Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Arrowe Park Dental Service General Anaesthetic Sedation Service

Ground Floor Maxillofacial Department, Arrowe Park Hospital, Arrowe Park Road, Upton, Wirral, CH49 5PE

Tel: 01516785111

Date of Inspection: 25 September 2013

Date of Publication: October 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard

Details about this location

Registered Provider	Wirral Community NHS Trust
Overview of the service	Arrowe Park Dental Service General Anaesthetic Sedation Service is one of a group of dental clinics provided by Wirral Community NHS Trust (the trust). The clinic is situated within Arrowe Park Hospital. The dental clinic accepts referrals for anxious child patients who require treatment with general anaesthesia. The clinic operates on a sessional basis when required and is staffed by one dentist, an anaesthetist and other dental staff.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 September 2013, observed how people were being cared for and talked with carers and / or family members. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We spoke with two parents of patients who told us they were happy with the care received. One parent who had used the clinic before told us: "Staff are lovely." We looked at a sample of comments received from patients who had completed 'patient experience forms'. One comment read: "The service I had was excellent" and another read "The staff made me feel very calm and explained everything to me."

We found that the patient's needs were fully assessed and that the patient's records contained all the relevant clinical information to show a full health assessment had been carried out.

We saw that the clinic had appropriate emergency procedures in place and the staff were fully trained to deal with medical emergencies. In addition there was access to the hospital's emergency medical team (CRASH team).

We looked at the equipment in use within the clinic and found that the equipment was properly maintained and used appropriately.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke with the Clinical Director who told us that referrals from local dentists were sent to the administration office initially. The patient's own dentist was responsible for making the initial clinical judgement as to whether a general anaesthetic was justifiable. Administration staff for the clinic would then write to the patient and request the patient to contact them so that the patient could 'choose and book' an appointment that suited them. The patient would then be seen at one of the other trust's clinics for a full assessment by a dentist including x-rays if necessary and justification for general anaesthetic would then be confirmed. The patient's medical history and consent would be gained at this appointment and the patient was given pre-operative instructions. An appointment for Arrowe Park Dental Service General Anaesthetic Sedation Service would then be given. The Clinical Director told us this process took between two to four weeks.

The Clinical Director told us that the clinic was run on a sessional basis and at each session between eight to twelve patients were treated. We saw the waiting room was shared between the clinic and the hospital's oral surgery department. The principal nurse told us appointments were staggered throughout the session to avoid too many people in the waiting room at any given time. The service had an office to check patients in, a treatment room and a recovery room to allow patients to recover from the effects of the anaesthetic.

We spoke with a lead nurse who was responsible for checking in patients during our inspection. She showed us an example of a 'patient assessment form' that was completed for all patients at the initial visit. Discussions with staff and patients confirmed that patient's medical histories were always checked prior to any treatment. The principal nurse told us in the case of people with more complicated medical histories, they would consult the anaesthetist prior to arranging the appointment to ensure the patient was safe to undergo general anaesthesia.

Patient's consent to treatment was gained at the initial assessment and again when

checking in the patient and we saw consent forms in use. The principal nurse showed us a photo book designed for the children. The book contained photographs (one book for a girl one for a boy) which showed each stage of the process to help explain what was going to happen during treatment and alleviate any anxieties the children and parents had about the treatment. We also saw that the clinic had access to interpreter services for those patients whose first language was not English.

The lead nurse for checking in patients told us that prior to treatment patients were weighed. This was to work out what amount of emergency drugs and fluids would be required to save valuable time in the event of any emergency.

We spoke with the dentist who showed us how patient notes were organised. The patient's records contained all the relevant clinical information to show a full health assessment had been carried out. We saw the trust had a list of approved abbreviations for patient's notes that all staff used to ensure notes could be understood by other staff when necessary.

There was a form to detail the assessment details and treatment that had been carried out and also a form to say the patient had suitably recovered from the anaesthetic to be discharged home. Parents of patients we spoke with and staff confirmed that patients received post-operative instructions both verbally and in writing. We saw that the post-operative instructions included contact details for the clinic should the patient have any concerns after the treatment. The clinical notes were then sent to the trust's administration office and administration staff would then send a letter to the patient's GP and dentist to detail the treatment given. We saw details on the patient's record that patients were given the option of receiving these records.

We spoke with two parents of patients who told us they were happy with the care received. One parent who had used the clinic before told us: "Staff are lovely." We looked at a sample of comments received from patients who had completed 'patient experience forms'. One comment read: "The service I had was excellent" and another read "The staff made me feel very calm and explained everything to me." We found the clinic had not received any complaints in the past 12 months.

We found the clinic had a system for recording any incidents or concerns but none had been identified within the last 12 months.

The principal nurse showed us the emergency drugs kit, equipment, oxygen and the first aid kit which were kept within the surgery. There was an additional emergency trolley available in the oral surgery department adjacent to the clinic. We saw that the emergency drugs were regularly checked and found the drugs to be in date.

We saw there was a clear medical emergencies protocol document displayed in the clinic outlining the responsibilities of each staff member in the event of an emergency. We saw that the telephone number for the medical emergency team at the main hospital (CRASH) team was clearly displayed on the protocol. The CRASH team were dispatched from the A&E department which was in close proximity to the clinic.

Staff we spoke with told us they received basic life support training annually and we saw a training matrix to verify this. In addition all staff received intermediate life support training. They also told us that different case scenarios for medical emergencies were often discussed as part of staff meetings and that they also had training sessions about emergencies with the anaesthetist. This meant the clinic had considered the different types

of emergencies that could arise and had put appropriate procedures in place for dealing with medical emergencies.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

We found the clinic had a suitable range of equipment available. The clinic contained essential dental equipment such as the chair and the light. The principal nurse told us this was checked and maintained by an external dental company and we saw documents to verify the maintenance checks.

In addition to the dental equipment, there was equipment necessary to carry out the general anaesthetic, monitoring equipment such as a pulse oximeter and emergency equipment such as the defibrillator. The general anaesthetic equipment was checked by an external company every six months. The monitoring equipment was checked by a different external company available within the main hospital which gave the advantage of any faulty equipment being replaced swiftly. We saw documents to verify maintenance checks were carried out.

The principal nurse showed us documents to evidence that prior to the beginning of each session, all the equipment within the surgery and recovery room was checked. All three dental nurses working within the clinic had to sign these documents. The Clinical Director and staff we spoke with told us if any equipment was found to be faulty then the clinic session was cancelled and the maintenance company called. We saw a log of all requests made for any repairs to equipment and that these were completed. This meant rigorous checks were in place to reduce the risks of using unsafe equipment.

In addition to the checks, the clinic received any medical devices alerts sent from the Medicines and Healthcare products Regulatory Agency (MHRA). The Director of Quality and Nursing told us these alerts were put on the trust's computer system 'DATIX' and appropriately risk managed to ensure that if necessary any equipment with a known defect was removed from the clinic.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk