South Essex Partnership University NHS Foundation Trust

RWN

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)
RWNY8	Knightswick Clinic	Knightswick Clinic	SS8 7AD
RWNY9	Warrior House	Warrior House	SS1 2LZ

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

- The trust had seven dental clinics across South East and West Essex. Prior to the formation of this Trust, community dental services had been provided through a variety of Primary care trusts across the geographical area.
- Overall we found that community dental services were providing safe and effective dental care. Patients were protected from abuse and avoidable harm. Systems for identifying, investigating and learning from incidents were in place.
- Dental services were effective and focussed on the needs of patients and their oral health care. We observed good examples of effective collaborative working between staff to meet the needs of patients. The service was able to meet the needs of the patients who visited the clinics for dental treatment because of the flexible attitude of staff and the trust itself.
- Feedback from patients demonstrated their positive experiences of care. We saw good examples of dental treatments being provided with compassion and effective interactions between staff and patients. Staff were hard working, caring and committed to the care and treatment they provided. Staff spoke with passion about their work and conveyed how dedicated they were in what they did.
- The service was responsive. The trust actively sought the views of patients using a variety of means. People from all communities, who met the trust's acceptance criteria, were able to access the service for dental care and treatment. Effective multidisciplinary team working ensured that patients were provided with dental treatment that met their needs and at the right time. Through effective management of resources, delays to treatment were kept to reasonable limits.
- The service was well-led. Organisational, governance and risk management structures were in place. The senior management team of the service were visible and the culture was seen as open and transparent. Staff were aware of the vision and way forward for the organisation and said that they generally felt well supported and that they could raise any concerns.

Summary of findings

Background to the service

South Essex Partnership Trust provided a dental service for all age groups who require a specialised approach to their dental care and were unable to receive this in a general dental practice. There were seven community dental clinics provided by the trust in the South East and West Essex area.

The service provided oral health care and dental treatment for children and adults that had impairment, disability and or a complex medical condition. People who come in to this category were those with a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability, including those who were housebound.

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

Our inspection team

Our inspection team was led by:

Chair: Karen Dowman, Chief Executive, Black Country Partnership NHS Foundation Trust

Team Leader: Julie Meikle, head of hospital inspection (mental health) CQC

Inspection Manager: Peter Johnson, mental health hospitals CQC

The team that inspected this core service was a clinical dental advisor to the Commission and a hospital inspection manager employed by the Commission.

The team would like to thank all those who met and spoke to inspectors 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 trust as part of our ongoing comprehensive inspection programme of mental health and community health NHS trusts.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and trust:

• Is it safe?

• Is it effective?

• Is it caring?

• Is it responsive to patient's needs?

• Is it well-led?

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients using the service.

During the inspection visit, the inspection team:

- Spoke with four patients who were using the service.
- Spoke with three carers.

Summary of findings

- Reviewed 12 dental care and treatment records.
- Examined the trust's dental decontamination policies and procedures.
- Spoke with two dentists and the service line lead for this service.
- Spoke with six dental nurses.
- Spoke with two oral health promotion nurses.
- Observed the dental care and treatment being given to four patients with their permission.
- Reviewed the policies, procedures and other documents relating to the running of the service.

What people who use the provider say

- Patients and carers were positive about the support which they received and said staff were kind, caring and respectful. They said that staff were professional.
- Patients and carers told us that they were actively involved in their dental care and preventative oral health promotion. They told us that staff explained the treatment options available and gave them advice and guidance wherever appropriate.

Good practice

- Patients with specialised dental needs due to physical, mental, social and medical impairment could access these services when required to meet their needs and the needs of family and carers.
- The trust's oral health promotion team was working proactively within the local community to improve oral health and encourage active and effective teeth brushing. We noted some very positive evaluation of this team's work.

South Essex Partnership University 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 community dental services as good for safe because.

- There were systems for identifying, investigating and learning from patient safety incidents and an emphasis in the trust to reduce harm or prevent harm from occurring. Staffing levels were safe across those clinics inspected

Safety performance

- The trust confirmed that none of the incidents reported by this core service between 01 May 2014 and 30 April 2015 were patient safety incidents. This was supported by those records reviewed during the inspection. Staff were clear about the trust's incident reporting systems and knew how to report incidents in line with trust policy.
- Senior managers confirmed that systems were in place to learn from trust wide incidents. For example, during team meetings and via trust safety bulletins.

Safeguarding

- Staff were knowledgeable about safeguarding issues in relation to their patient group. Staff training records showed us that each member of staff had received their mandatory safeguarding training.
- Staff understood their responsibilities and adhered to safeguarding policies and procedures. The trust had systems in place to ensure that trust wide processes were in place with regards to 'working together to safeguard children'. This included checks to review whether children were subject to a child protection plan.
- The records seen showed us that the service was involved in, responded to and took place in trust wide learning from safeguarding incidents.

Medicines

- Medicines were stored safely for the protection of patients. A comprehensive recording system was available for the prescribing and recording of medicines including local anaesthesia.
- Dental treatment records showed us that when local anaesthetics were used as part of dental treatment the type, site and dosage of anaesthetic was recorded along

with the batch numbers and expiry dates of the particular anaesthetic given. This was in accordance with professional standards set out by the General Dental Council.

- The records inspected were well completed, provided an account of medicines prescribed, and demonstrated that patients were given their medicines as prescribed.
- Medicines for emergency use were available, in date and stored correctly.

Environment and equipment

- Dental equipment was clean and well maintained. The trust maintained sufficient numbers of the required equipment and this was demonstrated throughout our inspection visit.
- The trust had a named radiation protection adviser who was appointed to provide advice on 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 trust's named radiation protection supervisor ensured that compliance with Ionising Radiation Regulations 99 and IRMER 2000 regulations was maintained and in particular supervised the arrangements set out in the local rules for this service.
- At each site a well maintained radiation protection file was available. This contained all the necessary documentation pertaining to the maintenance of the x-ray equipment. This included critical examination packs for each x-ray set along with the required maintenance logs for x-ray equipment. A copy of the local rules was displayed with each x-ray set.
- The clinical records we saw showed that dental x-rays were justified, reported on and quality assured 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.
- Equipment used for domiciliary care was used in accordance with guidelines set out by the British society of disability and oral health. The equipment we saw was packaged and stored in dedicated transportation boxes when staff went out on domiciliary visits. Prior to visiting a patient's home the service carried out a risk assessment to check if the physical environment was suitable to carry out domiciliary care from a health and safety point of view. We saw evidence of the assessment tool used by the service.

Quality of records

- Clinical records were kept securely and could be located promptly when needed, confidential information was properly protected. Patient records were a mixture of computerised and hand written records. The computerised records were secured by password access only.
- Hard copies of written patient information including clinical records were archived in locked rooms at each site we visited in accordance with data protection regulations.
- The trust carried out trust wide record keeping audits and these findings were shared with the relevant manager.

Cleanliness, infection control and hygiene

- The trust used an accredited company to undertake central sterilising and decontamination unit (HSDU) for the processing of contaminated instruments after they had been used at all sites. This system ensured that the service was meeting HTM 01 05 (guidelines for decontamination and infection control in primary dental care) best practice requirements for infection control. Staff were aware of current infection prevention and control guidelines and we observed good infection prevention and control practices, such as:
- Hand washing facilities and alcohol hand gel available throughout the clinic area.
- Staff following hand hygiene and 'bare below the elbow' guidance
- Staff wearing personal protective equipment, such as gloves and aprons, whilst delivering care and treatment.
- The dental water lines were maintained in accordance with current guidelines to prevent the growth of Legionella bacteria and the associated risk of infection to patients and staff.
- The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health.

Good

Are services safe?

- The use of safer sharps and the treatment of sharps waste was in accordance with current guidelines. Sharps containers were replaced as required and correctly labelled.

Mandatory training

- Staff confirmed that there was good access to mandatory training study days and profession specific training. A variety of topics were discussed at these sessions included safeguarding issues, infection prevention and control, medicines management and health and safety.
- Staff training records confirmed that staff had attended their mandatory training opportunities. We noted that staff were booked onto further training sessions where required.
- Managers confirmed that training needs were discussed during staff supervision and appraisals.

Assessing and responding to patient risk

- A sample of dental care records were reviewed at each clinic. These were well-maintained 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.
- Clinical records viewed were clear, concise and accurate and provided a detailed account of the treatment patients received. Patient safety and safeguarding alerts were thoroughly recorded. For example, allergies and reactions to medication such as general anaesthetic and antibiotics.
- The emergency medicines and equipment used in the treatment of medical emergencies in the dental chair met the standards set out in the British National Formulary and the Resuscitation Council UK guidelines respectively.
- All patients requiring dental treatment under general anaesthesia had their referrals overseen by a senior clinician and the relevant service line. No patient was allowed to go to theatre unless their dental treatment plan has been reviewed. To prevent wrong tooth extraction the dentist undertaking extractions had a copy of the tooth charting adjacent to the patient whilst they were asleep and would refer to the charting as each tooth was extracted.
- To ensure that dental materials were used correctly the service had in place a well maintained Control of Substances Hazardous to Health (COSHH) file.

Staffing levels and caseload

- Each clinic visited had their full complement of staff. There were no vacancies and short term absences were covered by the staff team.
- Staff were experienced and knew their patients well.
- Appropriately timed appointments were allocated for both patient assessment and treatment sessions. Dentists felt that they had adequate time to carry out clinical care with the patient.
- There was sufficient clinical flexibility within the service to adjust time slots to take into account the complexities of the patient's medical, physical, psychological and social needs.

Planning and delivering services which meets people's needs

- Patients' dental care needs were assessed and treatment was planned and delivered in line with their individual dental treatment plan.
- We discussed and reviewed patient treatment records at each location. These were well constructed and included evidence of treatment plans and detailed patient notes.
- All staff undertook yearly training in 'cardio pulmonary resuscitation' support techniques.
- The trust had policies and procedures in place for dealing with foreseeable emergencies. For example disruptive weather and equipment failure.
- We saw that patients and their families were informed when appointments were cancelled and alternative dates and times were offered as soon as possible.

Good

Are services effective?

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

Summary

We rated community dental services as good for effective because.

- Services were evidence based and focussed 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, had frequent continuing professional development opportunities and were meeting the requirements of their professional registration.

Evidence based care and treatment

- Details of the condition of the gums and soft tissue lining of the mouth was carried out at each dental health assessment. This ensured that the patient was made aware of changes in their oral condition.
- Patient's dental recall interval was determined by the dentist using a risk based approach based on current NICE guidelines. For example, the guidelines set out by the British society of disability and oral health and the Department of Health's 'delivering better oral health toolkit (2003)
- Dental treatments carried out were evidence based and followed recognisable and approved national guidance issued by the National Institute for Health and Care Excellence, various specialist dental societies and groups. The trust ensured that the service used nationally recognised dental assessment and treatment tools.

Pain relief

- The treatment seen showed us that staff were proactive in managing any pain experienced by patients. For example, analgesia was given as required.
- Staff confirmed that their knowledge of individual patients assisted them in identifying any potential distress being experienced.
- Accompanying families and carers were also helpful in assisting staff to identify any potential concerns.

Patient outcomes

- The trust was proactive in monitoring for quality and measuring outcomes. We found that staff undertook a number of audits to monitor performance and outcomes. For example on treatment outcomes and re-referral rates.
- Managers were aware of the results of these and discussions took place regarding these at staff meetings and during staff supervision and appraisals.
- We saw locally completed audits in relation to infection control and dental radiography. The results of the audits showed us that they were meeting standards and managing risks appropriately.
- Improvements following audits and patient and family feedback had been made. For example, in the provision of additional dental health promotion leaflets in waiting areas.

Competent staff

- The trust provided appropriate levels of study leave. All dental nurses had been trained to a high standard. For example, they had passed the National Examining Board for Dental Nurses Certificate.
- Staff had the qualifications, skills and competencies required to provide dental treatment to children.
- Oral health practitioners had qualifications appropriate to their subject area.
- Each dentist was registered with the General Dental Council and had completed professional updating.
- Staff were up to date with their clinical supervision and appraisals.

Multi-disciplinary working and coordinated care pathways

- The service was self-contained because the department contains a diverse mix of well trained and experienced dental staff.
- The service worked collaboratively with local primary dental care and secondary dental care providers. For example, patients would often present with complex medical conditions requiring consultation with their GP.

Good

Are services effective?

- The trust also carried out joint general anaesthetic sessions with other specialities. Adopting this joint surgical working reduced the need for repeated general anaesthetics and decreased the inherent risks that accompanied frequent exposure to general anaesthetic.

Referral, transfer, discharge and transition

- Due to the extent of some people's disability and needs. Some patients were provided with ongoing continuing care and so remained within the service.
- Other groups of patient were referred into the service for a specific reason such as the removal of teeth under general anaesthesia. On completion of treatment, patients were discharged back to their own dentist so that ongoing treatment could be resumed.

Access to information

- Dental care and treatment records were stored securely and contained comprehensive information to enable effective on going dental care and treatments.
- A range of dental care literature was available for patients, relatives and other visitors to the service. There was a range of patient information in the waiting areas providing advice on oral health promotion and how to take care of gums and teeth.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- The trust had robust systems in place for obtaining consent prior to any treatments being undertaken with patients. We found that the consent documentation used in each case consisted of: the referral letter from the general dental practitioner or other health care professional, the clinical assessment including a complete written medical, drug and social history.
- Pre-operative check lists and a patient information leaflets detailing pre-operative and post-operative instructions for the patient to follow completed the consent process in the case of general anaesthesia.
- We found that valid consent to treatment was obtained for children and young people who were under 16.
- Staff understood the MCA 2005 and applied it when delivering care and treatment.

Good

Are services caring?

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

Summary

We rated community dental services as good for caring because.

- We saw evidence of patient feedback which demonstrated a positive experience of care at each of the clinics we inspected. Patients, families and carers felt well supported and involved with their treatment plans and staff displayed compassion, kindness and respect at all times.
- We found staff to be hard working, caring and committed to the work they did. Staff spoke with passion about their work and were proud of what they did. Staff knew about the organisation's commitment to patients and their representatives and the values and beliefs of the organisation they worked for.

Compassionate care

- Staff treated people with dignity and respect; taking extra time with patients who didn't have full capacity to fully understand the advice being given. For example, we observed at one clinic how the dentist built and maintained respectful and trusting relationship with a patient who had special needs. The dentist sought the views of the patient regarding the proposed treatment and explained this in terms that were understood by the person themselves.
- Staff told us that effective communication and collaboration between all members of the multidisciplinary team ensured trust and respect in those delivering dental treatment. Patients and their carers were positive about the care and treatment they had received from the dental team.
- We noted during directly observed treatment episodes that patients were treated with kindness, dignity and respect whilst undergoing dental care and treatment.

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 dental care and the additional support that may be required.
- We found that planned care was consistent with best practice as set down by national guidelines such as those set out by the British society for disability and oral health.
- Observation of individual dental practice and review of patient records evidenced that staff were assessing the patient's capacity to be able to give valid consent using the Mental Capacity Act (MCA).
- Relatives and/or the patient's representative were involved in discussions around the dental treatment plan where it was appropriate.
- Staff had a good understanding of consent and applied this knowledge when seeking consent from patients. Staff we spoke with had received training around informed consent and had the appropriate skills and knowledge to seek consent from patients or their representatives.
- We noted positive interactions between staff, patients and/or their relatives when seeking verbal consent and the patients we spoke with confirmed their consent had been sought prior to treatment being given.
- A range of dental care literature was available for patients, relatives and other visitors to the service. These included: information about complaints processes, key contacts information and post treatment advice for different dental procedures.

Emotional support

- Staff were clear on the importance of emotional support needed when delivering care. We observed positive communication both verbal and nonverbal between staff and patients. Staff knew most of their patients well and had developed a good rapport.

Promotion of self care

- Preventive care across the service was delivered using the Department of Health's 'delivering better oral health toolkit 2013'. Integral to this service were the oral health promotion team. The team consisted of staff that had previous dental nursing experience providing targeted support to various staff out in the community including care homes, supported living and health care assistants.

Good

Are services caring?

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.

- The team also provide starter tooth brush and paste packs for children to encourage good home dental care practises from an early age. To promote good teeth brushing and oral health messages the team used a variety of props which included puppets, videos and age appropriate picture books.

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 community dental services as good for responsive because.

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

Planning and delivering services which meet people's needs

- Staff told us how they were meeting the needs of the patients they saw with complex needs. There were good mechanisms for information sharing between the different clinics and referral back to patient's own dentist for those who only used the service occasionally. Staff showed a willingness to engage with other service providers, such as the mental health teams and adult social care providers.
- Staff were knowledgeable regarding the community in which they provided services and they provided appropriate written information to patients upon referral to the service and at discharge. Staff knew how to obtain support for communicating with patients. For example, a translation service was available if the patient's first language wasn't English.
- 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 the trust's safeguarding lead.
- Where patients or children lacked the capacity to make their own decisions, staff sought consent from their family members or representatives. Where this was not possible, staff made decisions about care and treatment in the best interests of the patient.

Meeting the needs of people in vulnerable circumstances

- The service had, over a period of years, moved from a traditional community dental service which catered for school children to one which was a referral based specialised service catering for patients of all ages with special dental needs due to physical, mental, social and medical impairment. These needs could not be met in primary dental practise.
- This change of treatment criteria ensured that patients could access these services when required to meet their needs and the needs of family and carers.

Access to the right care at the right time

- Staff reported that in a large number of cases patients were referred to the community dental service for short-term specialised treatment.
- On completion of specific treatments, 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 orthodontic or maxillofacial specialists.
- We reviewed the systems in place when patients were discharged from the service after GA. We found 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 understand them fully. They were also given contact details if they require urgent advice and or treatment.
- Accessibility to the clinics were good. Where some services were provided on the first floor, passenger lifts and receptionist support was available.

Learning from complaints and concerns

- The service had a low level of complaints. Staff told us that there was an emphasis on local resolution of problems. We found that there was a low level of formal complaints.
- Each of these had been investigated by the trust in accordance with their complaint management policy and a response provided to the complainant.

Good

Are services well-led?

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

Summary

We rated community dental services as good for well led because.

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

Service vision and strategy

- Information about the trust's visions and values was available in each location. Staff referred to 'take it to the top' staff and patient engagement events across the trust where they could meet the chief executive officer (CEO) and other senior staff to learn about developments in the trust and give feedback.
- Staff referred to a recent visit to a dental community service by senior trust staff. This had resulted in improved levels of staff morale.

Governance, risk management and quality measurement

- The trust had an effective system to regularly assess and monitor the quality of service that patients received.
- Records of various checks on equipment was seen. For example, on X ray machines and decontamination equipment.
- Managers confirmed a strong commitment to quality assurance and maintaining high standards. For example, we saw a number of completed audits which had been discussed at staff meetings and evidence of trust wide learning via trust safety bulletins.

Leadership of this service

- Staff confirmed that they felt valued in their roles and that managers within the trust were approachable, supportive and visible. The majority of staff said there was visible leadership across the organisation and expressed confidence that any concerns raised with senior managers would be acted on.
- Staff roles and responsibilities were clearly defined, all staff spoke of their commitment to ensuring patients received dental treatment in a professional manner.

Culture within this service

- Staff confirmed that their manager had an 'open door' policy and the trust operated a 'no blame' culture. This encouraged the reporting of concerns and incidents. The trust had a robust whistleblowing policy which staff were aware of and were able to access via the Trust internet service.

Public and staff engagement

- The trust used the friends and family test to engage with patients and staff. The results showed that this service was viewed positively by people and their families. We found that the trust's NHS staff survey results for 2014 were extremely positive with no key findings worse than the national average or in the worst 20% of all mental health trusts.

Innovation, improvement and sustainability

- We found that the trust was committed to continuous learning and improvement. For example, staff reported that they had access to mandatory, ongoing training and continuous professional development opportunities which had been funded by the trust.
- Staff training records demonstrated that staff had completed mandatory and other continuous professional development courses. Systems were in place to ensure refresher training was undertaken periodically.
- The oral health promotion team was working proactively within the local community to improve oral health and encourage active and effective teeth brushing. We noted some very positive evaluation of this team's work.