County Durham and Darlington NHS Foundation Trust

RXP

Community dental services

Quality Report

During this inspection, we visited the following registered locations:

CQC Registered Location ¦CQC Location ID

Park Place Health Centre, Darlington¦ RXPDA

Peterlee Health Centre ¦RXP09

Bishop Auckland Hospital ¦ RXPBA

Tel:Tel: 01325 380100

Website: www.cddft.**nhs**.uk

Date of inspection visit: 4-6 February 2015

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RXPDA	Park Place Health Centre, Darlington		DL3 6HX
RXP09	Peterlee Health Centre		SR8 5UQ
RXPBA	Bishop Auckland Hospital		DL14 6AD

This report describes our judgement of the quality of care provided within this core service by County Durham and Darlington NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by County Durham and Darlington NHS Foundation Trust and these are brought together to inform our overall judgement of County Durham and Darlington NHS Foundation Trust

Summary of findings

Ratings

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Summary of findings

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Summary of findings

Overall summary

Overall, we rated community dental services as good. We found dental services provided safe and effective care. Patients were protected from abuse and avoidable harm. Systems for identifying, investigating and learning from patient safety incidents were in place.

Dental services were effective and focused on the needs of patients and their oral healthcare. We observed good examples of effective, collaborative working practices within the service. It can be difficult for the service to recruit dentists essentially because of the rural nature of County Durham and the current financial climate of the NHS. However, the service was able to meet the needs of the patients who visited the clinics for care and treatment because of the flexible attitude of all members of the service.

The patients we spoke with, and their relatives or carers, said they had positive experiences of their care. We saw good examples of care being provided with compassion and of effective interactions between staff and patients.

We found staff to be hard working, caring and committed to the care and treatment they provided. Staff spoke with passion about their work and conveyed how dedicated they were through what they did.

At each of the clinics we visited the staff responded to patient needs. We found the service had begun actively seeking the views of patients using a variety of means. People from all communities, who fit the criteria, could access the service. Effective multidisciplinary team working ensured patients were provided with care that met their needs at the right time. Through effective management of resources, delays to treatment were kept within reasonable limits.

The service was well-led. Organisational, governance and risk management structures were in place. The operational management team of the service were visible and the culture was seen as open and transparent. Staff were aware of the vision and way forward for the organisation and said that they generally felt well supported and that they could raise any concerns.

Summary of findings

Background to the service

County Durham and Darlington NHS Foundation Trust had eight dental clinics across County Durham and Darlington. Prior to the formation of this trust, community dental services had been provided through a variety of primary care trusts across the geographical area. As a result of the NHS reorganisation which began in 2011, the service suffered because of several changes in operational management in relatively quick succession and a lack of strong clinical and business leadership. Although the service at that point had good and dedicated staff, the service lacked focused leadership. However, since the appointment of the present operational management and clinical lead the service has moved from strength to strength.

County Durham and Darlington NHS Foundation Trust provides a dental service for all age groups who require a specialised approach to their dental care and are unable to receive this in a General Dental Practice.

The service provides oral healthcare and dental treatment for children and adults who have an impairment, disability and/or complex medical condition.

People who were in this category were those with a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability, including those who were housebound.

Additional services provided were a sedation service in selected clinics where treatment under a local anaesthetic alone was not feasible and conscious sedation using inhalation sedation was required.

General anaesthetic (GA) services were provided for children in pain where extractions under a local anaesthetic would not be feasible or appropriate; such as in the very young, the extremely nervous, children with special needs or those requiring multiple extractions. This service could also be provided for adults with special needs. GA procedures were delivered at:

- Bishop Auckland Hospital;
- Darlington Memorial Hospital; and
- University Hospital of North Durham.

There are 8 clinics in the County Durham and Darlington area. The service as a whole could provide care to around 2000 new referrals annually.

Our inspection team

Our inspection team was led by:

Chair: Iqbal Singh, Consultant Physician in Medicine for Older People.

Head of Hospital Inspections: Amanda Stanford, Care Quality Commission.

The team included CQC inspectors and a variety of specialists: a dentist, doctors, nurses, therapists, a health visitor, district nurses, community matrons, a GP and Experts by Experience (people who had used a service or the carer of someone using a service).

Why we carried out this inspection

We inspected this core service as part of our comprehensive inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?

Summary of findings

- Is it responsive to people's needs?
- Is it well-led?

Before visiting we reviewed a range of information we held about the core service and asked other organisations to share what they knew. We analysed both trust-wide and service-specific information provided by the trust and information that we requested to inform our decisions about whether the services were safe, effective, caring, responsive and well-led. We carried out an announced visit from 3 to 6 February 2015.

We held listening events on 26 January and 2 February 2015 in Darlington and Durham to hear people's views about care and treatment received at the hospitals. We used this information to help us decide what aspects of care and treatment to look at as part of the inspection. The team would like to thank all those who attended the listening events.

What people who use the provider say

Patients were very positive about the service. There were some excellent examples of obtaining patient feedback, which had been developed by the dental nursing staff.

These included the 'We're listening. Tell us what you think' leaflets and the 'Dental Passport' for use by patients with various forms of learning disability.

Good practice

Our inspection team highlighted the following areas of good practice:

- The multidisciplinary approach to completion of patient risk assessments.
- The commitment of staff to providing the best care they could. Staff spoke with passion about their work, felt proud and understood the values of the organisation.
- The positive feedback received from patients regarding the quality of care they received.
- The care provided was person centred, individualised and evidence-based guidelines were adhered to.

County Durham and Darlington NHS Foundation Trust

Community dental services

Detailed findings from this inspection

Good

Are services safe?

By safe, we mean that people are protected from abuse

Summary

Services were safe. There were systems for identifying, investigating and learning from patient safety incidents and an emphasis within the organisation on reducing harm or preventing harm from occurring. Staffing levels were safe in the clinics with a good staff skills mix across the whole service. Staff were aware of current infection prevention and control guidelines and we observed good infection prevention and control practice.

Detailed findings

Incident reporting, learning and improvement

- We found the dental services protected patients from abuse and avoidable harm as staff were confident about reporting serious incidents and provided information to their managers if they suspected poor practice which could harm a patient. Staff told us incidents, accidents or near misses were reported on the organisation's risk management system.
- The clinical lead told us that the system operated through a series of drop down boxes. However, they were not always applicable to dental services, which occasionally could lead to incorrect reporting. The addition of a 'free text' box, in the opinion of the clinical lead, would be a welcome addition to the system. Otherwise, the system was working well.
- The service operated a very open culture with respect to preventing errors in treatment. The dental nurses have been empowered to adopt a 'Stop' approach, which meant that they could directly challenge clinicians if they saw that dentists were about to carry out any procedure that could result in patient harm. An example of this could be the extraction of the wrong tooth.

Safeguarding

- Staff were knowledgeable about safeguarding issues in relation to the community they served.
- Where adults or children lacked the capacity to make their own decisions, staff sought consent from their family members or representatives. Where this was not possible, staff made decisions about care and treatment in the best interests of the patient and involved the patients' representatives and other healthcare professionals.

Good

Are services safe?

Medicines management

- We found medicines were stored safely for the protection of patients.
- A comprehensive recording system was available for the prescribing and recording of medicines. The systems we viewed were completed well, provided an account of medicines prescribed, and demonstrated that patients were given their medicines as prescribed.
- We found medicines for emergency use were available, in date and stored correctly.

Safety of equipment

- We noted that the surgeries used for patient treatment contained dental equipment that was very clean and well maintained.
- The service maintained sufficient numbers of all classes of equipment, this was demonstrated when we observed the dedicated instrument storage rooms appropriate for the storage of processed instruments. We saw evidence of this at all the locations we visited.

Records management

- At all the sites we visited, clinical records were kept securely and could be located promptly when needed, and confidential information was properly protected.
- The patient records were a mixture of computerised and hand written records. The computerised records were secured by password access only. The service used a records management system, which contained patient information, such as demographic details, current and previous appointment details across the trust health services, including dentistry.
- Hard copies of written patient information, including clinical records, were archived in locked and secured rooms at each site we visited in accordance with data protection regulations.

Cleanliness, infection control and hygiene

- The service used a local hospital's central sterilising and decontamination unit (HSDU) for the processing of contaminated instruments after they had been used at all sites. This system ensured that the service was meeting HTM 01 05 (guidelines for decontamination and infection control in primary dental care) best practice requirements for infection control.
- Staff were aware of current infection prevention and control guidelines and we observed good infection prevention and control practice, such as: Hand-washing facilities and alcohol hand-sanitising gel available throughout the clinic area; Staff following hand-hygiene and 'bare below the elbow' guidance; Staff wearing personal protective equipment, such as gloves and aprons, while delivering care and treatment; Cleaning schedules in place and on display throughout the clinic areas; and dental water lines maintained in accordance with current guidelines to prevent the growth of Legionella bacteria and the associated risk of infection to patients and staff.
- The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health (DoH).
- The use of safer sharps and the treatment of sharps waste was in accordance with current guidelines.
- We observed that sharps containers were well maintained and correctly labelled.

Mandatory training

- Staff across the service told us there was good access to mandatory training study days and profession-specific training. A variety of topics were discussed at these sessions, including safeguarding issues, infection prevention and control, moving and handling, medicines management and health and safety.
- Mandatory training records that showed all staff had received training or were booked to complete it before the end of March 2015.

Assessing and responding to patient risk

- Throughout our inspection visits, we looked at a sample of dental notes across the service. The electronic and paper records were well-maintained and provided comprehensive information on the individual needs of patients, such as: oral examinations; medical history; consent and agreement to treatment; treatment plans and estimates; and treatment records.
- Clinical records viewed were clear, concise and accurate and provided a detailed account of the treatment patients received.
- Patient safety and safeguarding alerts were also thoroughly recorded. For example, allergies and reactions to medication such as general anaesthetic and antibiotics.
- To prevent incidents of wrong site surgery the service adopted a number of processes. For example, robust checklist and consent procedures.

Good

Are services safe?

- All patients requiring dental treatment under general anaesthesia (GA) had their referrals overseen by the clinical lead and consultant in paediatric dentistry. No patient was allowed to go to theatre unless the treatment plan had been authorised by these senior clinicians. Prior to this stage of their journey, patients underwent a rigorous patient assessment. As part of the process, all patients underwent an assessment using the British Dental Association Case Mix Tool Kit. This was developed several years ago to assess the patient in terms of their ability to communicate and cooperate, their medical status, oral risk factors, access to oral care and any legal and/or ethical barriers to care. Apart from assessing risk, this tool kit was used by the service and others to determine the suitability, or not, of the referral into the service.

Staffing levels and caseload

- The clinical lead for the service described the difficulties they had in recruiting new dentists into the service. The reasons for this were due to the essentially rural nature of the geographical area.
- The clinical lead estimated that the service would need a further 3 whole time equivalent (WTE) dentists to fully staff the department. However, through careful management of staff rotas, access to all of the clinics across the area was maintained for patient care and treatment.
- From looking through the appointment diaries on the computerised system it appeared that appropriate appointment slots were allocated for both patient assessment and treatment sessions.
- The dentists we spoke with felt that they had adequate time to carry out clinical care of the patient. There was sufficient clinical freedom within the service to adjust time slots to take into account the complexities of the patients' medical, physical, psychological and social needs.
- The only constraint placed upon them by the commissioner was that the service was required to assess the patient at first appointment in 30 minutes. Several dentists we spoke to did find that this constraint meant that some essential parts of the assessment process, such as the taking of dental x-rays, needed to be done at a further appointment. They felt this impacted upon the efficiency of the service at times.

Managing anticipated risks

- All staff undertook yearly training in Intermediate Life Support techniques, which included scenario training.
- There were arrangements in place to deal with foreseeable emergencies at each location we visited.
- There was a range of suitable equipment, which included an automated external defibrillator, emergency drugs and oxygen, available for dealing with medical emergencies. This was in line with the Resuscitation Council (UK) and British National Formulary (BNF) for Children guidelines.
- The emergency drugs were all in date and the drugs were kept securely along with emergency oxygen in a central location known to all staff. The expiry dates of drugs and equipment was monitored using a daily check sheet, which enabled the staff to replace out of date drugs and equipment in a timely manner. This ensured that the risk to patients during dental procedures was reduced and patients were treated in a safe and secure way.
- The service has a named radiation protection adviser, who was appointed to provide advice on complying with legal obligations under the Ionising Radiations Regulations 1999 (IRR 99) and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER 2000) radiation regulations. This included: the periodic examination and testing of all radiation equipment; the risk assessment, contingency plans; staff training; and the quality assurance programme.
- The services' named radiation protection supervisor ensured that compliance with IRR 99 and IRMER 2000 regulations were maintained and, in particular, supervised the arrangements set out in the local rules for the whole of the service.
- At each site, a well-maintained radiation protection file was available. This contained all of the necessary documentation pertaining to the maintenance of the x-ray equipment. It also included critical examination packs for each x-ray set, along with the required maintenance logs for x-ray equipment.
- A copy of the local rules was displayed with each x-ray set. The clinical records we saw showed that dental x-rays were justified, reported on and quality assured

Good

Are services safe?

every time, ensuring that the service was acting in accordance with national radiological guidelines. The measures described ensured that patients and staff were protected from unnecessary exposure to radiation.

- In terms of health and safety, the service had green status across the range of measures.
- All policies and procedures were available and accessed through the shared drive of the trust.
- The service had a senior clinician who took the lead on clinical governance matters and was supported by a dental nurse who acted as a champion for health and safety.
- The staff we spoke to felt that this had improved the quality of care they provided because they received updated information on the principles of clinical governance on a regular basis.

Good

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary

Services were effective, evidence-based and focused on the needs of the patients. We saw examples of very good collaborative and team working. The staff were up to date with mandatory training and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) had frequent continuing professional development (CPD) and were meeting the requirements of their professional registration.

Detailed findings

Evidence based care and treatment

- The service had a number of clinical leads who ensured best practice guidelines were implemented and maintained. These included a consultant in paediatric dentistry and the service clinical lead, whose particular interest was Special Care Dentistry. Other clinicians in the service who were taking leading roles included a dentist responsible for clinical governance, dental public health and epidemiology.
- Dental general anaesthesia (GA) and conscious sedation was delivered according to the standards set out by Royal College of Anaesthetists and the DoH Standing Committee Guidelines in Conscious Sedation 2007.
- Patients' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. During our visits we discussed and reviewed patient treatment records. The clinical records viewed were constructed well and included evidence of treatment plans and detailed patient notes. We found detailed examinations of the condition of the gums and soft tissue lining of the mouth were carried out at each dental health assessment. This ensured that the patient was made aware of changes in their oral condition.
- The patients' dental recall interval was determined by the dentist using a risk-based approach based on current National Institute for Health and Care Excellence (NICE) guidelines. Patients and their relatives we spoke with confirmed they were satisfied with the standard of care and treatment provided.
- We observed that care provided was evidence-based and followed recognisable and approved national guidance such as the NICE guidelines, various specialist dental societies and groups, and nationally recognised assessment tools. Policies reflected national guidance with appropriate evidence and references. Staff we spoke with could direct us to these policies.

Approach to monitoring quality and people's outcomes

- Staff undertook a number of audits to monitor performance and outcomes. We were shown the service line audit plans, which were determined through discussion with clinical leads and agreed by the clinical lead and operations manager. For example, the dental service performed an audit in relation to clinical record keeping and dental radiography. The results of the audits found they were meeting standards and recording appropriately.

Competent staff

- The clinical lead encouraged dentists within the service to obtain postgraduate qualifications to provide services and respond to the ever-increasing complexity of patient care.
- Wherever possible, the trust would support this philosophy by providing partial funding for studying for second degrees and providing appropriate levels of study leave.
- All dental nurses had been trained to a high standard. Thirteen dental nurses had taken and passed the National Examining Board for Dental Nurses Certificate in Dental Nursing and others had taken post qualification courses in general anaesthesia, sedation, dental radiography and fluoride varnish applications.
- All members of the Oral Health Promotion Team had teaching qualifications appropriate to their subject area.
- Staff reported that they had access to mandatory on-going training and continuous professional development opportunities, which had been funded by the trust. Training records viewed demonstrated that

staff had completed mandatory and other continuous professional development courses and systems were in place to ensure refresher training was undertaken periodically.

Multi-disciplinary working and coordination of care pathways

- The GA and sedation care was prescribed using an approved care pathway approach. Patients enter a recognised pathway of: Tender Loving Care (TLC), inhalation sedation and finally GA. The one missing component of this pathway was the provision of intravenous conscious (IV) sedation.
- To develop the service, the existing dentists need experience of treating more straightforward cases under the American Society of Anaesthesiologists' classification to develop their skills and competency. These cases were known as ASA 1 or 2 cases, where patients were considered as either 'fit and well' or suffering from mild forms of medical complexity. It is these cases that had been commissioned elsewhere in Primary Dental Care, leaving only ASA 3 cases to be treated in the service. Until this situation is addressed, the service cannot move forward to develop this part of the pathway.

Referral, transfer, discharge and transition

- The service had implemented a clinician-led system of referral for patients accessing the service. The process consisted of the two most senior clinicians in the service providing a triage system to assess the appropriateness of the referrals into the service and then to arrange the most appropriate clinic for the patient to visit.
- This system highlighted deficiencies in the referrals into the service. They could then arrange for further dental radiographs, blood tests, or advice from the patient's GP or dentist, so that the patient was then seen in the right place at the right time. This system had dramatically reduced the number of inappropriate referrals to the service.

Availability of information

- Staff had access to trust bulletins via the intranet and access to information on clinical guidelines and best practice guidance via the internet.
- The patient records were a mixture of computerised and hand-written records and were accessible to staff. The computerised records were secured by password access only.

Consent

- Arrangements were in place to ensure staff understood the requirements of the Mental Capacity Act 2005 and applied these requirements when delivering care. All staff received mandatory training in consent, safeguarding vulnerable adults, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff we spoke with understood the legal requirements of the Mental Capacity Act 2005 and had access to social workers and staff trained in working with vulnerable patients, such as their safeguarding lead.
- We observed a very robust system for obtaining consent was carried out for patients undergoing general anaesthesia, relative inhalation conscious sedation and routine dental treatment. The dental officer at Peterlee Health Centre talked us through the process. The consent documentation used in each case consisted of: the referral letter from the general dental practitioner or other healthcare professional, the clinical assessment, including a complete written medical, drug and social history. Full and complete NHS consent forms were used, as appropriate, in every case (1, 2 or 4). Preoperative and postoperative checklists and patient information leaflets detailing preoperative and postoperative instructions for the patient to follow completed the consent process.
- Where patients or children lacked the capacity to make their own decisions staff sought consent from their family members or representatives. Where this was not possible staff made decisions about care and treatment in the best interests of the patient and involved the patients' representatives and other healthcare professionals.

Good

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary

Patients told us they had positive experiences of care at each of the clinics we inspected. Patients, families and carers felt well supported and involved with their treatment plans and staff displayed compassion, kindness and respect at all times.

We found staff to be hard working, caring and committed to the work they did. Staff spoke with passion about their work and were proud of what they did. Staff knew about the organisation's commitment to patients and their representatives and the values and beliefs of the organisation they worked for.

Detailed findings

Dignity, respect and compassionate care

- We observed all staff treating people with dignity and respect and taking extra time with patients who didn't have full capacity to fully understand the advice being given.
- At one clinic we observed how the dentist built and maintained a respectful and trusting relationship with a child patient and their parent. The dentist sought the views of the patient regarding the proposed treatment, even though the patient was a young child. The patients we observed were given explanations about their dental treatment in language that they could understand. They were treated with respect and dignity at all times.
- Staff told us that effective communication and collaboration between all members of the multidisciplinary team ensured trust and respect in those delivering prescribed treatment and care.
- Patients, their relatives and carers were all positive about the care and treatment they had received from the dental team.
- During direct observation of patient interactions across a number of clinics, with patients of all ages, we saw that they were treated with kindness, dignity and respect within a safe and caring environment.

Patient understanding and involvement

- Patients and their families were appropriately involved in and central to making decisions about their care and the support needed. We found that planned care was consistent with best practice, as set down by national guidelines.
- Observation of practice and a review of patient records evidenced that staff were assessing the patient's capacity to be able to give valid consent using the Mental Capacity Act 2005. We found that relatives and/or the patient's representative were involved in discussions around the care and treatment where it was appropriate.
- Staff had a good understanding of consent and applied this knowledge when delivering care to patients. Staff we spoke with had received training around consent and had the appropriate skills and knowledge to seek consent from patients or their representatives. We observed positive interactions between staff, patients and/or their relatives when seeking verbal consent and the patients we spoke with confirmed their consent had been sought prior to care being delivered.
- A range of literature was available for patients, relatives and/or their representatives and provided information in regard to their involvement in care delivery from the time of admission through to discharge from the general anaesthetic clinic. This included complaints processes, key contacts information and follow-up advice for when the patient left each centre.

Emotional support

- Staff were clear about the importance of emotional support needed when delivering care. We observed positive interactions between staff and patients, where staff knew the patients very well and had built up a good rapport.

Good

Are services caring?

Promotion of self-care

- Preventive care across the service was delivered using the Department of Health's 'Delivering better oral health: An evidence-based toolkit for prevention', 2013. Integral to the service were the oral health promotion team.
- The team consisted of four members who had previous dental nursing experience providing targeted support to various staff out in the community including in care homes, in supported living and healthcare assistants. The philosophy was that training these groups would enable them to act as oral health champions in each of their community settings promoting good oral health self-care throughout their client groups.
- All locations had a range of patient information in the waiting areas providing advice on how to take care of gums and teeth. In the waiting area of the location providing general anaesthesia for children, a folder containing children's activity sheets was available, providing entertainment and distraction for children prior to them having their dental operation.

Good

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary

The service was responsive to people's needs and people from all communities could access treatment if they met the service's criteria. Effective multidisciplinary team working and effective links between the different clinics ensured people were provided with care that met their needs at the right time and without avoidable delay.

Detailed findings

Service planning and delivery to meet the needs of different people

- All of the patients were seen within national guidelines of 18 weeks. We saw data which showed that the average wait was only six weeks for day stay general anaesthesia cases for children.
- The team administrator at Bishop Auckland Hospital described how they were able to negotiate with the operational management for theatres to secure extra sessions to keep the waiting times as low as possible.
- We were told that the service kept one space free each week to enable emergency patients to be accommodated on each week's list. This demonstrated an efficient use of resources.
- Staff told us how they were meeting the needs of the patients they saw with complex needs. There were good mechanisms for information sharing between the different clinics and referral back to the patient's own dentist for those who only used the service occasionally.
- The staff within the clinics showed a willingness to engage with other service providers, such as the mental health teams and adult social care providers. In one clinic we were told of some patients who cancelled their appointments at the last minute. This could be due to transport issues. The receptionists and dental nurses tried alternative appointments to meet their needs and would ensure this was communicated to the dentist if it happened more than once.
- The service had in place procedures to deal with repeated non-attendance issues, which enabled them to monitor and report any concerns to the local authority.
- Staff were knowledgeable regarding the community in which they provided services and they provided appropriate written information to patients upon referral to the service and at discharge. Staff knew how to obtain support for communicating with patients. For example, a translation service was available if the patient's first language wasn't English.

Meeting the needs of people in vulnerable circumstances

- The service had, over a period of years, moved from being a traditional community dental service to one which is a referral-based specialised service.
- It targeted patients with special needs due to physical, mental, social and medical impairment. Due to this change of focus, these groups could access services, when required, to meet their needs and the needs of family and carers.
- There were good links with learning disability teams and staff could access them for advice with this patient group.
- Interpretation services were available.

Access to the right care at the right time

- Staff spoken with reported that, in a large number of cases, patients were referred to the community dental service for short-term specialised treatment.
- We observed that clinics ran on time, they were not over booked and patients reported they had sufficient time to talk to staff. Staff told us patients were kept informed of any delays.
- On completion of treatment, patients were discharged to their own dentists so that on-going treatment could be resumed by the referring dentists. Internal referral systems were in place should the dental service decide to refer a patient on to other external services, such as orthodontic or maxillofacial specialists.
- We were assured that patients were discharged in an appropriate, safe and timely manner. During the discharge process, the nurses made sure the patient or responsible adult had a set of written postoperative

Good

Are services responsive to people's needs?

instructions and understood them fully. They were also given contact details should they require urgent advice and or treatment. This was corroborated by observing patient records where sedation had been given.

- The locations we viewed as part of our inspection were fully accessible for people with a physical disability or who required the use of a wheelchair.
- Accessibility to the clinics we visited was good; some services were provided on the first floor level with lifts and stairs. Car parking was available on site, however, occasionally places were limited and at some locations it could be busy at different times of the day.

Complaints handling and learning from feedback

- The service had a very low level of complaints.
- At the sites we visited we observed the clinics had very personable 'front of house' staff who would be able to diffuse potential complaints.
- From speaking to staff, the emphasis was on de-escalation and local resolution of problems and, therefore, we felt that this was the reason for the low level of complaints.
- However we did see evidence of how complaints were managed from observing an action plan of a complaints in October 2014. As a result of this, the complaints systems and processes pertaining to the consent during the provision of fluoride varnish applications in a community setting were strengthened and improved.

Good

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary

The service was well-led with organisational, governance and risk management structures in place. The senior management team were visible and the culture was seen as open and transparent. Staff were aware of the way forward and vision for the organisation and said that they felt well supported and could raise any concerns with their line manager. Many staff told us that it was a good place to work and would recommend it to a family member or friends.

Detailed findings

Vision and strategy for this service

- It was evident from discussions with the senior dental management team that the service was well-led with a forward-thinking and proactive business manager, clinical lead and nurse manager.
- We saw, and staff informed us that, the value base of the trust was openly discussed as part of the performance and development review (PDR) system.
- Staff confirmed they understood the vision of the trust 'Right First Time, Every Time' and were aware that information on strategic plans for the organisation could be accessed via the trust's intranet.
- Staff spoke of how the senior management within the service had provided good support and leadership to the service following the move into the County Durham and Darlington NHS Foundation Trust, after a very difficult beginning. This was due to a succession of changes in management soon after the services was taken over by the trust.
- We observed staff were passionate about working within the service and providing good quality care for patients. We saw evidence of service improvement initiatives and regular monitoring of the quality of the service.

Governance, risk management and quality measurement

- Clinical governance meetings were held monthly. Agendas and minutes showed that audits, learning from complaints, incidents, evidence based treatment and guidance was discussed.
- The use of clinic leads, a senior dental nurse, appeared to be a good innovation.
- The clinic leads were responsible for the day to day running of each clinic. They would be responsible for cascading information upwards to the senior dental management team and downwards to the clinicians and other staff on the front line.
- These clinic leads would be responsible for the safe implementation of policies and procedures in relation to infection control, radiation used in dentistry, dealing with medical emergencies and incident reporting.
- The service had an effective system to regularly assess and monitor the quality of service that patients received.
- Records of various checks, observation of completed audits and discussion with the senior team management confirmed a strong commitment to quality assurance and maintaining high standards. We were told that the staff meetings were useful for raising any issues and "helping us improve as a service". They had begun to develop a system that gathered the views of patients and informed them of any changes they may need to consider.
- The system for cascading information throughout the service was facilitated through a series of interconnecting groups. These were the central clinical governance meeting held monthly and attended by all members of staff. Feeding into this group were the dental nurses' group, the community dental senior team meeting and the administrative staff meeting. We saw examples of the minutes from each of these meetings; these were very detailed and complete.

Good

Are services well-led?

Leadership of this service

- Staff confirmed that they felt valued in their roles and that managers within the service and trust were approachable, supportive and visible.
- The majority of staff said there was visible leadership across the organisation and expressed confidence that any concerns raised with senior managers would be acted on.
- The staff roles and responsibilities were clearly defined with a sufficient skills mix of staff across all staff grades and all staff spoke of their commitment to ensuring patients were looked after in a caring manner.
- It was apparent that the service management team was strong and able to 'fight their corner' with the commissioners of dental services where necessary, which ensured sustainability and progression of the service going forward.
- Clinicians stated that there is an open-door policy with respect to the clinical lead, who was always on hand to provide professional support and advice. This particular aspect of being always on hand, would be very comforting to recently qualified dentists who may join the service, giving them confidence that someone is available should they encounter difficulties during a patient treatment session.

Culture within this service

- Staff confirmed that they felt valued in their roles and that managers within the service and trust were approachable, supportive and visible.
- The majority of staff said there was visible leadership across the organisation and expressed confidence that any concerns raised with senior managers would be acted on.

Public and staff engagement

- All of the staff we spoke to were very patient-focused and provided patient-centred care. However, public engagement was at an early stage of development in this particular service.
- However, we did see some excellent examples of obtaining patient feedback, which had been developed by the dental nursing staff. These included the 'We're listening. Tell us what you think' leaflets and the 'Dental Passport' for use by patients with various forms of learning disability.

Innovation, improvement and sustainability

- The culture of the service appeared to be one of continuous learning and improvement.
- All staff had the opportunity to take further qualifications to enhance the patient experience, dependant upon the outcome of their appraisal and subsequent Personal Development Plan.
- The nurse manager described how the dental nurses had undergone additional training in dental radiography, fluoride varnish applications and oral health promotion, which enabled the service to provide enhanced care for patients.
- A number of the dentists had additional postgraduate degrees and diplomas, which enabled the service to provide increasingly complex care to an increasingly complex and diverse patient base. Staff were supported in accessing and attending training, ensuring they had the appropriate skills and training to make effective clinical decisions and treat patients in a prompt and timely manner.