

Northern Lincolnshire and Goole NHS Foundation Trust

RJL

Community dental services

Quality Report

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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)
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RJL32	Scunthorpe General Hospital		
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This report describes our judgement of the quality of care provided within this core service by Northern Lincolnshire and Goole 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 Northern Lincolnshire and Goole NHS Foundation Trust and these are brought together to inform our overall judgement of Northern Lincolnshire and Goole 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 rating for this core service Good

Overall, we rated community dental services at this trust as 'good'.

Dental services were effective and focused on the needs of patients and their oral healthcare. We observed examples of teams working together effectively in the service. 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 staff.

The service protected patients from abuse and avoidable harm. Systems for identifying, investigating and learning from patient safety incidents were in place, however, the service did not have a culture of reporting incidents. Infection control procedures were in place and audits had been carried out. The environment and equipment were clean and well maintained.

The patients we spoke with, and their relatives and carers, said they had positive experiences of care. We saw

good examples of staff providing care 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 showed, through their actions, how dedicated they were.

At each of the clinics we visited, staff responded to patients' needs. Effective multidisciplinary team working ensured staff provided patients with care that met their needs, at the right time. Through effective time management, delays to treatment were kept to reasonable limits.

The service was well led. The operational management team of the service was visible and staff told us the culture was open and transparent. Staff said that they felt well supported and that they could raise any concerns. The service had a strategy with aims and objectives for promoting dental health.

Summary of findings

Background to the service

Information about the service

Northern Lincolnshire and Goole NHS Trust provides a dental service for people of all ages who require a specialised approach to their care and are unable to receive this in a general dental practice.

The service provides oral healthcare and dental treatment for children and adults with impairment, disability or a complex medical condition. People who fall into this category include those with a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability, and those who are housebound.

Selected clinics provide a sedation service where treatment under a local anaesthetic alone is not possible and conscious sedation is required. Conscious sedation is a combination of medicines to help you relax and to block pain during a dental procedure

General anaesthetic services are provided for children in pain where having a tooth taken out under a local anaesthetic would not be appropriate. These patients

include the very young, the extremely nervous, children with special needs, and children needing several teeth removed. The service was also provided for adults with special needs.

General anaesthetic procedures are delivered at:

- Scunthorpe General Hospital
- Diana, Princess of Wales Hospital, Grimsby

There are four community dental clinics spread across Scunthorpe, Grimsby and Cleethorpes.

During our inspection we visited three locations that provided a special care dental service:

- Ironstone Centre, Scunthorpe – special care dental treatment for all age groups
- Ashby Clinic, Scunthorpe – special care dental treatment for all age groups
- Cromwell Road Clinic, Grimsby – special care dental treatment for all age groups.

We spoke to nine staff members and six patients with their family members across the service areas visited. We looked at eight sets of records.

Our inspection team

Our inspection team was led by:

Chair: Jan Filochowski, Clinical and Professional Adviser at CQC; NIHR; Commonwealth Fund and IHI

Head of Hospital Inspections: Amanda Stanford, Care Quality Commission

The team included CQC inspectors and a specialist advisor who was a dentist.

Why we carried out this inspection

We inspected this core service as part of our comprehensive community health services 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 service and asked other organisations to share what they knew. We analysed both trust-wide and service specific information provided by the organisation 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 13 to 15 October 2015

We observed how people were being cared for and talked with patients and family members who shared their views and experiences of the care they had received. We reviewed care and treatment records of children and young people who used the services. We visited three locations that provided a special care dental service: Ironstone Centre, Scunthorpe; Ashby Clinic, Scunthorpe and; Cromwell Road Clinic, Grimsby.

What people who use the provider say

We received 49 responses to CQC comment cards about the service. Three commented negatively on waiting times. The remaining positive comments praised the service on its caring approach, attitude and openness with patients.

Good practice

An effective NICE-based oral health toolkit had been developed and was in use within schools.

The dental health education team developed a package of resources offering oral health promotion support and training to dental practices in the North Lincolnshire region. This online learning package enabled dental

professionals to earn continuing professional development hours as part of the General Dental Council requirements to maintain their registration. They could also use the resources to take part in a strategy called 'making every contact count', aimed at improving the community's oral health.

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

- The service **SHOULD** promote the use of the trust electronic incident reporting system to ensure proper investigation of incidents and sharing of lessons learnt across the trust.

Northern Lincolnshire and Goole 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

We rated safe as 'good' because:

- Staffing levels were safe in the clinics with a good staff skill mix across the whole service. Staff had received adult and children safeguarding training. They were confident in their knowledge of how to raise concerns with managers. If children did not attend clinic appointments, staff would talk to other health professionals to share knowledge of safeguarding risks.
- The dental service used the trust electronic incident reporting system for identifying, investigating and learning from patient safety incidents. However, we found that incident reporting was not embedded within the culture of the service, meaning staff did not use the system, but reported directly to line management if they had concerns.

Detailed findings

Incident reporting, learning and improvement

- Two incidents were reported on the National Reporting and Learning System (NRLS) between September 2014 and August 2015. Both incidents were reported as no harm.
- The dental service reported incidents using the trust electronic reporting system. Staff we spoke with told us they knew about the reporting system but had either not used it in a long time or had never used it. They told us that issues would be referred to the service manager or clinical lead.
- During our inspection we were told of an incident where a patient had received intravenous sedation. The team could not wake the patient up following treatment and the patient needed hospital treatment. This was not reported as an incident or investigated.

Safeguarding

- All staff we spoke with were aware of the safeguarding policy and had received training at the appropriate level in safeguarding vulnerable adults and children.
- The mandatory training records we saw showed 100% of the dental staff had completed safeguarding adult level two training and children's safeguarding level three training.

Are services safe?

- The staff we spoke with were knowledgeable about safeguarding issues in relation to the community they served. They received information regarding child sexual exploitation (CSE) as part of their mandatory training.
- All the dentists we spoke with were aware of the safeguarding concerns that could affect the delivery of dental care. This included children who presented with high levels of dental decay, which could indicate that a child was suffering from neglect.
- Dentists we spoke with explained how they shared information with other professionals such as social workers, health visitors, school nurses, and learning disability teams.
- If children did not attend clinic appointments, staff would talk to other health professionals to share knowledge of safeguarding risks.

Medicines

- We found the medicines used for intravenous sedation were stored safely, in locked cupboards and fridges, for the protection of patients at Ironstone Centre, Scunthorpe where intravenous sedation services were carried out.
- A comprehensive recording system was available for the prescribing and recording of these medicines. The service had developed a robust written system of stock control for the medicines used in intravenous sedation, which was demonstrated to us.
- We found medicines for emergency use were available, in date and stored correctly.
- A checklist monitoring the expiry dates of the emergency medicines was present in each storage cabinet at each location we visited and was signed by the responsible dental nurse.

Environment and equipment

- We observed that dental equipment was clean and well maintained.
- There were sufficient numbers of all classes of equipment to treat each patient attending a clinic with clean instruments; this was demonstrated when we observed drawers and cupboards appropriate for the storage of processed instruments and consumable materials. We saw evidence of this at each of the locations we visited.
- At each site we visited, there was a range of suitable equipment, which included an Automated External

Defibrillator, emergency medicines and oxygen available for dealing with medical emergencies. This was in line with the Resuscitation UK and British National Formulary (BNF) guidelines.

- The emergency medicines were all in date and stored securely, with emergency oxygen, in a central location known to all staff. A checklist monitoring the expiry dates of the emergency medicines was present in each storage cabinet at each location we visited and was signed by the responsible dental nurse. This ensured that the risk to patients' during dental procedures was reduced and patients were treated in a safe way.
- At each site we visited, we were shown a well-maintained radiation protection file. This contained all 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 three-yearly maintenance logs.
- A copy of the local rules was displayed with each X-ray set. A sample of two clinical records we saw showed that when dental X-rays were prescribed they were justified, reported on and quality assured every time. This ensured that the service was acting in accordance with national radiological guidelines. The measures described also ensured that patients and staff were protected from unnecessary exposure to radiation.
- We saw reports from the trust's radiation physics department that X-ray equipment across the service was safe for use.

Quality of records

- At the sites we visited, clinical records were kept securely so that confidential information was properly protected.
- The patient records were a mixture of computerised and hard copies. The computerised records were secured by password access only.
- In accordance with data protection requirements, information such as written medical histories, referral letters and dental radiographs were collated in individual patient files and archived in locked and secured cabinets not accessible to the public.
- We examined eight dental records across the service. The electronic records and hard copy records were well-maintained and provided comprehensive information

Are services safe?

on the individual needs of patients such as; oral examinations; medical history; consent and agreement for 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, we saw that allergies and reactions to medication such as antibiotics were recorded.
- We looked at the trust record keeping audit for this service. For North Lincolnshire (Scunthorpe), the service achieved 100% compliance in 65% of measures across the ten standards for record keeping.
- North East Lincolnshire (Grimsby) achieved 100% compliance in 50% of the same measures.

Cleanliness, infection control and hygiene

- The service used a system of local decontamination for the processing of contaminated instruments. The systems in place ensured that the service were exceeding HTM 01 05 (guidelines for decontamination and infection control in primary dental care) Essential Quality Requirements for infection control.
- Staff at centres we visited where local decontamination took place showed us and demonstrated the arrangements for infection control and decontamination procedures. They were able to demonstrate and explain in detail the procedures for the cleaning of dental equipment.
- Staff described the process for the transfer and processing of dirty instruments through designated on-site decontamination rooms. We saw safe storage of clean instruments and were assured that equipment was used within the timescales stipulated in HTM 01 05.
- We observed good infection prevention and control practices. Hand washing facilities and alcohol hand gel were available throughout the clinic areas.
- We observed staff following hand hygiene and 'bare below the elbow' guidance. Staff wore personal protective equipment, such as gloves and aprons, whilst delivering care and treatment. We observed appropriate disposal of personal protective equipment.
- There were suitable arrangements for the handling, storage and disposal of clinical waste, including sharps. Safer sharps use was in accordance with the EU Directive for the safer use of sharps.

- Cleaning schedules were in place and displayed for each individual treatment room. These were complete and were signed by the responsible dental nurse.
- Clearly defined roles and responsibilities for cleaning the environment and cleaning and decontaminating equipment were in place.
- We observed the daily, weekly and quarterly test sheets for the autoclaves and washer disinfectors along with the maintenance schedules at each location where local decontamination was carried out. These were signed by either the responsible dental nurse or the Trust Medical Engineering department carrying out the quarterly validation checks.
- We saw infection prevention and control audits of the dental clinics had been undertaken in 2015. There were issues with waste management, including the disposal of sharps, and a lack of policy to prevent Legionnaires contamination. These issues had been identified in audits and actions plans provided information on how these issues would be addressed.
- We were told during inspection that the issue with waste management had been addressed and there was evidence of this in the governance meeting minutes.

Mandatory training

- Staff across the service told us there was good access to mandatory training study days.
- Mandatory training rates were 100% for Grimsby and Cleethorpes clinic staff and 99% for Ironstone and Ashby clinic staff.
- Mandatory training for staff included safeguarding issues, infection, prevention and control, safeguarding for vulnerable adults and children, information governance and the management of emergencies in the dental chair.
- The central log for mandatory training we saw confirmed that all staff working in the clinics across the service had attended the required mandatory training.

Assessing and responding to patient risk

- At every site we visited, there was a range of equipment to enable staff to respond to a medical emergency. This included an Automated External Defibrillator, emergency medicines and oxygen. This was in line with the Resuscitation UK and British National Formulary (BNF) guidelines.

Are services safe?

- The emergency medicines were all in date and stored securely, with emergency oxygen, in a central location known to all staff. This ensured that the risk to patients' during dental procedures was reduced and patients were treated in a safe way.
- During our inspection, we looked at a sample of eight dental treatment records across the service. Patient safety and safeguarding alerts were recorded. These included allergies and reactions to medication such as antibiotics.
- We saw an example where a dentist had liaised with appropriate safeguarding teams. A case of suspected dental neglect had been identified prior to dental treatment under general anaesthesia.
- A dentist we spoke with felt that they had adequate time to carry out clinical care of the patient. They had sufficient clinical freedom within the service to adjust time slots to take into account the complexities of the patient's medical, physical, psychological and social needs.

Staffing levels and caseload

- There were sufficient staff to meet the needs of the service. Staff worked across the dental clinics to ensure clinics had appropriate staff grades.
- The service was staffed with seven dentists and two dental therapists across the clinics, and was supported by two dental nurses at each clinic. Some of the dental nurses had further training in health promotion.
- The dentists also provided domiciliary care.
- It appeared from looking through the appointment diaries on the computerised system that appropriate appointment slots were allocated for both patient assessment and treatment sessions.

Managing anticipated risks

- All staff undertook yearly training in either Intermediate Life Support techniques or basic CPR appropriate to the clinical grade of the member staff. For example, staff involved in providing intravenous sedation or general anaesthetic services undertook training in Intermediate Life Support Techniques. This was in accordance with the new guidelines recently published by the Royal College of Surgeons and Royal College of Anaesthetists in April 2015.
- The clinical records we saw where two patients had undergone intra-venous sedation they had important

checks made prior to sedation; this included a medical history, height, weight and blood pressure. These checks were carried out to determine if they were suitable to undergo this type of procedure.

- When patients were having treatment under intra-venous sedation the team would consist of a dentist and two dental nurses, all trained in intra-venous sedation. This was to ensure safe procedures and checks were undertaken during the procedure.
- The records demonstrated that during the sedation procedure important checks were recorded at regular intervals during the operation and included pulse, blood pressure, breathing rates and the oxygen saturation of the blood. This was carried out using a specialised piece of equipment known as a pulse oximeter, which measures the patient's heart rate, oxygen saturation of the blood and blood pressure. The machine also produced a written log of these vital signs, which formed part of the clinical record. These checks were in line with current good practice guidelines demonstrating that sedation was carried out in a safe and effective way.
- The service had a named Radiation protection adviser and two Radiation Protection Supervisors across the service. These individuals were appointed to provide advice and assurance that the service was complying with legal obligations under IRR 99 and 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 Ionising Radiation Regulations 99 and IRMER 2000 regulations was maintained.
- At each site we visited, a well-maintained radiation protection file was available. This contained all 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.
- We saw in clinical records that dental X-rays were justified, reported on and quality assured 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.

Are services safe?

- All health and safety policies and procedures were available and accessed through the shared drive of the trust.

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

We rated effective as 'good' because:

- Treatment was 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 met the requirements of their professional registration.
- The dental health education team developed a package of resources offering oral health promotion support and training to dental practices in the North Lincolnshire region. This online learning package enabled dental professionals to earn continuing professional development hours as part of the General Dental Council requirements to maintain their registration. They could also use the resources to take part in a strategy called 'making every contact count', aimed at improving the community's oral health.
- The dental health education team had developed a package of resources offering oral health promotion support and training to dental practices in the North Lincolnshire region. This included encouraging and offering guidance for practices to become involved in health promotion initiatives and events. Facilitating and providing advice for practices in "Making Every Contact Count" (MECC).
- The aim of making every contact count was to maximise the preventative intervention by reinforcing good home care (correct tooth brushing, frequency of tooth brushing, the use of the correct strength of fluoridated tooth paste) promoting a healthy diet low in sugar and the application of fluoride varnish to teeth.
- They supported the Local Authorities in their development of health initiatives relevant to dental practices.
- They had also developed an E learning package for local dental practices to support MECC. This online learning package enabled dental professionals to earn CPD hours as part of the General Dental Council requirements for verifiable CPD to maintain their registration.
- We saw a demonstration of the on line package when we visited the South Humber Local Dental Committee website during our inspection.

Detailed findings

Evidence based care and treatment

- There were clinical leads that ensured best practice guidelines were implemented and maintained; these included conscious sedation, special care dentistry, children's dentistry and dental public health and epidemiology.
- Dental general anaesthesia and conscious sedation was delivered according to the standards set out by the dental faculties of the Royal Colleges of Surgeons and the Royal College of Anaesthetists 'Standards for Conscious Sedation in the Provision of Dental Care 2015'. These services were delivered at two hospitals across the Trust. The records we looked at showed evidence of safe care when delivering conscious sedation.
- We saw evidence of outstanding practice in relation to the collaborative working delivered by the dental health education team, which were part of the dental service.

Pain relief

- A review of a sample of patient records confirmed that patients were assessed appropriately for pain symptoms.
- Patients were appropriately prescribed local and general anaesthesia for the relief of pain during dental procedures.
- We observed patient care across the clinics. In six consultations we observed, the clinician asked the patient if they had pain in their teeth or mouth.

Nutrition and hydration

- Children having procedures under GA were advised to not eat for six hours before surgery but were able to have sips of water up to two hours before surgery.

Are services effective?

- Staff contacted relatives/carers the day before admission to reiterate pre op instructions.
- Staff provided advice to patients and parents about healthy diets and reducing foods that caused tooth decay. Diet records were provided as a means to monitor patient's intake between appointments where appropriate.
- We observed staff providing this advice about healthy diets during consultations.

Patient outcomes

- Preventive care across the service was delivered using the Department of Health's 'Delivering Better Oral Health Toolkit 2013'. The dental health education team was integral to the service.
- The team consisted of two members who had previous dental nursing experience providing targeted support to various staff out in the community including care homes, supported living and health care assistants.
- The philosophy was that training these groups will enable them to act as oral health champions in each of their community settings promoting good oral health self-care throughout their client groups.
- We saw evidence of a rolling programme of audits to monitor safety performance including infection control, radiographs and patient records. We saw evidence of action plans from the audits that suggested changes in practice to improve outcomes, for example, improved medical device management to reduce the risk of Legionella contamination.

Competent staff

- The Clinical Director of the service encouraged dentists within the service to obtain postgraduate qualifications and undertake additional professional training to provide services to an ever-increasing complexity of patient.
- All dental nurses employed by the service must have taken and passed the National Examining Board for Dental Nurses Certificate in Dental Nursing.
- Many of the other dental nurses had taken post qualification courses in General Anaesthesia, sedation, dental radiography and fluoride varnish applications.
- All members of the dental health education team had qualifications appropriate to their subject area.
- All staff had received an appraisal in 2015. We saw electronic examples of the process that dentists go

through as part of the appraisal system. This included appraisal documentation, job plan and personal development plan, with the aims and objectives of the plan and time lines.

Multidisciplinary working and co-ordinated care pathways

- The general anaesthetic and sedation care was prescribed using a nationally approved care pathway approach.
- The pathway promoted a patient centred approach of care dependent upon each individual patient's medical, social or clinical need.
- There was effective and collaborative working across disciplines involved in patient's care and treatment. For example, the dentist would consult with the patient's GP, consultant physician or surgeon, if patients had complex medical conditions.
- The service also carried out joint general anaesthetic sessions with other specialities. This included physiotherapy, podiatry and ophthalmic. Adopting this joint surgical working reduced the need for repeated general anaesthetics and decreased the risks associated with frequent exposure to general anaesthetic.
- The service maintained close working relationships with the school nursing service, health visiting, learning disability teams and drug and alcohol services to ensure that vulnerable groups requiring dental care can secure ready access to treatment and care as the needs arise.

Referral, transfer, discharge and transition

- There were clear referral systems and processes in place to refer patients to the service. These had been developed by the service to ensure efficient use of NHS resources.
- Patients who were seen for single courses of treatment for sedation services or general anaesthesia are discharged back to their referring general dental practitioner with a comprehensive discharge letter detailing the treatment carried out by the service.

Access to information

- The electronic patient record allowed dental professionals to access patient's dental records across all of the trust's dental sites.



Are services effective?

- Through mandatory training and trust policy, all staff had access to best practice and evidence-based guidance on information governance. The policies were available on the trust intranet.
- All the clinics we visited displayed information about the NHS charges for the treatment patients may receive and dental health promotion information. Some information was also available in Polish to meet the needs of this community.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- There was a robust system for obtaining consent for patients undergoing general anaesthesia, conscious sedation, relative analgesia sedation and routine dental treatment.
- The consent documentation used in each case of general anaesthesia, intravenous and relative analgesia sedation consisted of the referral letter from the general dental practitioner or other health care professional, and 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).
- We observed three patient assessment treatment records that demonstrated that the systems and processes for obtaining consent were carried out.
- 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 patient's representatives and other healthcare professionals.
- 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 Liberties Safeguards (DoLS).
- All the clinical 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.

Are services caring?

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

Summary

We rated caring as 'good' because:

- Patients told us they had positive experiences of care at each of the clinics we visited. 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 their work. Staff spoke with passion about their work and were proud of what they did; they were considerate of people's anxieties, provided them with reassurance, and were clear about the treatment.

Detailed findings

Compassionate care

- During our inspection, we spoke with six families to gain an understanding of their experiences of care. They said they were happy with the care and support provided by the staff. We observed staff treating patients with dignity and respect. We heard staff using language that was appropriate to patients' age or level of understanding.
- Staff were considerate of people's anxieties, provided them with reassurance, and were clear about the treatment. They allowed the patient time to respond if they were not happy or in pain. We saw an example of a patient receiving treatment, who was using the service because of their anxiety. We saw that the patient was having treatment planned in very short steps, allowing the patient to manage the anxiety with only short visits to the surgery. The patient told us that staff were considerate of their needs which was having a positive effect on their health and wellbeing.

Understanding and involvement of patients and those close to them

- 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.
- We saw good examples of how children were involved in the treatment depending on their age. We saw teenage children making decisions about the care they needed and how it would be given, for example, making decisions about having a brace fitted and the type of toothbrushes to use for effective cleaning.
- We also saw examples of how the staff engaged with very young patients, by using toys and distraction techniques. Staff did this by also engaging the help of parents to reassure their children.
- The staff did not undertake any examinations or treatments of very young children unless the child was happy and cooperative. The staff always explained the range of treatment methods to the parents and we saw this was done sensitively.
- Staff provided parents with a range of advice to help them improve their child's dental health.

Emotional support

- Staff were clear on the importance of emotional support needed when delivering care.
- We observed positive interactions between staff and patients, where staff knew the patients very well they had built up a good rapport.
- Through our discussions with staff, it was apparent that they adopted a holistic approach to care concentrating fundamentally on the patients social, physical and medical needs first, rather than seeing patients as a collection of signs and symptoms that required a mechanistic solution to their dental problems.

Are services responsive to people's needs?

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

Summary

We rated responsive as 'good' because:

- The service was responsive to people's needs.
- Specific referral criteria was in place for people to access the service
- The service was developed to meet the needs of people in vulnerable circumstances.
- There was 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

Planning and delivering services which meet people's needs

- The service worked within a service level agreement commissioned by NHS England.
- Referrals to the service were made by general dental practitioners, health professionals and voluntary organisations to meet the needs of people who could not use the general dental service. For example, children with high levels of dental problems, and people with mental, physical and social issues
- To support oral health education the dental health education team had developed an attractive range of oral health materials for children, patients with learning difficulties and others in various styles in a format and language that they could understand. These were freely available to patients and other agencies involved in the promotion of oral health including schools, care homes and special schools.
- Staff also undertook home visits to provide treatment to people who were unable to attend a hospital or community dental appointment.
- There were systems and processes in place to identify and plan for patient safety issues in advance and included any potential staffing and clinic capacity issues.
- All patients were given a choice as to where they could be treated. The aim of giving patients this choice was to keep waiting times for treatment as short as practically possible.

- The department had also developed close links with cancer services so that the oral health of cancer patients was maintained before, during and after cancer treatment.

Meeting the needs of people in vulnerable circumstances

- The service was primarily a referral based specialised service providing continuing care to a targeted group of patients with special needs due to physical, mental, social and medical impairment. However, the service did accept self-referral of patients if they fit the referral criteria.
- As a result, these groups could access services when required in a timely manner to meet their needs and the needs of family and carers.
- The service provided domiciliary care for people who may have difficulty accessing the surgery, for example, those with a physical or learning disability.
- The service had access to translation services.
- A range of literature was available for patients, relatives and/or their representatives and provided information in regards to their involvement in care delivery from the time of admission through to discharge from the general anaesthetic clinic. This included pre-treatment instructions, key contacts information, and follow-up advice for when the patient left the clinic.

Access to the right care at the right time

- The service monitored waiting times, time to first assessment appointments, do not attend rates (DNA) and cancellation rates.
- We were told patients received a letter confirming the referral within a few days. Waiting times for first treatment were six to eight weeks. Waiting time for treatment under general anaesthetic was 16 to 18 weeks, which complied with national targets for consultant care, according to data provided by the trust.
- Patients were referred to the community dental service for short-term specialised treatment. A set of acceptance and discharge criteria had been developed so that only the most appropriate patients were seen by the service.

Are services responsive to people's needs?

- On completion of treatment, patients were discharged to the patient's own dentist so that ongoing treatment could be resumed by the referring dentist.
- Internal referral systems were in place, should the dental service decide to refer a patient on to other external services such as local maxillofacial specialists.
- Processes were in place regarding how patients were discharged from the service after general anaesthetic, intravenous sedation or relative analgesia conscious sedation. 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 post-operative instructions and understood them fully. They were also given contact details if they required urgent advice and or treatment.

- We observed clinics ran to time, they were not overbooked and patients reported they had sufficient time to talk to staff. Staff told us patients were kept informed of any delays and were offered the opportunity to rebook appointments if clinics overran.

Learning from complaints and concerns

- Information was displayed in every clinic informing people how to raise concerns and complaints.
- Complaints, both formal and informal, were discussed at every staff meeting.
- The service had a very low level of complaints. The initial process was on de-escalation and local resolution of problems.
- At the time of inspection, the service had one open complaint, which was about the length of waiting time.

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 rated well led as good because:

- Staff knew about the values and beliefs of the organisation they worked for.
- The operational management team of the service was visible and staff told us the culture was open and transparent. Staff said that they felt well supported and that they could raise any concerns. The service had a strategy with aims and objectives for promoting dental health.
- The service had a strategy and vision that reflected its contractual obligations with NHS England to promote community dental health. This was reflected in the work developed by the dental health education team.
- Staff said that they felt well supported and could raise any concerns with their line manager. All staff told us that it was a good place to work and would recommend to a family member or friends.

Service vision and strategy

- The service had a strategy and vision that reflected its contractual obligations with NHS England to promote community dental health. This enabled the service to respond appropriately to patient demands, disease levels in the community and demographic changes. For example, the resources developed by the dental health education team.
- It was evident from discussions with the staff that the service had a forward thinking and proactive clinical director and manager.
- We observed staff to be passionate and proud about working within the service and providing good quality care for patients.
- Staff knew about the values and beliefs of the organisation they worked for.

Governance, risk management and quality measurement

- The service had a governance structure which reported to the trust board. The clinical lead and operational manager of the service reported to community therapy

governance meetings and the trust governance and assurance committee. These committee meetings had set agendas which included risks, complaints and training.

- The dental service had no issues on the trust risk register.
- We saw evidence that a serious incident was not reported through the trust electronic reporting system, but was reported to the line manager and investigated informally within the service. This prevented the service sharing its learning from incidents with the wider trust.
- As part of the governance arrangements, the service took part in a 'Dental Practice Quality Scheme'. This was a scheme operated by the NHS commissioner for dental services in North Lincolnshire and the NHS Business Services Authority. Successful compliance with the various criteria underpinning the scheme ensures that the service maintained 10% of its contract value. Failure to do so could result in a service suffering a claw back of funds, which could affect service delivery.
- These criteria were displayed on the dental dashboard: access rates, NICE dental recall intervals, patient experience criteria, safeguarding training, annual review of patient complaints
- We saw governance meeting minutes between July and September 2015. There were standing agenda items of infection control, complaints and lessons learnt.

Leadership of this service

- The service line manager and Clinical Director were responsible for the day-to-day running of each clinic. They were responsible for reporting information to the trust managers and feeding back to the clinicians and dental nurses on the front line.
- The service line manager was responsible for the safe implementation of policies and procedures in relation to infection control, dealing with medical emergencies and incident reporting.
- Staff confirmed that they felt valued in their roles within the service and the local management team were approachable, supportive and visible at all times.

Are services well-led?

- However, staff had little knowledge of the senior management team in the trust. Staff told us that they did not feel part of the wider trust.
- Clinicians stated that there was an open door policy to the Clinical Director for professional support and advice.

Culture within this service

- The culture of the service was one of continuous learning and improvement. Staff were provided with training and development opportunities.
- Staff were proud to work in the service. The staff roles and responsibilities were clearly defined with a sufficient skill mix of staff across all staff grades and all staff spoke of their commitment to ensuring patients were looked after in a caring manner.

Public engagement

- It was apparent through discussions with staff that dental services worked very much with the individual because of their often very complex needs and involved relatives and carers in helping the person to participate in decisions about the treatment and care.
- We received 49 responses to CQC comment cards about the service. Three commented negatively on waiting times. The remaining positive comments praised the service on its caring approach, attitude and openness with patients.

Staff engagement

- Team meetings demonstrated that the service engaged all of its staff members. The meetings were well attended by the staff and were conducted across the service to facilitate good attendance. Staff told us they were happy to take issues to team meetings.
- The trust issued a weekly bulletin to keep staff up to date with news about the trust.
- The trust carried out an annual 'Our Star' award, which took nominations from staff, patients and public, to recognise staff work.

Innovation, improvement and sustainability

- All staff had the opportunity to take further qualifications to enhance the patient experience dependant on the outcome of their appraisal and subsequent PDP.
- The nurse manager we spoke to 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.
- 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.