Northamptonshire Healthcare NHS Foundation Trust

RP1

Community dental services

Quality Report

Sudborough House
St Mary's Hospital
77 London Road
Kettering
NN15 7PW
Tel:01536 410141
Website: www.nht.nhs.uk

Date of inspection visit: 23 to 27 January 2017
Date of publication: 28/03/2017

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)
RP1FP	Isebrook Hospital	Community dental service	NN8 1LP
RP1G9	St James Clinic	Community dental service	NN5 5LQ
RP1G9	Willowbrook Health Centre	Community dental service	NN17 2UR

This report describes our judgement of the quality of care provided within this core service by Northamptonshire Healthcare 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 Northamptonshire Healthcare NHS Foundation Trust and these are brought together to inform our overall judgement of Northamptonshire Healthcare NHS Foundation Trust

Summary of findings

Ratings

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

Summary of findings

Contents

Summary of findings

Overall summary

Overall rating for this core service

We rated the community dental services at this trust as outstanding.

- 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 their dedication in what they did.
- The community dental service was well led. We saw a service that had strong and effective clinical leadership at its heart and there were effective governance and risk management structures in place. We found a local operational management team that was effective and visible and the working culture appeared open and transparent.
- We saw that the way staff delivered care and organised the running of the service embodied the organisation's overall vision of how care should be delivered. Staff told us they were well supported by the management team and that they could raise any concerns at any time and reported that their concerns were always dealt with in a timely manner.
- Staff protected patients from abuse and avoidable harm. We saw that there were effective systems in place for identifying, investigating and learning from patient safety incidents. Effective infection control procedures were in place and followed published guidance in relation to primary care dental services. We observed an environment and equipment that was clean and well maintained and medicines and emergency equipment were available at each site we inspected to deal with medical emergencies.
- The dental services were effective and focused on patients' and their oral health care. The care provided followed current professional guidance in relation to special care dentistry, best practice prevention, general anaesthesia and conscious sedation.
- To help address the needs of more vulnerable members of the community in Northamptonshire we saw an effective and outward facing oral health promotion unit led by an enthusiastic and committed clinical lead. For example, this service reached out to vulnerable groups in care homes, adults with a learning difficulty, homeless, those with drug and alcohol dependence, those living with dementia and chronic obstructive pulmonary disease support groups. We saw a comprehensive package of training that had been developed by the clinical lead to assist care home workers in maintaining good oral health to the residents in the care home.
- Staff responded to patients' needs at each clinic we inspected. The service kept treatment delays for routine dental treatment within reasonable limits through effective resource management. Effective multidisciplinary team working ensured the service provided patients with care that met their needs, at the right time and in the right place.
- Patients, relatives and carers reported that they had positive experiences of care within the service. We saw good examples of staff providing compassionate and effective care. We also saw effective interactions taking place between individual staff members which resulted in a happy yet calm working environment.

Summary of findings

Background to the service

Background to the service

Northamptonshire Healthcare NHS Foundation Trust provides dental services in four community dental clinics spread across Northamptonshire. The service also provides dental care at specialist schools for children with a learning disability using a mobile dental unit and has an oral health promotion unit that is outward facing delivering oral health education to a variety of services and locations. Specialist dentists working in the service also provide postgraduate teaching and training to dentists and dental nurses.

Clinics and the other locations serve patients of all ages who need specialised dental care that are not available in general dental practices. The service includes oral health care and dental treatment provision for patients with an impairment, disability and/or complex medical condition. This provision extends to patients with a physical, sensory, intellectual, mental, medical, emotional or social impairment or a disability including those who are housebound and homeless. The service also provides minor oral surgery services through a contract with local NHS commissioners.

The service offers conscious sedation when treatment under local anaesthetic alone is not feasible. The service also provides general anaesthesia (GA) services in partnership with local NHS trusts as necessary for the very young, the extremely nervous, patients with individual needs and patients who need multiple extractions.

During our inspection, we inspected the following community dental service locations:

- St James Clinic
- Isebrook Clinic Isebrook Hospital
- Willowbrook Clinic

We also accompanied the Mobile Dental Unit at a visit to a specialist school for children with learning disability and attended Kettering General Hospital NHS Trust where we observed a list for adult patients requiring dental treatment under GA.

The service was previously inspected by the Care Quality Commission between 02 and 06 February 2015. During this inspection we found a number of shortfalls in relation to safe, responsive and well led care. As a result, the service was rated as requires improvement and we told the trust they should take the following actions:

- The trust must ensure documentation of surveillance and safety checks for x-rays is consistently undertaken, reported, and reviewed when required.
- The trust must ensure documentation of surveillance and safety checks for legionella is consistently undertaken, reported and reviewed when required.
- The trust must ensure documentation of environmental cleaning is consistently undertaken and reported and reviewed when required.
- The trust should ensure performance data is consistently collected and that outcomes are recorded and available.
- The trust should ensure batch numbers of medicines is consistently recorded.
- The trust should ensure consistency in documentation of medical assessment, capacity, assessment, and consent.
- The trust should ensure arrangements for consultation and communication of service delivery plans are improved.
- The trust should ensure arrangements for the staff changing facilities at Willowbrook Health Centre are improved.
- The trust should ensure arrangements to cover for planned and unexpected absence of staff and staff vacancies are established.

At this inspection we found that the service had addressed all of the shortfalls that were identified during the February 2015 inspection.

Summary of findings

Our inspection team

Our inspection team was led by:

Chair: Mark Hindle

Team Leader: Julie Meikle, Head of Hospital Inspection (mental health) CQC

The team included one inspector who was also a special advisor for dentistry.

The team would like to thank all those who met and spoke with the team during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

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

Before inspecting, we reviewed a range of information we hold about the service provider and asked other organisations to share what they knew. We carried out an announced visit from 25 to 27 January 2017. During the inspection we held focus groups with staff who worked within the service, such as nurses, administration staff and dentists. We talked with people who use services. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records of people who use services.

What people who use the provider say

Some of the comments we saw made by patients included: 'Fabulous !!!!', 'awesome, treatment done quickly, without pain, and friendly dental assistant', brilliant care and compassion shown with my very nervous son, thank you, very nice people', 'explain everything well, reassuring, calm, no improvements to suggest, 'my son was extremely scared and was made to feel at ease'.

Good practice

- 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 their dedication in what they did.
- The clinical director has contributed nationally to the development of community dental health through involvement in areas such as guidelines for oral health care and long stay patients and residents, commissioning better oral health for children, commissioning better oral health for frail older people. The clinical director had also contributed to

Summary of findings

SWEETWISE: developing a multi-professional approach to diabetes mellitus and a paper to be published on the relationship between oral health and pulmonary disease.

- To help address the needs of more vulnerable members of the community in Northamptonshire we saw an effective and outward facing oral health promotion unit led by an enthusiastic and committed clinical lead. For example, this service reached out to vulnerable groups in care homes, adults with a learning disability, the homeless and those living with drug and alcohol dependence and dementia and chronic obstructive pulmonary disease support groups. We saw a comprehensive package of training that had been developed by the clinical lead to assist care home workers in maintaining good oral health to the residents in the care home.
- We saw that as part of the appraisal system, senior dentists carried out the appraisal of medical practitioner colleagues within the trust. This enabled dentists to stress to doctors the relationship between good oral health being integral to maintaining good overall general health in patients.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider COULD take to improve

Northamptonshire Healthcare 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 the service as good for safe because:

- The dental service used the trust's electronic incident reporting system to identify and investigate patient safety incidents.
- Staffing levels were safe in the clinics with a good staff skill mix across the whole service.
- Radiography was maintained at each of the locations we inspected by specialised technicians from the trust medical physics department.
- Infection prevention and control practices and equipment used to process contaminated instruments and equipment were maintained appropriately in accordance with national guidelines.
- Clinical dental service staff received adult and children safeguarding training at level 3 and were confident in their knowledge of how to escalate concerns.
- We found that dentists carried out conscious sedation in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in April 2015.

Safety performance

- There had been one 'never event reported by the service in 2016. Never events are serious patient safety incidents that should not happen if heath care providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event. An example of a never event in dentistry is a wrong tooth extraction. The service had put into place effective systems in place to prevent the reoccurrence of a 'never event' following the incident in 2016.
- The learning from this incident and one incident involving a violent patient, was the introduction of systems and processes based on National Safety Systems for Invasive Procedures (NaTSSIP's) guidelines. The team checked that before any procedure was carried out; the patients' identity was correct, along with their medical details, relevant information about a patient's social history and the details about the specific procedure to be undertaken. Staff also ensured that equipment checks had been carried out before the procedure commenced. Following the procedure, staff

checked that all planned procedures had been carried out, that the sharps and single use items had been disposed of appropriately and that the surgical procedure count was correct. This included the swabs and throat packs that remained with the patient. We observed this being carried out at a conscious sedation and a general anaesthetic session

Incident reporting, learning and improvement

- The clinical director and the dental nurse manager were responsible for investigating incidents within the dental service.
- The dental service reported incidents using the trust electronic reporting system. A dental nurse we spoke with demonstrated to us how the system worked. The dental nurse manager showed us examples of how they followed up issues resulting from reported incidents.
- Two sets of staff meeting minutes we saw showed that incidents were discussed to facilitate shared learning. There were also standing agenda items relating to equipment, health and safety alerts, risk management issues and clinical audit.
- The trust had a comprehensive incident management policy and used an electronic system for reporting and recording them. All staff we spoke with understood their responsibilities to report incidents both internally and externally.
- There was one serious incident reported for this service from July 2015 to June 2016, as described in the NHS England Serious Incident Framework (March 2015).
- From July 2015 to June 2016, there were a total of 46 incidents, 27 clinical and 19 non-clinical reported.
- All incidents were graded in severity from 'no harm' to 'severe' or 'death'. The dental leads undertook an investigation of the incident graded as moderate or above. A root cause analysis was conducted to identify learning opportunities.
- Incidents were discussed at service wide governance meetings and departmental meetings to identify trends and opportunities for shared learning.
- Staff were able to tell us about changes made as a result of incidents. For example the changes made as a result of the incident involving wrong site surgery.
- Due to a previous incident involving a violent patient, the service had introduced the concept of the 'daily huddle' as part of the NatSSIP's guidance. Amongst other criteria, this system highlighted individual patients that could present a risk to staff. This system was then rolled out across the service as a whole.
- The trust had a robust process in place to report radiology errors to Care Quality Commission in line with regulations, for example, for incidents where radiation levels were 'much greater than intended'. From January 2016 to January 2017, there were no radiation incidents reported for this service.

Duty of Candour

- The dental nurse manager demonstrated an understanding of their duty of candour. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations is the regulation that introduced the statutory duty of candour. For NHS bodies, the duty came into force on 27 November 2014. Duty of candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment. This includes informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. We saw documentation relating to the never event that confirmed that the duty of candour was implemented.

Safeguarding

- The clinical director and a senior dental officer acted as the safeguarding leads for adults and children. Dental staff we spoke with were aware of the safeguarding policy and had received training appropriate to their clinical grade.
- The mandatory training records we saw demonstrated that 100% of staff working within the service had received safeguarding training. All clinical staff treating children had attended level 3 safeguarding incorporating level 2 adults safeguarding training and administrative staff had attained level 1 adults safeguarding training
- The staff we spoke with were knowledgeable about safeguarding issues in relation to the community they served. We spoke with two dentists about how

Good

Are services safe?

safeguarding concerns could affect the delivery of dental care. This included children who presented with high levels of dental decay that could indicate that a child could be suffering from neglect and patients who did not attend for treatment. Both dentists were aware of how to make a safeguarding referral. They explained that they had not had to make such a referral.

- We saw that the service had a system in place where they alerted and shared information with other professionals such as social workers, health visitors, school nurses and learning disability teams. For example children that were subject to a children protection plan would be alerted by these professionals on referral into the service. This information would then be recorded on the services computerised dental record system.
- The service had in place a process for children who did not attend their dental appointments. In instances where children repeatedly failed to attend their appointments staff used the trust 'safeguarding helpline' that guided staff whether a safeguarding referral was necessary.

Medicines

- We found that there was a recording system for the prescribing and recording of medicines used in the provision of conscious sedation; this included the reversal agent for the sedative medicine.
- We observed a patient consultation where a patient received intra venous midazolam, a sedative agent used in dentistry. The medicine was administered in accordance with standards for conscious sedation in the provision of dental care published by the dental faculties of the royal colleges of surgeons and the Royal College of Anaesthetists 2015.
- We saw records that showed that the recording of doses and amount of medicines prescribed along with the batch number and expiry date was always recorded in the controlled drugs log at Isebrook Hospital and Willowbrook Health Centre where intra venous sedation was carried out. The controlled drug log was maintained by the senior dental nurse at each location using standard operating procedures devised by the trust pharmacy department.
- The medicines used for conscious sedation were stored in locked wall mounted metal cabinets at Isebrook Hospital and Willowbrook Health Centre that provided conscious sedation.

  We found medicines for emergency use were always available, in date and stored correctly. We saw that at Isebrook Hospital, St James Clinic and Willowbrook Health Centre the dental nurses maintained a temperature log book to ensure that medicines were stored in accordance with the manufacturer's instructions. We also saw that dental nurses used a checklist for monitoring the expiry dates of the emergency medicines at each site we visited. Both of these logs were complete and up to date.

Environment and equipment

- We observed that dental equipment was clean and well maintained. We saw records that showed electrical equipment had been safety tested and decontamination equipment had been maintained on an annual basis.
- There was sufficient equipment to maintain safe and effective care. This included equipment such as sterilisers and automated washer disinfectors used in the cleaning and sterilisation of dental instruments. There were processes in place to ensure that the equipment was maintained and staff knew how to use it.
- We found that at each site we inspected equipment was present for dealing with medical emergencies. This included an automated external defibrillator, emergency medicines and oxygen. This was in line with the Resuscitation UK and British National Formulary (BNF) guidelines.
- The service maintained comprehensive records in relation to dental radiography on the services' shared drive governance system. We saw that this electronic file contained all the necessary documentation in accordance with ionising radiation regulations (IRR 1999). The IRR99 aims to protect staff who work with ionising radiation. This legislation requires radiology services to produce 'local rules', which are a set of rules describing the systems and processes in place to

protect staff in individual services. The local rules had been developed by the Radiation Protection Adviser and were stored on in the services electronic radiation protection file.

- The dental service ensured that all x-ray sets were serviced and calibrated according to IRR99. We saw that the service records for each x-ray set used across the service indicated that they were safe for use.
- Dental x-rays when prescribed were justified, reported on and quality assured every time. The 12 dental records we saw confirmed that this was the case. This ensured that the service was acting in accordance with the Ionising Radiation (Medical Exposure) regulations IR(ME)R and protected staff and patients from receiving unnecessary exposure to radiation. IR (ME)R, is a framework that deals with the safe and effective use of ionising radiation when exposing patients and designed to minimise the risk of unintended, excessive or incorrect medical exposure.
- There were clear signs in areas where ionising radiation was used, including lights and warning notices. We saw that there were working instructions for these areas and access was restricted to staff authorised to use the area.
- We noted on the service risk register of an open risk in relation to the environment and equipment within the service which had a current risk rating 4. We saw that steps had been taken to address this issue. Records we saw showed that an air conditioning unit was to be installed in the near future.

Quality of records

- The individual patient records were a mix of computerised and paper records. The service carried out audits of the quality of record keeping, the last audit was carried out in September 2016 and the results of which were disseminated in the October 2016 clinicians peer review meeting. The minutes of the meeting we saw concluded that a good standard was being met. There was only one learning point identified, this was in relation to consent and staff had been made aware of the issue.
- Clinical records were kept securely so that confidential information was properly protected. Information such as written medical histories and referral letters were kept in individual patient files. These were archived in locked and secured cabinets not accessible to the public in accordance with data protection requirements. Computerised records were password protected.
- We observed 12 sets of patient records across the sites we inspected. We found that they were well-maintained by each dentist and provided comprehensive information on the individual needs of patients such as; oral examinations; medical history; consent and agreement for treatment; treatment plans and estimates and treatment records.
- All 12 clinical records we viewed were clear, concise and accurate and provided a detailed account of the treatment patients received. Dental staff recorded patient safety and safeguarding alerts in these records. These included allergies and reactions to medication such as antibiotics.

Cleanliness, infection control and hygiene

- The service used a system of local decontamination at each clinic for the reprocessing of contaminated dental instruments and equipment. The clinics were meeting best practice Health Technical Memorandum (HTM) 01 05 (guidelines for decontamination and infection control in primary dental care) for infection control. Best practice HTM 01 05 was met because the decontamination units at each site we inspected had a separate room for processing contaminated dental instruments, an automated washer disinfector for pre-sterilisation cleaning and separate room for storing the processed instruments. The mobile dental unit used single use instruments wherever possible and met essential quality requirements under HTM 01 05 guidelines.
- Staff demonstrated the arrangements for infection control and decontamination procedures. They demonstrated and explained 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 that equipment was used within the timescales stipulated in HTM 01 05. We observed that the dental nurses maintained the daily, weekly and quarterly test sheets for the equipment used in decontamination of dental equipment. This included

sterilisers and the washer disinfector. We saw records of the maintenance schedules for this equipment which was kept on the electronic based governance system operated by the service.

- We observed good infection prevention and control practices across the service. Hand washing facilities and alcohol hand gel were available throughout the clinic areas.
- We observed staff following hand hygiene and 'arms bare below the elbow' guidance. Staff wore personal protective equipment (PPE), such as gloves and aprons, whilst delivering care and treatment. We observed appropriate disposal of PPE.
- We saw that there were suitable arrangements for the handling, storage and disposal of clinical waste, including sharps. Safer sharps use was in accordance with the European Directive for the safer use of sharps.
- We found that cleaning schedules were in place and displayed for each individual treatment room and clinic. The responsible dental nurse at each clinic had signed off each schedule.
- Clearly defined roles and responsibilities for cleaning the environment and cleaning and decontaminating equipment were in place at each location.
- We saw that the dental nurses carried out infection prevention and control audits at regular intervals in 2016. Where an issue had been identified, these had been addressed by the service in the action plans we saw. For example at Willowbrook Health Centre the audit carried out November 2016 identified a damaged chair in one treatment room, records showed that a new dental chair had been ordered.
- We noted on the service risk register of an open risk in relation to the environment and equipment within the service which had a current risk rating 4. We saw that steps had been taken to address this issue. Records at Isebrook Hospital, St James Clinic and Willowbrook Health Centre showed that the testing of water temperatures was being carried out to minimise the risk of Legionella (Legionella is term for bacteria which can contaminate water systems in buildings).

Mandatory training

- Staff across the service told us there was good access to mandatory training study days.
- Updated records dated January 2017 we saw showed that mandatory training for the service was at 98% with action plans in place to achieve 100%.
- The central log for mandatory training we saw confirmed that all staff working in the clinics across the service either had attended the required mandatory training or were booked to do so. The dental nurse manager was diligent in their management of staff in relation to mandatory training and ensured that staff achieved the trust targets.
- Mandatory training for staff included infection prevention and control, safeguarding for vulnerable adults and children, information governance and the management of emergencies in the dental chair.

Assessing and responding to patient risk

- We observed at the general anaesthetic session that the dental and theatre staff involved in the treatment of two patients carried out in full the World Health Organisation five steps to safer surgery check list to prevent incidents such as a never event from occurring.
- At each site, we inspected, 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. The emergency medicines were all in date and stored securely, with emergency oxygen, in a central location known to all staff. This was in line with the Resuscitation UK and British National Formulary (BNF) guidelines.
- Throughout our inspection, we looked at examples of dental treatment records at each location. We found that dental staff always recorded patient safety and safeguarding alerts. For example, medical histories were always taken by dentists and updated when patients attended for dental treatment. These medical histories included any allergies and reactions to medication such as antibiotics.

Good

Are services safe?

- The staff ensured that patients and carers received appropriate post-operative instructions following dental surgery. This minimised the risk of the patient suffering from post-operative complications such as post extraction haemorrhage or infections.
- There were processes in place in to assess risks to patients and to monitor and maintain patients' safety. Staff we spoke with were aware of the process to follow if a patient became acutely unwell in dental services and required transfer to an emergency facility.

  If a patient required emergency resuscitation that would be carried out by a trained member of staff and patient would be transferred by an emergency 999 ambulance if required.
- The service had access to a radiation protection advisor (RPA) in line with IRR99 regulations. The RPA was able to provide radiation advice and assist with risk assessments. The contact details for the RPA were in policies and protocols and on display in diagnostic areas.
- There was clear guidance for staff on who could make referrals or requests for diagnostic imaging in line with IR(ME)R guidelines

Staffing levels and caseload

- The staff roles and responsibilities were clearly defined with a sufficient skill mix of staff across all staff grades.
- To ensure staffing resilience the service had developed a bank system for dental nursing. Before dentists went on annual leave cross cover was arranged with other dentists in the team. There was ongoing liaison with local general dental practitioners to develop a local dentist bank.
- Appropriately trained nurses supported the dentists carrying out sedation on each occasion. This was also recorded in the dental care records with details of their names. The measures in place ensured that patients were treated safely and in line with current standards of clinical practise.
- The staffing levels at each location we inspected were appropriate and we found that teams worked well together demonstrating an effective and cohesive team.
- The appointment diaries at each location we inspected showed that appropriate appointment slots were allocated for both patient assessment and treatment sessions

Managing anticipated risks

- We found that dentists managed the risk to patients in relation to conscious sedation in accordance with the guidelines published by the Royal College of Surgeons (RCS) and Royal College of Anaesthetists (RCA) in April 2015.
- We found that the community dental service had put into place effective governance systems to underpin the provision of conscious sedation. Staff involved in the provision of conscious sedation were aware of them and new how to access them through 'dental share.' The systems and processes we observed were in accordance with the new guidelines.
- The governance systems we saw included policies and protocols for pre-and post-sedation treatment checks, emergency equipment requirements and medicines management. Dentists and dental nurses carried out other checks for reasons of safety. These included sedation equipment checks, personnel present, patient checks including consent, discharge and post-operative instructions.
- We found that patients were appropriately assessed for sedation by staff. We saw dental treatment records that showed all patients undergoing sedation were checked by dentists prior to sedation. Dentists carried out a detailed medical history and an assessment of health using the American Society of Anaesthesiologists (ASA) classification system in accordance with current guidelines. The ASA is a system used for assessing the fitness of a patient before surgery and is based on six levels, with level one being the lowest risk. The service carried out conscious sedation on level 1, 2 and 3 patients.
- The clinical records we saw demonstrated that during the sedation procedure checks were recorded by staff. This included pulse, blood pressure, breathing rates and the oxygen saturation of the blood. Dental staff used a special device to measure the patient's heart rate and oxygen saturation of the blood and blood pressure.

Good

Are services safe?

- All staff undertook yearly training in cardiopulmonary resuscitation appropriate to the clinical grade of the member staff. For example, staff involved in providing intravenous sedation, inhalation sedation or general anaesthetic services undertook training in intermediate life support techniques. This was in accordance with the guidelines published by the RCS and RCA in April 2015.
- The service had a named radiation protection adviser and radiation protection supervisor ensuring that the service complied with legal obligations under IRR 99 and IRMER 2000 radiation regulations. The ionising regulations required periodic examination and testing of all radiation equipment, a radiological risk assessment, contingency plans, staff training and a quality assurance programme. We saw these had been carried out when we observed the documentation in 'dental share'
- We saw that when dentists took x-rays, they were justified, reported on and quality assured every time in accordance with national radiological guidelines. We saw dental records that confirmed this was the case.
- All health and safety policies and procedures were available and accessed through the trust's intranet system known as 'the staff room' and dental specific ones where stored on the services system known as 'dental share'.
- The service maintained a comprehensive control of substances hazardous to health (COSHH) file in accordance with the COSHH regulations stored on 'dental share'.

Major incident awareness and training

- A senior dental nurse we spoke with explained that as part of improving their readiness to deal with medical emergencies in the dental chair, the service carried out simulated medical emergency scenarios to test the ability of staff to deal effectively with a medical emergency. These occurred on a quarterly basis and following each session there was a de-brief to determine what went well, what did not go well, what could be improved.

Outstanding ☆

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 the service as outstanding for effective because:

- We saw that staff delivered dental care that was effective, evidence based and focused on patients' needs.
- We found that clinical staff delivered care according to best practice guidelines in relation to dentistry; this included special care dentistry, conscious sedation for dentistry in primary care and preventive dental care.
- We saw examples of excellent collaborative and team working by the trust's dental services including: children's centres, the school nursing service, health visiting teams, learning disability teams and drug and alcohol support to ensure that vulnerable groups requiring dental care secured access to treatment and care in a timely manner.
- Staff received professional development appropriate to their role and learning needs. Staff, registered with the General Dental Council, had frequent continuing professional development and met their professional registration requirements.

Evidence based care and treatment

- The dentists and dental nurses used national guidelines to ensure patients received the most appropriate care. This included the guidance produced by the British Society for Disability and Oral Health and the Faculty of General Dental Practice. Dentists and dental nurses we spoke with were knowledgeable about these guidelines and the standards that underpinned them. This was facilitated through a comprehensive programme of local audit and research projects.
- The trust's dental services delivered dental general anaesthesia and conscious sedation services 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.
- Special care dentistry included domiciliary care and patients with complex medical and mental health and social impairments were delivered according to best practice as set out by the British Society for Disability and Oral Health.
- The lead clinician in the oral health promotion unit had developed a comprehensive resource pack for care home staff to support the maintenance of oral health in elderly residents of care homes across Northampton. The impact of this training was to enable care home staff to maintain the residents' mouth to a satisfactory state of oral cleanliness. This in turn mitigated the chance of residents suffering from dental decay and poor gum health.
- The service received national patient safety alerts such as those issued by the Medicines and Healthcare products Regulatory Agency (MHRA). Where relevant, these alerts were shared with all members of staff by the dental nurse manager at staff meetings and the special care dental service newsletter.
- Dental staff used the Department of Health's 'Delivering Better Oral Health Toolkit 2013' when providing preventative advice to patients on how to maintain a healthy mouth. This was an evidence based tool kit used for the prevention of the common dental diseases.
- There was also an emphasis on participating in clinical audit, peer review and research. For example, one of the clinical fellow's had begun a research project looking at the correlation between interproximal caries, radiographic images and pathological findings in primary teeth.

Pain relief

- Dentists assessed patients appropriately for pain and other urgent symptoms. For example, in cases of very young children where local anaesthesia was not appropriate for tooth extraction, general anaesthesia under the care of a hospital anaesthetist was used as an alternative.

Are services effective?

- Patients were appropriately prescribed local anaesthesia by dentists for the relief of pain during dental procedures such as dental fillings and extractions.

The service used a computerised local anaesthetic delivery system to reduce the anxiety of those patients who were needle phobic. This system allowed the slow controlled delivery of local anaesthesia making the experience much more pleasant for the patient

Nutrition and hydration

- Children and adults having procedures under were appropriately advised by dentists on the need to fast before undergoing their procedure. We saw that patients were given an advice leaflet detailing fasting arrangements. Patients undergoing conscious sedation also received appropriate advice from dentists and dental nurses regarding eating before this procedure.
- We saw examples of patient information leaflets detailing nutrition and hydration advice that had been developed by dental staff.
- We observed dentists and dental nurses providing this advice about healthy diets during consultations.

Patient outcomes

- We saw the patient reported outcome measures (PROMS) for patients attending the minor oral surgery service, from April to December 2016. These showed that 100% of patients understood the advice that was given to them, the number of patients reporting altered sensation following a lower extraction was 0% between May and December 2016. The percentage of patients reporting pain/excessive bleeding following extraction was 0% for September, October and December 2016, 1% for May, June, July and November 2016, 2% in April and August 2016.
- The service met the patient outcome measures set by the local NHS commissioners. These were ensuring that fluoride varnish applications were in excess of 40% and did not attend rates rate were below 14%.
- We saw audits dated July 2014 to June 2015, of the reversal agent used in conscious sedation which showed that the agent was used appropriately in a primary care setting. We also saw a retrospective study of optimum fluoride use as part of patient treatment. An action plan was drawn up as a result of the fluoride study. This included ensuring all patients received optimum fluoride as recommended by the Delivering Better Oral Health Toolkit. At the time of our inspection the rolling out of the action plan was ongoing.
- Results of the study dated April 2015 to March 2016 into the optimum use of fluoride showed that the service was meeting the targets set by NHS England Area Team. The service was required to meet a target that 40% of children should receive a fluoride varnish application. Data we saw showed that the service delivered this intervention to 43% of children

Competent staff

- The clinical director of the service encouraged dentists within the service to undertake additional professional training to provide services to an ever-increasing complexity of patient.
- All staff were trained in intermediate life support techniques which was an appropriate level of training for a service that provided conscious sedation.
- We found that several dentists had taken additional postgraduate qualifications enabling them to deliver dental care to an increasingly complex cohort of patients. We saw that dentists had postgraduate master's degrees and diplomas in special care dentistry and paediatric dentistry and several were on the General Dental Council's specialist register.
- To compliment the specialist dentists, the community dental service placed great emphasis on the benefit of using extended duty dental nurses. We found that most dental nurses had further training in conscious sedation and general anaesthesia in relation to dentistry, oral health promotion, dental radiography and fluoride varnish applications.
- Two of the dental nurses operated dental nurse run clinics providing a package of preventative care for patients under the prescription of a dentist. This included the provision of intensive oral health education, tooth brushing and interdental cleaning methods and fluoride varnish applications.
- Several of the community dental service staff were involved in the training of dental core trainees and

clinical fellows. Dental core training is the scheme whereby recently qualified dentists undergo an extended period of training and supervision following qualification.

- All staff had received an annual appraisal. Records we saw showed that as of January 2017 100% of all staff had been appraised during 2016.
- We noted a comprehensive electronic appraisal system in place for dentists. For example, we saw the recent appraisal of a senior dentist. The system captured criteria that included: clinical log diaries and case based discussions with accompanying reflective practice, 360-degree feedback about the appraisee, significant events involving the appraisee and any compliments and complaints. The system also captured teaching and supervisory work and appraisee aspirations and challenges. The dental nurse manager explained that a similar system was to be introduced by the trust for the dental nursing staff soon following a pilot period. We saw evidence of one such pilot.
- Team meetings, peer review and effective supervision were an embedded culture within the service. For example, the post graduate trainee dentists had direct supervision with their senior clinician trainer each week, and the senior dental nurse group met monthly to discuss current issues relating to their areas of responsibility.
- Peer review amongst the dentists occurred each quarter where dentists brought interesting clinical cases or cases where there had been particular difficulties in reaching optimum outcomes for patients.
- There were positive relationships with the University of Northampton delivering training at foundation degree level for dental nurses and the local Post Graduate Dental Dean with respect to the training of future specialist dentists.
- The clinical director of the service encouraged dentists within the service to undertake additional professional training to provide services to an ever-increasing complexity of patient.
- All staff were trained in intermediate life support techniques which was an appropriate level of training for a service that provided conscious sedation.
- We found that several dentists had taken additional postgraduate qualifications enabling them to deliver dental care to an increasingly complex cohort of patients. We saw that dentists had postgraduate master's degrees and diplomas in special care dentistry and paediatric dentistry and several were on the General Dental Council's specialist register.
- To compliment the specialist dentists, the community dental service placed great emphasis on the benefit of using extended duty dental nurses. We found that most dental nurses had further training in conscious sedation and general anaesthesia in relation to dentistry, oral health promotion, dental radiography and fluoride varnish applications.
- Two of the dental nurses operated dental nurse run clinics providing a package of preventative care for patients under the prescription of a dentist. This included the provision of intensive oral health education, tooth brushing and interdental cleaning methods and fluoride varnish applications.
- Several of the community dental service staff were involved in the training of dental core trainees and clinical fellows. Dental core training is the scheme whereby recently qualified dentists undergo an extended period of training and supervision following qualification.
- All staff had received an annual appraisal. Records we saw showed that as of January 2017 100% of all staff had been appraised during 2016.
- We noted a comprehensive electronic appraisal system in place for dentists. For example, we saw the recent appraisal of a senior dentist. The system captured criteria that included: clinical log diaries and case based discussions with accompanying reflective practice, 360-degree feedback about the appraisee, significant events involving the appraisee and any compliments and complaints. The system also captured teaching and supervisory work and appraisee aspirations and challenges. The dental nurse manager explained that a similar system was to be introduced by the trust for the dental nursing staff soon following a pilot period. We saw evidence of one such pilot.
- Team meetings, peer review and effective supervision were an embedded culture within the service. For example, the post graduate trainee dentists had direct

supervision with their senior clinician trainer each week, and the senior dental nurse group met monthly to discuss current issues relating to their areas of responsibility.

- Peer review amongst the dentists occurred each quarter where dentists brought interesting clinical cases or cases where there had been particular difficulties in reaching optimum outcomes for patients.
- There were positive relationships with the University of Northampton delivering training at foundation degree level for dental nurses and the local Post Graduate Dental Dean with respect to the training of future specialist dentists.
- The clinical director of the service encouraged dentists within the service to undertake additional professional training to provide services to an ever-increasing complexity of patient.
- All staff were trained in intermediate life support techniques which was an appropriate level of training for a service that provided conscious sedation.
- We found that several dentists had taken additional postgraduate qualifications enabling them to deliver dental care to an increasingly complex cohort of patients. We saw that dentists had postgraduate master's degrees and diplomas in special care dentistry and paediatric dentistry and several were on the General Dental Council's specialist register.
- To compliment the specialist dentists, the community dental service placed great emphasis on the benefit of using extended duty dental nurses. We found that most dental nurses had further training in conscious sedation and general anaesthesia in relation to dentistry, oral health promotion, dental radiography and fluoride varnish applications.
- Two of the dental nurses operated dental nurse run clinics providing a package of preventative care for patients under the prescription of a dentist. This included the provision of intensive oral health education, tooth brushing and interdental cleaning methods and fluoride varnish applications.
- Several of the community dental service staff were involved in the training of dental core trainees and clinical fellows. Dental core training is the scheme whereby recently qualified dentists undergo an extended period of training and supervision following qualification.
- All staff had received an annual appraisal. Records we saw showed that as of January 2017 100% of all staff had been appraised during 2016.
- We noted a comprehensive electronic appraisal system in place for dentists. For example, we saw the recent appraisal of a senior dentist. The system captured criteria that included: clinical log diaries and case based discussions with accompanying reflective practice, 360-degree feedback about the appraisee, significant events involving the appraisee and any compliments and complaints. The system also captured teaching and supervisory work and appraisee aspirations and challenges. The dental nurse manager explained that a similar system was to be introduced by the trust for the dental nursing staff soon following a pilot period. We saw evidence of one such pilot.
- Team meetings, peer review and effective supervision were an embedded culture within the service. For example, the post graduate trainee dentists had direct supervision with their senior clinician trainer each week, and the senior dental nurse group met monthly to discuss current issues relating to their areas of responsibility.
- Peer review amongst the dentists occurred each quarter where dentists brought interesting clinical cases or cases where there had been particular difficulties in reaching optimum outcomes for patients.
- There were positive relationships with the University of Northampton delivering training at foundation degree level for dental nurses and the local Post Graduate Dental Dean with respect to the training of future specialist dentists.

Multi-disciplinary working and coordinated care pathways

- There was effective and collaborative working across disciplines involved in a patient's care and treatment. For example, patients would often present with complex medical conditions requiring consultation with the patient's GP and or consultant physician or surgeon. We found that there were coordinated hospital theatre

sessions for patients with a complex learning disability. During these sessions, patients received various speciality inputs that included dentistry, podiatry and phlebotomy services.

- Multidisciplinary team meetings were arranged when required.
- The service maintained close working relationships with children's centres, the school nursing service, health visiting teams, learning disability teams and drug and alcohol support to ensure that vulnerable groups requiring dental care secured access to treatment and care in a timely manner.

Referral, transfer, discharge and transition

- There were clear referral systems and processes in place to refer patients into the service. The dental service and commissioners of services had developed this approach to ensure efficient use of NHS resources.
- The service received sometimes more than 200 referrals from all sources each week. These referrals were made by general dental and medical practitioners and other health care professionals and residential care homes. We saw an effective system in place to ensure that referrals were managed without any undue delay to patients. All patients were seen well within the 18-week target.
- Two senior clinicians within the service triaged the referrals to check that referring dental practitioners had completed the referral forms in accordance with the referral protocol that had been developed. Referrals that were not complete were returned to the referring practitioner. Criteria that could lead to rejection included the referring general dental practitioner not including a dental x-ray.
- Patients were seen by the dental service for single courses of treatment for sedation services or general anaesthesia. Patients were then discharged by the service back to their referring general dental practitioner or other health professional with a discharge letter detailing the treatment carried out by the service.

Access to information

- All staff had access to best practice and evidence based guidance in relation to information governance through mandatory training and trust policy this information was available on the trust intranet.
- All the clinics we inspected displayed information about the NHS charges for the treatment patients may receive and dental health promotion information.
- Patients' notes included all relevant information relating to assessments, care pathways and treatment plans.
- Clinic information was shared with the patients' general dental practitioner or other health professional in letter format. The service produced these letters following the appointment and sent copies to their general dental practitioner or other health professional. Copies were provided for patients.
- All relevant staff were able to access the electronic system for patient results in a timely manner.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- 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).
- 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. The dentists we spoke with explained how they carried out a mental capacity assessment and that a best interest's decision would be made in those cases where the patient lacked capacity to consent for treatment.
- There was an effective system for obtaining consent for patients undergoing general anaesthesia, relative analgesia sedation and routine dental treatment. Twelve sets of records we saw showed that valid informed consent was obtained.
- The consent documentation used in each case of general anaesthesia and relative analgesia sedation consisted of the referral letter and clinical assessment

including a complete written medical, drug and social history. Full and complete NHS consent forms (1, 2, 3 or 4) were used by each dentist each as appropriate in every case during the consent process for each patient.

- We observed 12 patient assessment treatment records that demonstrated the systems and processes for obtaining consent by dentists were carried out. We also observed treatment sessions involving conscious sedation and general anaesthesia and noted that consent had been obtained in accordance with the trust policy.
- 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.
- Dentists we spoke with were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.
- 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).
- 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. The dentists we spoke with explained how they carried out a mental capacity assessment and that a best interest's decision would be made in those cases where the patient lacked capacity to consent for treatment.
- There was an effective system for obtaining consent for patients undergoing general anaesthesia, relative analgesia sedation and routine dental treatment. Twelve sets of records we saw showed that valid informed consent was obtained.
- The consent documentation used in each case of general anaesthesia and relative analgesia sedation consisted of the referral letter and clinical assessment including a complete written medical, drug and social history. Full and complete NHS consent forms (1, 2, 3 or 4) were used by each dentist each as appropriate in every case during the consent process for each patient.
- We observed 12 patient assessment treatment records that demonstrated the systems and processes for obtaining consent by dentists were carried out. We also observed treatment sessions involving conscious sedation and general anaesthesia and noted that consent had been obtained in accordance with the trust policy.
- 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.
- Dentists we spoke with were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Good

Are services caring?

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

Summary

We rated the service as good for caring because:

- Staff were clear on the importance of emotional support needed when delivering care.
- We observed staff treating patients with dignity and respect. For example, we saw staff were very gentle and caring in their approach with the patients as well as their carers before the procedures began.
- Patients and carers told us they had positive care experiences.
- Patient surveys we saw using the 'I want great care' programme showed patients, families and carers felt well supported and involved with their treatment plans and staff displayed compassion, kindness and respect.
- We found staff to be hard working, caring and committed to the care and treatment they provided.
- We saw staff working in a way that demonstrated the trust's values and beliefs in the way patients should be cared for with respect to compassionate care and dignity during treatment.

Patients and their families were appropriately involved in and central to making decisions about their care and the support needed.

Compassionate care

- We observed staff treating patients with dignity and respect. For example, we attended with the family's consent, two pre-operative general anaesthetic briefing sessions with patients who were about to undergo a general anaesthetic procedure. The clinician and other staff were very gentle and caring in their approach with the patients as well as their carers before the procedures began.
- Staff were considerate of the patient and their family's anxieties and provided them with reassurance and were clear about the treatment. During the GA session, a clinician went to speak with the family to keep them fully informed about the progress of treatment and any changes to the provisional treatment as the treatment proceeded.
- We observed positive interactions between staff and patients during our visits to Isebrook Clinic, where staff knew the patients very well and had built up a good rapport. We saw several patients with a spectrum of learning disabilities who required very sympathetic and caring staff helping patients to accept treatment in their best interests. 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. This was illustrated by comments made by some patients using the 'I want great care' system for patient feedback. Written comments we saw by three patients include 'fabulous', 'awesome' and 'very good care, nothing could improve.
- All staff introduced themselves to patients and asked how they would like to be addressed.
- Privacy and confidentiality was maintained in the reception area. Receptionists spoke discreetly when necessary and moved to other areas of the desk if necessary.
- Staff respected peoples' individual preferences, habits, culture, faith and background.

Understanding and involvement of patients and those close to them

- A range of literature and information was available for patients, relatives and/or their representatives and provided information in regards to their involvement in care delivery. For example, dental nurses provided a power point presentation to children and their parents, guardians or carers prior to having a general anaesthetic in hospital. This presentation described the child's journey through the procedure with the aim of reducing the child's anxiety of what can be a stressful procedure for both child and parent alike.
- 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 in national guidelines for special care dentistry including those set out by the British Society for Disability and Oral Health.

Good

Are services caring?

- Our observations of interactions between staff and patients confirmed that staff communicated with patients in a manner that helped them to understand their care and treatment.
- Patients were given information about who to contact if they had any concerns or questions after their appointment.

Emotional support

- Staff were clear on the importance of emotional support needed when delivering care.

For example, we found exemplary care when we observed a patient undergoing treatment under conscious sedation because of their acute anxiety about dental treatment. During this appointment, a very caring and empathetic approach was required for the patient to see the appointment through to a satisfactory conclusion

Good

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 the service as good for responsive because:

- The service provided effective multidisciplinary team working and links between clinics ensured patients received appropriate care at the right times and without avoidable delays. This was because of the 'can do' philosophy adopted by the staff who went the extra mile.
- Patients from all communities could access treatment in the service if they met the service's criteria.
- At each location we inspected the trust had adjusted buildings to enable patients with various disabilities to access the buildings easily.
- The mobile dental unit was used to reach out to children with complex needs who attended specialist schools in the county.
- The oral health promotion unit coordinated the services outward facing approach to reaching vulnerable and hard to reach groups such as residents in care homes, adults with a learning disability, the homeless and those suffering from alcohol and drug dependency.
- Written information in the form of posters were displayed in every clinic informing people how to raise concerns and complaints.
- Complaints were managed by the dental nurse manager in accordance with trust policy

Planning and delivering services which meet people's needs

- The service underwent a period of transformation during transformation during 2016 to meet the challenges facing the community dental service. This was because of changes in patient demands, disease levels and demographic changes in Northamptonshire.
- There were systems and processes in place to identify and plan for patient safety issues in advance including any potential staffing and clinic capacity issues. We observed this through the 'daily' huddle' system at the beginning of a morning or afternoon treatment session.
- All patients were given a choice as to where they could be treated in each geographical area. The aim of giving patients this choice was to keep waiting times for treatment as short as practically possible.
- The service had adequate seating in reception and waiting area.
- Dental appointments were available Monday to Friday 9:00am to 5:00pm and there were arrangements for an emergency on call service outside these hours.
- The service generally had adequate parking facilities for patients at each site. The exception was the St James Clinic. However staff assisted patients in accessing a parking space when required.

Equality and diversity

- At each location we inspected the trust had adjusted buildings to enable patients with various disabilities to access the buildings easily.
- The training records indicated that all staff received regular update training in equality, diversity and human rights.
- The service could deliver safe care to patients who were wheel chair users using a special wheel chair tipper device. This enabled patients to be treated in the supine position in the same way as physically able patients.
- Translation services were available for those patients whose first language was not English.

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 additional needs due to physical, mental, social and medical impairment.
- The mobile dental unit was used to reach children who attended specialist schools due to their individual needs. This service prevented these groups of children from becoming forgotten in terms of maintain their oral health care as they passed through adolescence and into adult hood.

Good

Are services responsive to people's needs?

- To help address the needs of more vulnerable members of the community in Northamptonshire we saw an effective and outward facing oral health promotion unit led by an enthusiastic and committed clinical lead. This service reached out to vulnerable groups in care homes, adults with a learning difficulty, the homeless, those with drug and alcohol dependence and those living with dementia and chronic obstructive pulmonary disease support groups. We saw a comprehensive package of training that had been developed by the clinical lead to assist care home workers in maintaining good oral health to the residents in the care home.
- Four of the dentists we spoke with felt that they had adequate time to carry out clinical care of patients. They gave us examples of when they would adjust practice to meet patients' individual needs. Dentists had clinical freedom to adjust time slots to consider the complexities of the patient's medical, physical, psychological and social needs.
- Patients had access to a variety of information about their dental treatment in leaflet form. This information included pre-and post-operative instructions and advice that helped them manage their dental care effectively before, during and after treatment.

Access to the right care at the right time

- The service did not have a waiting list for access to certain treatments.For example, children requiring treatment under general anaesthesia were seen in under two weeks. All patients were seen within the 18 week target.
- General dental practitioners and other health professionals could refer patients for short-term specialised treatment as well as long term continuing care to the community dental service. The service and commissioners had developed a set of acceptance and discharge criteria so that only the most appropriate patients were seen by the service.

  On completion of treatment, dentists discharged the patient back to their own dentist to resume ongoing treatment. The dentists always sent a discharge letter to the referring practitioner following completion of treatment.
- Internal referral systems were in place, should the dental service decide to refer a patient on to other external services such as local maxillofacial services. The service reported that there were no delays with internal referrals.
- Protocols were in place describing how patients were discharged from the service following general anaesthesia or Intra-venous and inhalation conscious sedation. When we observed the general anaesthetic and sedation treatment sessions we saw that patients were discharged in an appropriate, safe and timely manner.
- During the discharge process staff made sure the patient or responsible adult had a set of written post-operative instructions and understood them fully. Patients and their carers were given contact details if they required urgent advice and or treatment. The service had developed bespoke patient information leaflets that detailed these instructions.
- During our inspections to each location, we observed clinics that ran to time and were not overbooked this minimised delay for patients. Patients were kept informed of any delays by dental staff and were offered the opportunity to rebook appointments if clinics overran.

Learning from complaints and concerns

- Complaints were managed by the dental nurse manager at the departmental

  Headquarters. A staff member not involved in the complaint was assigned to investigate the complaint within the time frames designated in the trust policy.
- Written information in the form of posters were displayed in every clinic informing people how to raise concerns and complaints.
- At each dental staff meeting, complaints, both formal and informal, were discussed by staff to allow learning and reflection to take place. We saw two examples of staff meeting minutes, which confirmed this had taken place.

Good

Are services responsive to people's needs?

- The service had a very low level of complaints; during 2016 there was only one formal complaint about the service. We saw the correspondence which showed that the formal complaint was resolved within the 25 days in accordance with trust policy.

Outstanding ☆

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

We rated the service outstanding for well-led because:

- We saw the service had strong and effective clinical leadership at its heart and there were effective governance and risk management structures in place. The clinical director was supported by an effective and committed dental nurse manager.
- Staff members we spoke with told us the service was a good place to work and that they would recommend it to family members or friends.
- The staff we spoke with said they felt well supported by the clinical director and the dental nurse manager that they could raise any concerns and they were confident that their concerns would be addressed and dealt with in a timely manner.
- The clinical director was forward thinking and there was a clear vision and strategy for the service that was well developed and well understood by staff in all locations.
- The local management team was visible and accessible for staff and the culture was open and transparent.
- Staff lived the trust's overall vision of providing safe and effective care which was evident when observing treatment sessions and the way the department was run.

Service vision and strategy

- The service had had a well-developed vision which had resulted from a year of transformation. The service had been redesigned as a result of efficiency savings required by the trust as a whole.
- The vision of the service was to improve their oral health. They aimed to do this by providing specialist patient management advice and high quality dental care within a safe and friendly environment They achieved this by nurturing and developing staff, making the best use of their skills and encouraged innovation. Thereby enabling excellence to flourish within all members of their team.
- We spoke to dentists, dental nurses and administrative staff who said the service had a forward thinking and proactive clinical lead who was well supported by senior managers within the trust.

Governance, risk management and quality measurement

- We saw that the service had a comprehensive risk register in place which was reviewed on a weekly basis by the dental nurse manager. The risks identified were those received by the service through the national patient safety agency and those occurring locally. Dental staff had open access to the risk register. Any risks were discussed via the senior dental nurse group and the senior clinicians and management meetings and any action plans were added to the progress note section on the risk register spread sheet.
- The service had in place a set of governance procedures. These policies and procedures were kept on an intranet based system known as 'dental Share'. All staff we spoke with were aware of this document folder and were able to show us how they accessed the information.
- 'Dental share' contained policies and procedures about areas such as the provision of general anaesthesia and conscious sedation, radiation, infection prevention control, equipment and clinical audit.
- We found that the systems for monitoring the quality care were complete and up to date. We saw records showing the recommended maintenance schedules of decontamination equipment and x-ray equipment. We also saw that staff monitored dental unit water lines and hot and cold water systems to prevent the proliferation of Legionella (a harmful bacteria that can cause respiratory disease).
- We saw that the service had a comprehensive risk register in place which was reviewed on a weekly basis by the dental nurse manager. The risks identified were those received by the service through the national patient safety agency and those occurring locally. Dental staff had open access to the risk register. Any risks were

discussed via the senior dental nurse group and the senior clinicians and management meetings and any action plans were added to the progress note section on the risk register spread sheet.

- The service had in place a set of governance procedures. These policies and procedures were kept on an intranet based system known as 'dental Share'. All staff we spoke with were aware of this document folder and were able to show us how they accessed the information.
- 'Dental share' contained policies and procedures about areas such as the provision of general anaesthesia and conscious sedation, radiation, infection prevention control, equipment and clinical audit.
- We found that the systems for monitoring the quality care were complete and up to date. We saw records showing the recommended maintenance schedules of decontamination equipment and x-ray equipment. We also saw that staff monitored dental unit water lines and hot and cold water systems to prevent the proliferation of Legionella (a harmful bacteria that can cause respiratory disease).

Leadership of this service

- The clinical director maintained overall responsibility and accountability for the running of the service. They had fostered a culture of devolving responsibility to other appropriate individuals within the service. This in turn led to a culture of individual responsibility and accountability throughout the service.The clinical director also provided effective leadership in the wider dental arena. The clinical director represents the views for conscious sedation and special care dentistry at the local dental professional network (LPN). This led to improvements in the quality of the referrals from local general dental practitioners ensuring that patients were treated in a timely way.
- The dental management team were responsible for passing information upwards to the trust managers and downwards to the clinicians and dental nurses on the front line.
- Staff confirmed that they felt valued in their roles within the service and the local management team were approachable, supportive and visible always.
- We found that the relationship between the staff and the local management team was strong, staff members at all levels reported there was an open-door policy. Staff told us that if they had concerns regarding the service they would feel comfortable speaking directly to them.
- Several dentists working in the service held positions on a number of trust committees that enabled the voice of the service to be heard by the more senior management within the trust. For example dentists attend the medical staff committee and local negotiating committee meetings
- The clinical director also held the position of deputy medical director for the trust.

Culture within this service

- We observed staff who were very passionate and proud about working within the service and providing good quality care for patients.
- Staff spoke with passion about their work and conveyed their dedication to what they did.
- The culture of the service demonstrated to be of continuous learning and improvement. At each clinic, we inspected, we saw that staff worked well together and there was respect between all members of the dental team.
- The morale of the staff was positive at each clinic, with staff adopting a 'can do' philosophy about their practice and the challenges they faced. We saw a happy yet calm working environment which was positive for patient care.
- Staff were proud to work in the service and were committed to provide the best care possible for every patient. This was evident when we observed the patient treatment sessions for conscious sedation and general anaesthesia at a local NHS hospital.
- All staff spoke of their commitment to ensuring patients were looked after in a caring manner. The patient comments we saw displayed in the waiting areas of the clinics we inspected confirmed this.

Outstanding ☆

Are services well-led?

Public engagement

- We saw results of patient satisfaction through the 'I want great care system' which showed that at each clinic those likely to recommend the service was between 98-100% across all sites.
- The service also utilised service users during the recruitment process for new employees wherever possible. This was in accordance with the aspirations of the trust.

Staff engagement

- General staff meetings were held monthly and there was a twice yearly away day for all staff. During these away days, the service arranged for speakers to present on a range of topics. For example, at the event on 12 January 2017 speakers presented on oral cancer awareness, safeguarding and learning disabilities awareness and an update on the service transformation model.

Innovation, improvement and sustainability

- Northamptonshire community dental service was one of only five services in the country to provide training in special care dentistry.
- The clinical director was instrumental in the initiation of different approaches to improve the sustainability of the service. This had included the utilisation of post graduate training posts including dental core training and clinical fellow posts. The introduction of these posts had been beneficial for both parties. The trainees brought in new ideas to the service and in turn the trainee had gained considerable experience in treating challenging and complex cases which was good for their personal development programme.
- All staff had the opportunity to take further qualifications or undertake further study to enhance the patient experience dependant on the outcome of their appraisal and subsequent personal development plan. Supported access ensured that dental staff had the appropriate skills and training to make effective clinical decisions which in turn led to better outcomes for patients.
- The clinical director has contributed nationally to the development of community dental health through involvement in areas such as guidelines for oral health care and long stay patients and residents, commissioning better oral health for children, commissioning better oral health for frail older people. The clinical director had also contributed to SWEETWISE: developing a multi-professional approach to diabetes mellitus and a paper to be published on the relationship between oral health and pulmonary disease.
- The dental nurse manager we spoke with described how many dental nurses had undergone additional training in subjects such as dental radiography, general anaesthesia and conscious sedation, fluoride varnish applications and oral health promotion that facilitated better outcomes for patients.
- We saw that as part of the appraisal system, senior dentists carried out the appraisal of

  medical practitioner colleagues within the Trust. This enabled dentists to stress to doctors the relationship between good oral health being integral to maintaining good overall general health in patients.
- The Willowbrook dental team had been nominated for the trust Quality Awards NHS Ambassador Award and two of the extended duty dental nurses had been nominated for a trust PRIDE award. The clinical director and the assisting team who provided general anaesthetic services at a local hospital were nominated for the Heath Service Journal compassionate care award.