental clinic are professional, friendly, and helpful. They always explain to me what they are planning to do".

Other evidence

We checked computerised records and saw that relevant information regarding dental examinations was recorded. There was recorded evidence of oral health education and advice being given. We saw evidence of completion and signing of consent forms. We reviewed patient records and found evidence of completed records in respect of patient examination and assessment, treatment planning, radiographic evaluation and assessment; preventative dental care and advice, appropriately completed personal treatment plans and information given. Children's records seen demonstrated treatment choice and dental health advice was given and recorded. The clinic had available colouring pages and crayons and child / age relevant reward stickers were used.

The service had an emergency drugs kit and oxygen available. There were records of the oxygen cylinder being checked. The emergency drugs list was checked at regular intervals and demonstrated drugs were in date. There was a selection of oxygen masks available. The emergency and first aid kits were stored in an accessible cupboard with a key pad lock.

Training records and staff whom we spoke to confirmed they had all received training in life support skills and medical emergencies annually. We noted there were life support / CPR algorithms displayed in each treatment room.

There was a named radiological lead (radiation protection supervisor) for the practice. Radiation protection local rules were seen in place in each surgery room where X-rays were taken. We looked at the radiological survey and safety report for the current year (July 2011). This demonstrated compliance with radiological safety. The practice employed an external accredited company for radiological advice (Integrated Radiological Services).

There was a complaints policy and procedures in place. This was dated 2010, currently being revised to meet the new trusts local policies and procedures. A complaints information notice was seen in the reception / waiting area.

Our judgement

Overall we found the provider was meeting this essential standard.
People receive effective, safe and appropriate treatment.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We did not discuss this outcome with people who use the service.

Other evidence

There was evidence that all dental service staff had received update training in safeguarding training of children and vulnerable adults within the essential learning elements of mandatory annual training.

The community dental service had nominated leads for child and adult protection. The trust had in place policies and local procedures for the protection of children and vulnerable adults. We were shown evidence of monthly safeguarding information bulletins circulated to staff from the safeguarding team. This included details about the newly launched Wirral multi agency safeguarding procedures (September 2011). The communications bulletins contained information and contact details for staff support in safeguarding. An information sheet was seen that contained all the contact details for the safeguarding team and leads. Staff whom we spoke to demonstrated a good general knowledge and awareness of safeguarding issues and procedures.

The service had in place current whistle blowing, bullying and harassment, violence and aggression and restraint policies and procedures. Staff whom we spoke to felt confident in reporting concerns and said they felt these would be dealt with appropriately by the management team.

Our judgement

Overall the provider is meeting this essential standard.
Children and adults who use the service are protected from abuse.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

We spoke to people who use the service. They commented that the practice was very clean, tidy and modern. They told us that staff always washed their hands before looking after or treating patients, they always wore protective equipment such as face masks, eye goggles, aprons and patients were always asked to wear protective eye wear and aprons.

Other evidence

The service was compliant with the essential quality requirements of Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). The HTM 01-05 is designed to assist all registered primary dental care services meet satisfactory levels of decontamination.

The service facilities were clean, modern and well maintained with appropriate floor and surface coverings. There was dedicated hand washing facilities in the surgery rooms. The appropriate hand washing procedure was displayed over the sinks as required and the correct soaps and moisturisers were available. There was no signage in the surgery rooms of the procedure to undertake in the event of a needle stick injury. Staff confirmed that they had received training in how to wash their hands properly.

It is essential that staff wear personal protective equipment (PPE) when working in the surgery or carrying out decontamination procedures. We observed staff wearing protective equipment, including eye goggles, face masks and aprons when caring for and treating patients. We saw evidence of appropriate protective equipment in place and accessible in the surgery rooms. Patients told us they were always asked to wear protective eye wear and aprons when being examined or treated. We saw sharps

boxes in each surgery room that were appropriate and not overfilled.

Staff confirmed they had received immunisation against Hepatitis B and immunisation status was checked. This was recorded and held on staff files.

There was a dirty utility room for cleaning of used dirty instruments and a separate decontamination/ sterilisation room (local decontamination unit). The practice used manual washing, inspection, dishwashing, lubrication and sterilisation. During our visit we observed the decontamination process undertaken by the clinical assistant. There was a dedicated decontamination lead for the service who linked into the infection prevention and control team for the trust. We observed that correct practices for the decontamination and sterilisation process were undertaken as per HTM01-05 requirements. There was a light and magnifying glass available and these were used to examine instruments so that staff could check after cleaning them that they were clean, functional and remained in good condition. We also saw the arrangements for the cleaning and lubrication of hand-pieces. Sterile instruments were bagged and dated with sterilisation date and use by date. Waste contracts were seen in place for clinical and domestic waste.

Dentists and dental nursing staff had received up date training in decontamination and there was evidence of all staff receiving up date annual training in infection control. Staff were able to demonstrate knowledge and awareness of their responsibilities for infection prevention and control. There were infection prevention and control policies and procedures in place that were up to date.

Evidence was seen of the practice having undertaken an audit and demonstrating compliance with HTM01-05 standards for 2011.

Our judgement

Overall the service is meeting this essential standard.

People are protected against the risk of exposure to a health care associated infection.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
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