

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

## Clatterbridge Dental Service

Clatterbridge Hospital, Clatterbridge Road,  
Bebington, Wirral, CH63 4JY

Tel: 01513344000

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

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cooperating with other providers</b>	✓ Met this standard

## Details about this location

Registered Provider	Wirral Community NHS Trust
Overview of the service	Clatterbridge Dental Service is a dental clinic provided by Wirral Community NHS Trust (the trust). The dental clinic is situated within the oncology department of Clatterbridge Hospital on the Wirral. The dental clinic provides assessments and treatment for patients prior to them undergoing radiotherapy for head and neck cancer. The dental clinic then offers a review appointment after radiotherapy as part of the patient's care package for cancer treatment.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 July 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

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### What people told us and what we found

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We spoke to two patients who were attending the clinic for review appointments after a course of head and neck radiotherapy. They told us that staff were "very caring". One patient said: "Everything has been brilliant, the service is exemplary."

We found that appointments were long enough to accommodate people's needs. We saw that patients were given information regarding the possible side effects of radiotherapy to their teeth and how to manage these complications. We saw that the patient's records contained all the relevant clinical information to show a full oral health assessment had been carried out. The dental clinic had appropriate procedures in place for dealing with medical emergencies.

We found that the dental clinic had suitable arrangements in place for cooperating with other health care professionals involved in the patient's care. Patients were supported to access follow up care and the dental clinic had systems in place to share information between other health care professionals in a confidential manner.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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### Reasons for our judgement

We found the dental clinic operated from only one surgery and that the waiting room was shared between the dental clinic and the oncology department. The service operated for one and a half days a week and was staffed by Dental and Senior Dental Officers who also worked at other dental clinics provided by the trust.

We spoke to two patients who were attending the clinic for review appointments after a course of head and neck radiotherapy. They told us that staff were "very caring". One patient told us: "Everything has been brilliant, the service is exemplary." Another said: "the service is absolutely marvellous."

We found that appointments were long enough to accommodate people's needs. One patient told us that they had been given plenty of time to ask any questions about their treatment.

We spoke to the Clinical Director of the dental service who told us the clinic times had to be very flexible to fit in with other appointments within oncology that the patient may have on the same day. She told us all patients received an initial assessment appointment. This was to ensure there were no potential dental complications which could cause problems during or after radiotherapy. However, due to the often very small time frame available before radiotherapy commenced, any treatment had to also be carried out at this appointment.

One side effect of radiotherapy to the head and neck area was that the patient could suffer from a very dry mouth making the teeth more susceptible to dental decay. Therefore attention to sweet intake and meticulous oral hygiene would reduce the risk of the patient developing dental decay. The Dental Officer told us that teeth were scaled if necessary at the assessment appointment and the patient was given dietary and oral hygiene advice tailored to their needs. Patients told us they were prescribed special toothpaste that

contained a higher amount of fluoride to combat this side effect.

The Clinical Director told us the next appointment patient's received at the dental clinic would then be after their course of radiotherapy and that this was called the 'review appointment'. We spoke to two patients who had just received their review appointment and they told us that they were given information regarding the possible side effects of radiotherapy to their mouth and how to manage these complications. In addition, they were given diet, oral hygiene advice and other information relevant to their individual needs.

We looked at patient's records which were available on a computer system and in written form. The patient's records contained all the relevant clinical information to show a full oral health assessment had been carried out. In addition there was information about the patient's medical history and the patients we spoke with confirmed their medical history was checked prior to any treatment.

The lead nurse showed us the emergency drugs kit which was kept within the dental clinic. Additional emergency equipment such as oxygen was available in an area close by but was the responsibility of Clatterbridge Hospital. The dental team had access to the emergency equipment if necessary. We saw that the emergency drugs were regularly checked and found the drugs to be in date. The lead nurse and Dental Officer told us staff received basic life support training annually and we saw a training matrix to verify this. They also told us that different case scenarios for medical emergencies were often discussed as part of staff meetings. 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.

The dental clinic appeared clean and we saw staff had received training relating to infection control. All of the instruments used by the dental clinic were sent to another hospital to be sterilised.

The patients we spoke with had no concerns about their care received and we saw that their views had been sought by the use of a comment card they could complete at the end of their treatment. The Clinical Director told us that improvements had been made within the trust as to how these comments were recorded and analysed. The trust had a computer system called 'Datix'. All comments from the cards were logged on this system which was available to senior staff in all clinics operated by the trust. The system also had details of any written complaints received. The Clinical Director told us no written complaints or comments had been received about the dental clinic.

**People should get safe and coordinated care when they move between different services**

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**Our judgement**

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The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

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**Reasons for our judgement**

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The Clinical Director told us that when patients required radiotherapy for head and neck cancer, the trust's main dental clinic would receive a referral from the oncology team. The oncology team would then arrange the dental appointment for the patient. The Clinical Director told us that they worked very closely with the MOULD room team (this team was responsible for making radiation template masks for patients to ensure radiation is correctly directed to the tumour). This department was situated next to the dental clinic. This team acted as a central 'hub' if any advice was required. For example, patients had often been seen in hospitals initially outside of the area and the dentist could not always access important information needed to treat patients. The dental clinic would liaise with the MOULD team who would ensure they had access to relevant information for example X-rays.

Patients we spoke with told us that at their review appointment, they were advised to see their own dentist on a regular basis. We spoke with the Dental Officer who informed us that if a patient did not have a dentist of their own then she would contact a surgery near to where the patient lived to ensure the patient received regular screening. This meant patients were supported to access other services they required.

We looked at patients records and found that correspondence regarding any treatment carried out was sent to the oncology team, GPs and the patient's own dentist. These letters contained the relevant patient details and treatment carried out. One patient told us that they had copies of all their letters between the different health care departments involved in their care. We asked one patient about the coordination between appointments and they told us "Everything had all gone smoothly."

We saw a staff training matrix to show that staff had received training about information governance issues including Caldicott principles (these are guidelines to ensure only relevant information is disclosed about patients to relevant parties when necessary and that patients have access to any communications between health care professionals). We spoke with the Service Lead for the dental clinic who told us the trust had an appointed Caldicott guardian to ensure these principles were adhered to. The staff we spoke with

had all had seen the confidentiality policy and they told us that this was part of their code of conduct.

The lead dental nurse showed us that the patient was also given a warning card to take with them for further dental appointments. This was to ensure that any dentist treating the patient in the future would be alerted to the fact that the patient had received radiotherapy. The warning card also had a contact number patients could use should they have any concerns about their oral health in the interim period before seeing their own dentist.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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