

The Whittington Hospital NHS Trust

RKE

Community dental services

Quality Report

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Date of inspection visit: 8-11 December 2015
Date of publication: 08/07/2016

Summary of findings

Locations inspected

This report describes our judgement of the quality of care provided within this core service by The Whittington Hospital NHS 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 The Whittington and these are brought together to inform our overall judgement of the trust.

Summary of findings

Ratings

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

Summary of findings

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Summary of findings

Overall summary

We gave an overall rating for the community dental service of **outstanding** because:

Feedback from people who used the service, and those close to them, was continually positive about the way staff treated people. Patients and their relatives told us that staff went the extra mile and the care they received exceeded their expectations. Staff provided care with compassion. They communicated with patients in a way they could understand and enabled them to manage their own oral health and care when they could.

The service was well-led and had a clear, patient-centred vision. Leaders worked with other organisations to improve care outcomes and tackle health inequalities.

There was a clear and effective governance structure. Staff were well supported by their managers, and managers encouraged, listened to and acted on staff feedback. Staff were proud of the service they provided and spoke highly of the culture.

Staff had the knowledge, skills and competence to carry out their roles and responsibilities effectively. Many

dentists and nurses had additional dental qualifications, for example four dentists were specialists in special care dentistry. We saw examples of effective multidisciplinary working and evidence-based care and treatment. Staff obtained consent to care and treatment in line with legislation and guidance.

The service was responsive to the needs of patients. Staff provided home visits for patients who were unable to attend clinic. There were hoists, wheelchair platforms and a bariatric chair available. The service had a walk-in urgent dental clinic which provided care for patients with an urgent dental problem such as pain, swelling or bleeding.

There were systems in place for identifying, investigating and learning from patient safety incidents. Staff understood their responsibility to raise concerns and report incidents and near-misses and managers supported them to do so. Procedures were in place to keep patients safe from abuse. We found good practice and procedures in place for cleanliness, hygiene and infection control.

Summary of findings

Background to the service

Whittington Health Community Dental Service provides dental care at 12 community sites across Camden, Islington, Haringey and Enfield. Dentists provided home visits for patients who were unable to attend a clinic. The service also had an administrative office at Hunter Street Health Centre. The services provided include paediatric dentistry, oral surgery, oral health promotion and education, fluoride varnishing programmes, prison dentistry and adult special care dentistry. Adult special care dentistry is dental care for people with disabling conditions who have difficulty using general dental services. This includes adults with severe physical disabilities, learning disabilities, severely phobic patients, those with mental health conditions, and people with medical conditions requiring specialist care.

We visited five locations: St Ann's Hospital, Tynemouth Road Health Centre, Hornsey Rise Health Centre, Holloway Community Health Centre, and Kentish Town Health Centre (including the urgent dental clinic).

We spoke with over 30 members of staff including dental nurses, dentists, clinical leads, administrators, the business support manager and the clinical director.

We observed 12 consultations including two visits to patients' homes, a wisdom tooth extraction on a patient with anxiety, an adult with learning disabilities who was accompanied by a carer, an elderly patient with impaired hearing, children accompanied by parents and an urgent dental care patient. We spoke with 22 people including patients, carers and relatives.

Our inspection team

Chair: Alastair Henderson

Team Leader: Nicola Wise, Head of Hospital Inspection, Care Quality Commission

The community dental inspection team consisted of a CQC inspector and two specialist advisers.

Why we carried out this inspection

The inspection was part of a planned scheduled inspection.

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 visiting the trust we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We carried out an announced visit between 8 and 11 December 2015. During the visit spoke with a range of staff who worked within the service, such as managers, nurses, and therapists. We observed how people were being cared for and we talked with parents and reviewed a small number of treatment records of people who use services.

Summary of findings

What people who use the provider say

Patients were happy to express their views and provide us with positive feedback in relation to the care and treatment they received. For example we accompanied staff on two home visits and both patients were very complimentary about them. One patient said, “She’s a lovely dentist, I wouldn’t change her for anyone else”. Another patient said the dentist they saw was “the nicest healthcare professional I have met in my life” and that the dentist “works from the heart”.

A parent who was accompanying their child for their appointment at Tynemouth Road Health Centre told us they found the service “friendly” and “welcoming”.

A patient with special needs at Holloway Community Health Centre approached us to say that the dentists and dental nurse were “lovely ladies”.

The urgent dental service at Kentish Town Health Centre had a five-star rating based on 31 reviews (five stars was the best rating possible). This was the only clinic that the service was able to register on NHS Choices due to limitations of the website. Some comments from August to December 2015 included:

“Absolutely fantastic! Completely cheered me up, made me feel at ease and did a brilliantly professional job fixing my awful chipped teeth after a nasty fall. Deserves more than 5 stars. From the reception staff, assistants and the dentist, all amazing. Lots of good vibes at this place. Thank you so much”.

“Fantastic from start to finish”

“Really good experience today. Was seen very quickly. Dentist and receptionist both very helpful and overall a top quality service!”

“Reception nurses are nice and welcoming, informative and spreads a good vibe. Dentist and nurse in the treatment room is professional and caring.”

“The best dentist in the UK”

We overheard two patients discussing the service at Kentish Town Health Centre and one of them was telling the other that they always liked to go there’s as it’s good, and also used the term “friendly”.

Comments from the Friends and Family Test in September 2015 included:

“the staffs are very friendly, my child feel very safe with the staffs and he trust them.”

“The dentist was lovely”

“the doctor was really nice with my daughter making her feel comfortable”

“my daughter had a very good experience they were very good at explaining what they were doing and [my daughter] was at ease at all time fantastic dentist very happy with the outcome.”

“the service and care provided by the front desk and the dentist is very thorough and consistent. always seen on time and explanation always provided. professional , calm and courteous.”

“amazing care and time given to each appointment.”

Good practice

Decontamination of dental instruments was in line with national requirements.

Staff showed a good level of understanding of systems for safeguarding children and vulnerable adults.

Staff were highly competent and there was a good skill mix, including specialist dentists and dental nurses with additional dental qualifications.

Staff were caring and compassionate towards patients and feedback about staff from people who use the service and those close to them was consistently positive.

The service collaborated with other organisations in a coordinated and effective way.

There was a strong patient-centred culture. Staff were highly motivated and supported by managers. We observed a strong sense of teamwork across staff of all-levels.

Summary of findings

Areas for improvement

Action the provider MUST or SHOULD take to improve

A process should be put in place to ensure cylinders for inhalation sedation are not past the expiry date, as we found one cylinder of nitrous oxide at Holloway Community Health Centre that was out of date.

Action the provider COULD take to improve

The trust could provide administrative staff at the locations that did not have any, as dentists and nurses had to undertake administrative tasks and sometimes this caused problems.

The trust could seek to address patient transport issues, as patients were sometimes late for appointments or had to wait a long time to be collected after their appointment.

The Whittington Hospital NHS Trust

Community dental services

Detailed findings from this inspection

Good 

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We rated safe as **good** because:

The service had effective systems for reporting incidents, sharing lessons learned and implementing changes and improvements. Staff reported incidents and updated logs with action plans and learning points. Staff were aware of how to report incidents and gave examples of shared learning. There were effective systems to reduce the risk and spread of infection at all locations we visited. Staff had a good knowledge and understanding of safeguarding processes.

However, there were some areas for improvement. We found one cylinder of nitrous oxide in use that was past its expiry date, and some sterilised instruments had been sealed but not dated.

Safety performance

- From October 2014 to September 2015 the service logged 24 incidents. Incidents were graded according to the level of severity. There were two incidents graded as 'high', 13 graded as 'moderate', seven graded as 'low' and two recent incidents awaiting the grading to be assigned.
- The service logged one serious incident on STEIS (a national serious incident reporting system hosted by the

Department of Health on behalf of NHS England) in 2015. It was an IT incident where some electronic patient notes were lost for patients seen in the dental service between 26 June and 9 July 2015. This was due to a system error and the notes could not be recovered. Other parts of the patient record including patients' personal details were not affected and no breach of confidentiality occurred. Managers and staff were aware of the incident.

- The service held regular 'Quality and Performance' meetings in which staff discussed safety performance. Minutes showed that the clinical director, clinical leads and managers attended these meetings. Items discussed included incidents, infection control and mandatory training.

Incident reporting, learning and improvement

We found the service to have effective systems for reporting incidents, sharing lessons learned and implementing changes and improvements:

- Staff recorded incidents on a trust-wide computer system. The incident log showed that staff reported incidents in a timely manner. It also showed staff had recorded the actions taken and those planned.
- Staff knew how to report incidents. They said they heard about incidents and shared learning at clinical

Are services safe?

governance meetings. They also read about incidents on the trust's computer system. Presentations and minutes from clinical governance meetings held in August and November 2015 indicated that incidents and learning points were discussed. We also saw an agenda for an 'All-Staff' meeting in September 2015 showing that incidents reported through the electronic incident reporting system were to be discussed.

- Managers and staff understood what a 'never event' was. There had been no 'never events' reported in 2015 up to the time of our inspection related to community dental services. Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.
- Managers showed a good understanding of the duty of candour. An example of adherence to the duty of candour was demonstrated in the way a manager dealt with an incident. A patient complained verbally about a dentist's decision regarding their treatment under inhalation sedation. A manager logged the issue as an incident, investigated it and wrote to the patient to inform them that the incident was investigated. They also asked them if they would like to receive a copy of the investigation report or come in to view it. The incident log showed that the manager had documented these actions.

Safeguarding

- The service had adult and child safeguarding leads and staff knew who they were. Staff showed a good level of understanding about issues relating to safeguarding for adults and children. They told us they also had access to safeguarding guidance on the intranet and they attended annual safeguarding training. A presentation document for a clinical governance meeting held in August 2015 showed that staff were reminded of who the new adult safeguarding lead was, and were reminded of the service's safeguarding policy.
- Staff told us if a child was under a child protection plan their referral letter would state this. It would also show on the computer system used by community teams which staff had access to. Staff said if they had any concerns regarding safeguarding they would speak to the safeguarding lead. A manager told us they were

sometimes invited to case meetings for children under a protection plan and that they had recently submitted information to inform a report for a child changing their home address.

- A dentist gave an example of applying their knowledge of safeguarding. A child came in with a noticeable injury and the dentist knew that the child was under a protection plan. The letter they sent to the community paediatrician who had referred the child included details of the appointment and showed that the dentist had copied in the patient's social worker, GP and school nurse.
- A dentist told us if a child did not turn up for an appointment they sent a letter to the parents and a copy to the child's GP. They said if they had concerns about a child's oral health they would speak to the safeguarding lead and in some cases liaise with school nurses. The trust policy contained guidance on when to refer a child to other agencies such as social services.
- Staff gave us an example of an incident where they had safeguarding concerns about a vulnerable adult and acted appropriately. They observed interactions between the patient and carer which they felt were unusual and reported this to the clinical director, who informed the patient's GP. The staff involved made statements regarding the incident.
- The service carried out an audit led by a dentist to assess how staff managed non-attenders in terms of safeguarding in order to improve or maintain effective practices and to determine patient outcomes following failed appointments. The report stated that as a result of findings the service should have a local policy on failure to attend in addition to the trust policy and that a re-audit should take place.

Medicines

- We found one cylinder of nitrous oxide (used for inhalation sedation) at Holloway Community Health Centre that was out of date. The expiry date was April 2015. All other cylinders of oxygen and nitrous oxide at this centre and the other four locations were within date. It highlighted that there was not an adequate system to check the expiry date of the cylinders before use. We alerted staff of the expiry date and they took the cylinder out of use and labelled it clearly to ensure that no one would use it.
- Medicines, including emergency drugs and Midazolam (used for intravenous sedation), were stored safely and

Are services safe?

were within date and available for use. Those which required refrigeration were stored in temperature-controlled fridges. Staff checked the fridge temperatures daily. This ensured that any drugs stored in the fridge were kept at the correct temperature and were safe for use. Dentists recorded the batch numbers and expiry dates for local anaesthetics in patient records.

Environment and equipment

- The dental clinic at St Ann's Hospital was difficult to find because the signposting was not clear. The service addressed this issue by sending a map to new patients with their first appointment letter and welcome pack to ensure that they could find it easily.
- There was adequate access for people with mobility difficulties at each of the locations we visited.
- Staff told us the state of the toilets at St Ann's Hospital could be improved. They said patients complained verbally about the toilets and that it was difficult for people who used a wheelchair to access the toilet without assistance. A manager said they had raised this with the trust but nothing had been done.
- Staff completed daily checks for the x-ray machines and kept logs of these tests and other service checks. This ensured that the machines were safe and fit for use. The service carried out safety checks in line with IRMER guidelines (Ionising Radiation (Medical Exposure) Regulations 2000) and the service had a radiation protection file at each site we visited. The service also had a named IRMER lead practitioner.
- Emergency drugs and equipment were safely stored and accessible. This was in line with the Resuscitation Council (UK) guidelines.
- Staff completed daily checks for the autoclaves and washer disinfectant machines at all locations we visited.
- Staff at the Tynemouth Road Health Centre told us they often had problems with equipment. This meant that sometimes staff could only use one of the two treatment rooms for check-ups. Staff said in October and November 2015 they had to cancel some clinics due to equipment faults. This included faults with the scavenging system used to remove traces of nitrous oxide after inhalation sedation, a triple spray and a dental hand-piece. Staff said they reported these faults to managers and they were fixed but problems still occurred frequently. Staff had recorded the faults and meeting minutes showed they had discussed the problems and prepared action plans. The incident log

showed there was no impact on patient safety as a result of these problems. When staff had to cancel appointments they ensured that any patients who required urgent dental treatment or examination were still seen.

Quality of records

- Records were stored securely at all locations visited. Records were accessible to staff when required. The service used a secure electronic system for patient records and appointment booking.
- We looked at a sample of patient records at each location we inspected, including paper and electronic notes. Staff completed medical history checks and recorded patients' consent, and patients had signed consent forms for oral surgery. Staff recorded the batch number and expiry date of local anaesthetics used for extraction.
- For home visits, staff took paper notes with them in a secure case. During visits staff kept the records in folders which remained with them at all times. Dentists wrote the notes up on the computer system when they got back to the clinic.
- We found that two sets of paper notes had documents included that were for another patient with the same surname. In some cases treatment plans were not completed. Staff told us this was because the dentist had not carried out the treatment at the appointment and the plan was still to be decided. We also found that two sets of paper notes at Holloway Community Health Centre did not contain emergency contact details. In one set of notes at St Ann's an x-ray, that a member of staff told us had been taken at a previous appointment was missing from the patient's record.
- The service undertook regular record keeping audits. The most recent one had been completed in March 2015, and another commenced in September 2015. The audit was carried out on a random selection of 10 records for each clinician and checked that records met local and national guidelines, including those of the NHS Dental Business Services Authority. Results were shared at meetings and staff were trained as guided by its findings.
- Staff were aware that improvements were required in record keeping. Minutes from a staff meeting in June 2015 showed that the clinical director had reminded staff of the importance of good record keeping.

Are services safe?

Cleanliness, infection control and hygiene

- The treatment rooms at all locations we visited appeared clean. We observed staff cleaning the treatment rooms between patients including wiping down the dental chair.
- The decontamination rooms at all locations were well laid out with clearly labelled clean and dirty areas. There were magnifying glasses to check instruments for any remnants after disinfection. This was in line with HTM 01-05 (Decontamination Health Technical Memorandum 01-05: Decontamination in primary care dental practices) guidelines from the Department of Health.
- Staff washed their hands before treating or examining patients at clinics and on home visits. They used appropriate personal protective equipment such as gloves, face masks and aprons. There were handwashing posters in all clinical rooms and soap and hand gel was available.
- There was guidance displayed on clinic walls for sharps disposal, and clear signs for the segregation and disposal of waste.
- Instruments were stored correctly in line with HTM 01-05 guidelines. We checked a sample of 10 bagged sterilised instruments at Hornsey Rise Health Centre and 10 at Holloway. They were all stamped with a date of expiry which is in line with HTM 01-05 guidelines. We checked sample of 15 instruments in one treatment room and 11 in another at Tynemouth Road Health Centre and found that one did not have an expiry date stamped on it. We also found two out of 18 instruments checked at Kentish Town Health Centre were not date stamped. In both cases, nurses said if an instrument was not dated they would not use it, and would always return it to be sterilised. However, it highlighted that staff needed to ensure that all instruments were date stamped after sterilisation.
- Staff told us regular Infection Prevention Society infection control audits were carried out at all service locations and documents confirmed this. This was in line with HTM 01-05 guidelines. In September 2015 the average infection control compliance score across the service was 96%.
- Managers told us staff read and signed an infection control policy during their induction. Infection control was also part of mandatory staff training.

Mandatory training

- Ninety-six percent of mandatory training was up to date. Managers told us they knew which areas of mandatory training were overdue for which staff and a document confirmed this. They explained the reasons for training being overdue, for example one member of staff was overdue their Level 2 Child Safeguarding training but this was because their contract had been due to expire but was recently renewed.

Assessing and responding to patient risk

- Staff took emergency equipment with them when visiting patients at home. We also saw an environment risk assessment form which dentists were to complete on the first home visit to a patient.
- Staff ensured that patients were aware of any potential risks, and took steps to ensure that risks were minimised. For example, during an appointment for a wisdom tooth extraction we observed the dentist explained the potential risks and benefits to the patient. They wrote these on a form which the patient signed. Staff wrote the patient's details and which tooth they would take out on a checklist on a board in the treatment room. This was in line with guidelines from the World Health Organisation (WHO) and ensured that they were performing the correct treatment on the correct patient and minimised the risk of an error or a never event.
- We observed dentists who were performing wisdom tooth extractions checking that the patients had suitable arrangements for getting home after the procedure.
- We observed staff asking patients if there had been any changes to their medical history at the beginning of appointments. We also saw a medical history questionnaire that staff sent out to patients with their welcome pack ahead of their first appointment with instructions to complete it and bring it with them. This ensured that dentists were aware of any conditions that might affect the level of risk associated with treating a patient. Dentists used a tool on the computer system to record and assess risk factors.
- The service had an emergency and out of hours dental clinic at Kentish Town Health Centre. This was for patients who experienced urgent dental problems such as pain, swelling, bleeding or infection. Information

Are services safe?

about the out of hours and urgent service was displayed on walls at each location we visited. A parent whose child was a regular patient said staff had told them about the out of hours and urgent service details.

Staffing levels and caseload

- The service had sufficient staffing levels of dentists and dental nurses with low vacancy rates and low use of bank and agency staff. The only vacancies at the time of inspection were for three oral health promoters. The service had recently used bank staff to cover their own dental nurses who were taking part in a program of fluoride varnishing in schools.
- The service had a dental therapist working at Tynemouth Road Health Centre. Staff said this helped to alleviate workload pressures as the therapist could do most of the non-specialist work of a dentist.
- Dental nurses sometimes worked at different clinics when needed, to ensure adequate staffing levels. Nurses also provided cover when administrators were absent. Staff told us when the administrator at Tynemouth Road Health Centre was on leave for two weeks in October 2015 they only had cover for three days. On the other days staff locked the reception office and put a sign up to tell patients to wait for a nurse to attend to them. Nurses checked voicemails regularly in case patients called and left messages.
- There was no receptionist or administrator at two of the five clinics we visited. Staff told us for these two clinics most calls went to the main administrative office, and staff there sent out appointment letters. Dental nurses undertook any remaining administrative duties and dealt with patient calls.
- A manager told us if a dentist was off sick then they cancelled their clinic. If there were patients who needed to see a dentist urgently, they arranged for them to see another dentist or attend the out of hours emergency clinic.

Managing anticipated risks

- The service had one issue listed on the surgery divisional risk register. This was related to the lack of telephone line at Evergeen Primary Care Centre due to issues with the owner of the premises. The service used mobile phones to minimise inconvenience and the issue was still ongoing at the time of inspection.
- When performing oral surgery, staff used the WHO checklist. The WHO checklist is a patient safety checklist used to detect any potential error before it leads to avoidable harm. They wrote the patient's name and details of their treatment on a white board to ensure that they carried out the correct surgery on the correct patient.

Are services effective?

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

Summary

We rated effective as **good** because:

Staff had a high level of competency. Dentists and nurses had a wide range of qualifications and expertise. Five dentists were specialists in special care dentistry and two in paediatric dentistry. Nurses had additional dental qualifications including radiography and inhalation and intravenous sedation.

We observed good multidisciplinary working and coordinated care pathways. Several nurses were involved in a community fluoride varnishing program. Staff had good links with other organisations and healthcare professionals.

Staff had a good understanding of consent processes including assessing capacity for consent.

Evidence based care and treatment

- Staff were involved in a community fluoride varnish programme in Islington. The Whittington Health website stated that the programme was “designed to improve the dental health of young children. Islington has one of the highest levels of child tooth decay in London and stark inequalities exist across the borough. Fluoride varnish is proven to be a safe and effective way of preventing tooth decay.”
- Staff told us patient recalls were in line with NICE guidelines as indicated by the electronic patient records.
- Staff used the World Health Organisation (WHO) surgical safety checklist when performing surgery. The WHO checklist is a patient safety checklist used to detect any potential error before it leads to avoidable harm.
- Staff used British Dental Association's guidelines and the 'Delivering Better Oral Health Toolkit' to support patients with smoking cessation and provide advice on alcohol consumption.
- The clinical director told us dentists who were members of the British Society for Disability and Oral Health (BSDH) ensure that treatment provided by other dentists' was within the guidelines of the BSDH. Managers also checked this in staff appraisals.

- Senior staff told us dentists were using the 'Hall technique' for children who required it. This is a minimal intervention, child centred approach to managing tooth decay where decay is sealed under preformed metal crowns without the need for use of local anaesthesia, tooth preparation or extraction.

Pain relief (always include for EoLC and inpatients, include for others if applicable)

- We observed staff administering local anaesthetic safely and dentists checking with the patient that it had taken full effect before starting an extraction. We also observed a dentist giving a patient who came to the urgent clinic at Kentish Town Health Centre a prescription for painkillers, as they had severe tooth pain. Dentists advised patients how to manage pain symptoms after their procedure.

Technology

- Staff had access to the service's electronic patient record and an electronic appointment system at all sites. They were able to view other sites' appointments, which staff said was useful when they had to cancel a clinic or if there was a patient who needed to be seen urgently.
- Staff at Tynemouth Road Health Centre told us they sometimes had problems finding a computer available to use for administrative work. They said as a result, they often ended up doing administrative tasks in their lunch break or after work hours. Staff also said sometimes the electronic system was slow and that its responsiveness differed between locations.
- Staff said it would improve the service if they had a digital x-ray machine. There was one available at Tynemouth Road Health Centre that was used by the out of hours team. This was installed in April 2015 and staff had asked the trust's IT department at the time if they could use it for the day clinics but the IT staff told them they would need to set up the software for them. Staff had not had any update on this at the time of inspection.

Are services effective?

Patient outcomes

- The clinical director told us outcomes for most patients were difficult to measure as they often had long-term conditions and complex needs. They said they would know if there were any complications after oral surgery and other invasive treatment as patients would come back to the service.
- The clinical director also told us they audited the use of the 'Delivering Better Oral Health Toolkit' and found that 78% of patients seen in November 2015 had been assessed using this toolkit.
- Staff used 'desensitisation techniques' to support children with a learning disability or autism. They spoke of cases where children were scared to sit in the dentist's chair and how their fear was reduced after a few appointments. Dentists said they had been able to give them time to get used to the environment.
- Staff gave examples where children's oral health had improved as a result of participation in the oral health promotion programme in their school.
- Staff were carrying out an audit of the use of the 'Hall Technique' to analyse the outcome of patients' care following the use of this technique, with the results due in June 2016.
- The service clinical lead and an oral health promoter produced a report on the community fluoride varnishing programme (FVP) in Islington. The report looked at outcomes and activity relating the first year of the programme (April 2014 to March 2015). It stated that learning points were shared with NICE (National Institute for Health and Care Excellence) and were being used as a good practice guide for other organisations looking to develop similar programmes. One of the outcomes reported on was the proportion of total children with fluoride varnish applications who were signposted to a dentist. The report indicated that 60% children appeared to have sought treatment following referral from FVP.
- Most dental nurses had additional specialist dental qualifications including radiography, inhalation sedation, intravenous sedation, and fluoride varnishing. Six were also qualified oral health promoters.
- The clinical director was an oral surgeon and a specialist in special care dentistry and split their time between clinical work and strategic managerial duties. They told us they were an active member of a local professional network for London and advised a local area team for NHS England. They ran a working group for special care dentistry and paediatric dentistry.
- Twelve dentists were members of the British Society for Disability and Oral Health and attended conferences organised by this organisation.
- The Business Support Manager told us they were studying for a degree in business management. They were encouraged to do this by the clinical director and the trust was supporting them by funding the course.
- Managers told us all staff had an annual appraisal. All staff said they had had an appraisal in the last 12 months.
- A manager told us appraisals for dentists were based on the Salaried Dentist Contract of 2009. In the appraisals they looked at competencies set out in this contract including clinical competencies, communication, management, teaching and learning. Managers worked with dentists to identify what training they required or wanted and what arrangements they needed to make, for example if the dentist needed to shadow other clinicians.
- The appraisals for dental nurses and administrative staff were based on the trust's appraisal system

Multi-disciplinary working and coordinated care pathways

- The dental nurses who also worked as oral health promoters told us they were involved with other community services such as health visitors and school nurses. Dentists told us they had good links with other community teams including paediatric, physiotherapy and respiratory teams. The teams communicated and worked together to ensure that patient care pathways were well coordinated.
- One dentist told us they had developed good links with school nurses at local special needs schools as they worked with them on a dental screening project.
- Several dental nurses were involved in a community fluoride varnishing programme at schools in Islington.

Competent staff

- Five dentists were qualified in special care dentistry, including the clinical lead. There were also two paediatric specialists and three oral surgeons. Specialist staff trained and supported other staff, for example staff told us they had received in-house training in special care dentistry.

Are services effective?

Staff told us they enjoyed being part of this programme and that it helped them build links with patients and school nurses, added to their skill-mix, and improved variety in their day to day role. The report about the programme stated that they developed relationships with the healthy schools programme team to promote the programme with head teachers.

- The service had regular multidisciplinary team meetings. These included ‘quality and performance’ meetings for managers and clinical leads, ‘senior dental officer’ meetings, ‘clinical governance’ meetings for all staff from Haringey and Enfield clinics and a separate one for all staff from Camden and Islington clinics, and bi-annual ‘all staff’ meetings. Staff told us they found these meetings to be very useful and informative.
- Specialist staff from the service and from other organisations gave presentations at various meetings. The agenda for the ‘all staff’ meeting in September 2015 showed that a specialist in special care dentistry from the Eastman Dental Hospital gave presentation on “dental management of the medically compromised patient”. A professor from the dental institute at King’s College London also gave a presentation on periodontology.
- The clinical director told us the service had strong partnerships with local specialist hospitals such as the Eastman Dental Hospital.
- The clinical director said they also had links with academic departments of other hospitals. A recent example was a study that the clinical director had undertaken alongside five professionals from three other organisations including University College London and Barts. The study assessed the needs of frail, elderly patients in nursing homes and looked at the dental needs from the perspective of residents, for example in terms of pain and discomfort. This was a good example of patient-centred multidisciplinary working.
- Staff told us they had good working relationships with local GPs. They contacted the patient’s GP if they had queries about a patient’s medical history, or if they thought the patient needed to see their GP.
- The clinical director said staff offered to refer patients for smoking cessation therapy.
- The business support manager told us they worked with commissioners, local authorities and oral health promoters to address care pathways and public health. They said they met with NHS England commissioners every two months.

Referral, transfer, discharge and transition

- The service received referrals from a range of sources including general dentists, care homes, and GPs.
- The clinical director told us the service provided most dental care to patients in the community and only referred them on when they needed treatment that could only be provided in a hospital setting. This was mainly when patients required treatment under general anaesthetic.
- There were clear referral pathways for patients who required treatment under general anaesthetic. Dentists referred patients to the Whittington’s general anaesthetic clinics at North Middlesex Hospital and at The Whittington Hospital. They also referred some patients to The Eastman Dental Hospital, such as adults who required multiple extractions or who were medically compromised, for example patients who had recently received treatment for cancer or who had a tremor.
- A clinical lead told us the service had a protocol detailing referral pathways, which dentists followed.

Access to information

- Staff had access to policies, protocols and best practice guidance on the trust intranet.
- Staff were able to view patients’ electronic records at all locations, and they had access to patients paper records at the location where the patient received care. When visiting patients at home, staff took the patient’s paper record.
- Staff had access to a community patient record system, which they used to check that a patient’s address was up to date, especially children.
- We observed staff asking patients if there had been any changes to their medical history at the beginning of appointments. We also saw a medical history questionnaire that staff sent out to patients with their welcome pack ahead of their first appointment with instructions to complete it and bring it with them. Records we viewed showed that staff recorded this information, including a note where there had been no change in a patient’s medical history, to show that they had checked. This ensured that information was up to date.

Are services effective?

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Staff showed a good level of awareness and understanding of the consent process and assessment of capacity for consent. Dentists knew which consent forms to use in which circumstances, and for which patients. There was consistency in the use of consent forms in the service.
- Dentists obtained appropriate verbal and implied consent during examinations. We observed staff taking appropriate written consent from patients before a wisdom tooth extraction in two consultations. The dentist explained the potential risks and benefits to the patient, and wrote these on a form which the patient signed.
- Staff told us they used a toolkit on their computer system to aid and record consent capacity assessments.

This was based on the Mental Capacity Act 2005. Patient records indicated staff used this assessment tool. Staff also said they had access to best interest assessments guidance on the trust intranet. They gave example of an adult patient who was cared for by a parent and whose capacity to consent was in question. The dentist used the capacity assessment tool and they showed us how this assisted them to conclude that the patient did not have capacity to consent. They also showed us the consent form used which outlined the treatment and the reasons that the patient was deemed not to have capacity to consent. There was a best interests assessment completed with the dentist and the patient's parent. The dentist then carried out the agreed extraction. We reviewed the electronic notes and found that the dentist had recorded each of the processes in detail.



Are services caring?

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

Summary

We rated caring as **outstanding** because:

Feedback about staff from people who use the service and those close to them was consistently positive. Patients were very keen to compliment staff. One patient said about the dentist who regularly treats her, “she’s a lovely dentist, I wouldn’t change her for anyone else”. Another patient who was housebound and suffered from a life-limiting condition said the dentist they saw was “the nicest healthcare professional I have met in my life” and that the dentist “works from the heart”. The patient’s partner added that they would give the service “five stars plus” for the care their partner received. A patient’s mother told us their dentist “goes above and beyond”.

The urgent dental service at Kentish Town Health Centre had a five star rating on NHS Choices (an NHS website with information about services and patient reviews). This was the highest rating possible on the website. Some of the comments from September 2015 were: “Fantastic from start to finish” and “Really good experience today. Was seen very quickly. Dentist and receptionist both very helpful and overall a top quality service!”.

There was a strong patient-centred culture. Staff were highly motivated and inspired to offer care that is kind and promotes people’s dignity. This was supported by the service’s leaders. The clinical director told us the service’s aim was to improve access to care for patients with special care needs from marginalised and vulnerable communities and to support them in accepting dental care.

Compassionate care

- Patients made positive comments about staff without being prompted. One patient said about the dentist who regularly treats her, “She’s a lovely dentist, I wouldn’t change her for anyone else”. Another patient who was housebound and suffered from a life-limiting condition said the dentist they saw was “the nicest healthcare professional I have met in my life” and that the dentist “works from the heart”. The patient’s partner added that they would give the service “five stars plus” for the care their partner received. A patient’s mother told us the dentist “goes above and beyond”.

- Staff showed us thank you cards and letters from patients. Managers passed these on to staff and shared some at team meetings. Staff said some parents who brought children to be treated said they wish they could be seen there themselves too.
- We observed dentists talking to patients and reassuring them during their examination or treatment. They gave anxious patients and those with special needs time to become comfortable and at ease before examining or treating them.
- Staff went above and beyond their duties. For example, staff told us of an instance when a dental nurse collected a patient’s prescription for them as they knew that no one else was able to do it for them.
- Staff told us one of the administrators was exceptionally friendly and helpful to patients and that patients asked after them if they were not there.
- We heard a patient who suffered from anxiety and panic attacks thank a dentist for “being gentle” when they administered the local anaesthetic before a wisdom tooth extraction.
- We observed a dentist helping an elderly patient with putting on and removing the dental goggles, and helping them with their coat.
- Kentish Town Health Centre had a five star rating on NHS Choices (this was the only clinic that the service was able to register on NHS Choices due to limitations of the website). Among others, a comment left by a patient who attended the clinic in December 2015 stated: “Absolutely fantastic! Completely cheered me up, made me feel at ease and did a brilliantly professional job fixing my awful chipped teeth after a nasty fall. Deserves more than 5 stars. From the reception staff, assistants and the dentist, all amazing. Lots of good vibes at this place. Thank you so much”.

Understanding and involvement of patients and those close to them

- We observed dentists keeping patients informed of what they were doing during examinations and treatments, and checking that they were ok.
- Dentists explained potential risks to patients and/or their carers. For example, we observed a dentist performing a wisdom tooth extraction and they



Are services caring?

explained the potential risks and intended benefits to the patient. The dentist wrote these on a form which the patient signed. The dentist also explained the post-operative instructions to the patient and gave them written instructions to take with them.

- Dentists asked patients about their tooth-brushing technique to ensure they were brushing correctly and regularly. They also asked them if they had any problems. We observed a dentist giving an elderly patient positive feedback about their tooth care.
- We observed dentists asking carers about how they were brushing the patients' teeth on two occasions. We also observed them asking about sugar intake, diet and brushing frequency. They included the patients in these discussions too.
- Staff spoke of support a dentist gave to a patient's relative who regularly accompanied them at their dental appointment. The actions of the dentist and the support they gave led to the relative being diagnosed with cancer which had previously gone undetected by their GP. Meeting minutes showed that managers recognised the good practice and praised the dentist for it. We met another relative who told us about this story and said it was an example of the dentist going above and beyond their duties.

- The service scored an average of 96% in the Friends and Family Test across all locations (including the urgent and out of hours dental services and oral surgery) from May to October 2015 inclusive. This meant that 96% of people who completed the survey were likely or extremely likely to recommend the service to a friend or relative. The score was based on 1,769 responses and was slightly better than the national average for community health services which was 95% in October 2015.

Emotional support

- People's emotional and social needs were highly valued by staff and were embedded in their care and treatment.
- Dentists had a good rapport with patients, especially those who they saw regularly. For example, we observed one dentist asking an elderly patient how their shoulder was. We observed another dentist talking to a patient about their recent social events.
- We observed dentists and dental nurses asking about patients' and their families' wellbeing. One dentist knew about a patient's recent hospital visit and asked them how they had been since they were discharged.

Are services responsive to people's needs?

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

Summary

We rated responsive as **good** because:

The service met the needs of people in vulnerable circumstances, for example by providing home visits to patients who were unable to attend clinics. Five dentists were qualified in special care dentistry, trained to provide care to people with a disability or activity restriction that directly or indirectly affects their oral health.

There was an emergency dental service at Kentish Town Health Centre which provided care for patients who required urgent treatment.

However,

The service did not employ administrative or reception staff at two of the locations we visited. This meant that dentists and dental nurses had to answer the phones and occasionally patients had problems with contacting the clinic.

Staff said transport was an issue for some patients as it often arrived late to take them to their appointment or back home after it.

Planning and delivering services which meet people's needs

- The service had a 'short notice waiting list' in case of cancellations. This meant that patients who were eligible or suitable for a short notice appointment could be slotted in earlier than planned if someone cancelled. For example when a patient referred for a wisdom tooth extraction they were treated on the day as the initial assessment because an appointment became available. The patient told us they were very happy with the service and had only had to wait four weeks from the time of referral.
- The service had an emergency dental clinic at Kentish Town Health Centre which was open from 8am to 8pm on weekdays, except for Wednesday when it was open from 8am to 6pm. This was a walk-in service, no appointment was necessary.
- The service sent patients automated appointment reminders via text message. Staff also called some patients the day before their appointment to remind them. This helped patients, parents and carers to remember to attend appointments and also helped to limit the number of appointment that were lost through non-attendance.
- There were hoists available for transferring people who used a wheelchair into the dental chair. There was also a wheelchair platform at Hornsey Rise Health Centre and Kentish Town Health Centre and a bariatric chair at Hornsey Rise Health Centre.
- Staff told us the service sent a welcome pack to all new patients before their first appointment including patients who dentists would make home visits to. The welcome pack included appointment details and a map to the clinic, a medical history form with instructions for the patient to bring it with them to their appointment, information on NHS dental charges, a practice leaflet and a complaints and compliments leaflet.
- There were no administrative or reception staff employed by the trust at Hornsey Rise Health Centre and Holloway. This meant dental nurses and dentists had to answer phones. There were phones in the treatment rooms at these locations which disturbed patient appointments when they rang. Staff said they did not answer when they were seeing the patient. They listened to the voicemail after the patient had left and rang back straight away. A manager told us the lack of administrative staff had a slight impact on the service as dentists and dental nurses had to answer the phones and book appointments. However, they told us most calls were redirected to the head office. Both Hornsey Rise Health Centre and Holloway Community Health Centre had main reception areas run by the centres so if patients needed directing to the community dental service they could ask there. The receptionists did not provide any other services on behalf of the community dental team.
- A patient told us they had difficulties contacting Holloway Community Health Centre to book an appointment and had been unable to get through on two occasions. They said these were in the afternoon and that they were able to get through when they called in the morning.

Are services responsive to people's needs?

Equality and diversity

- The service booked interpreters for patients who required them, or used a telephone interpreting service if they could not get a face-to-face interpreter. The trust complaints leaflet contained information in Greek, Turkish, Spanish, Polish and Bengali. Tynemouth Road Health Centre clinic had a sedation and general anaesthetic information leaflet available in Turkish as staff told us there was a large local Turkish population. However, other leaflets for the community dental services were not available in any language other than English.

Meeting the needs of people in vulnerable circumstances

- The service provided home visits for people who were unable to attend clinic. This included elderly patients with limited mobility and patients who had a physical disability that made it difficult for them to attend the clinic. The trust provided staff with a parking permit to ensure they could park easily when making home visits.
- Five dentists were qualified specialists in special care dentistry. This meant they were trained in providing care to patients with special needs including those with severe physical disabilities, learning disabilities, severely phobic patients and those with mental health conditions.
- The clinical director told us they were proud of the position the service had in the community and of the relationships they had built with other community organisations. This enabled the service to engage with and promote oral health of vulnerable groups, particularly elderly people and people with special needs.
- In an appointment we observed at St Ann's Hospital the dentist showed us "my purple folder" which was a set of notes that the patient kept with them so that they could show it to other relevant people such as their carer or GP. The dentist updated it with their details and the details of the appointment and any treatment.
- A member of administrative staff said they received informal support from a senior dental officer in dealing with patients with special needs.
- The report on the community fluoride varnishing programme in Islington stated that one of the performance indicators was "reducing barriers". The service had developed relationships with outreach and

support workers, volunteer groups and school-home support teams in order to reach the most vulnerable families. The report also stated that improvements would be made in response to feedback: "Based on the previous feedback, the treatment need/referral letter was modified to include Bengali, Somali and Turkish translations of the text to make it easier for parents of these communities".

- A dentist told us they were part of a screening programme at six special needs schools in Islington. The aim of this was to ensure all children assigned to a community dentist and that those who had untreated dental problems were followed up to ensure that they sought treatment.
- Staff at Kentish Town Health Centre told us patient transport was often problematic. The trust outsourced patient transport to a private company. Patients sometimes missed appointments or were late because the transport had not arrived in time, and often waited a long time for their transport back home to arrive. Staff said as a result of these problems they often sent reminders to the transport company. They also arranged appointments so that there was not another appointment straight after one for a patient who required transport. Staff told us they had raised the issue with the trust and that it had been discussed in a meeting in November 2015, also that they were waiting to hear what outcome of those discussions was.

Access to the right care at the right time

- From May to October 2015 all new patients were seen within the required 18 week NHS referral to treatment target. Forty-eight percent were seen within six weeks, 28% within six to 10 weeks and 25% within 10 to 18 weeks. The waiting list for children who required general anaesthetic was longer - from April to September 2015 30% were waiting more than 18 weeks. However, the service had recently responded to this by starting an additional clinic at The Whittington Hospital in September 2015 following discussions with NHS England. Managers told us this had made a big difference and a document showed that the number of patients on the waiting list had reduced since the new service opened. There was an average of 110 patients on the waiting list each month from May to August 2015, which had reduced to 72 by October.

Are services responsive to people's needs?

- Staff said both dentists and nurses would occasionally work late if a patient had arrived late for their appointment.
- Staff told us patients complained verbally about not being able to get a dentist appointment for children after school hours. Staff told us the service had not considered offering later appointments.
- At Kentish Town Health Centre Urgent Dental Service staff told us a dental nurse triaged patients who arrived to ascertain how urgently the dentist should see them. This ensured that the service prioritised patients who were in a lot of pain.
- Senior staff told us they received a few verbal complaints but that they did not record them as complaints. They sometimes reported them as incidents if they felt it to be appropriate. A manager gave an example of a patient who had complained verbally about a dentist's decision regarding their treatment under inhalation sedation. The patient did not want to make a formal complaint but the manager recorded it as an incident and investigated it. The incident log showed they had recorded this.
- A manager gave us another example of when a patient's son had verbally complained and they advised him to contact the PALS department and put the complaint in writing.
- The trust had a policy for logging verbal complaints, however staff we spoke with were not aware of it and did not record verbal complaints. This meant that there was a risk that the service overlooked some patient issues and missed the opportunity to improve the service by analysing common themes and patterns.

Learning from complaints and concerns

- We saw leaflets available in waiting areas and posters on display giving information about the complaints process for patients.
- The number of formal complaints recorded by the service was very low. Senior staff told us the service had received one formal written complaint since January 2015 and the complaint log verified this.



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 well-led as **outstanding** because:

The service had a clear, patient-centred vision which staff were aware of. Leaders had a shared purpose, strived to deliver outcomes and motivated staff.

Leaders of the service worked with other organisations to improve care outcomes and tackle health inequalities.

Staff said they felt well-supported by their managers. One member of staff said they felt “amazingly” well supported. Staff said the trust encouraged and supported them in continuous learning and development.

We observed a strong sense of teamwork across staff of all-levels. Staff were proud of the organisation as a place to work and spoke highly of the culture.

Managers encouraged, listened to and acted on staff feedback, for example when the clinical director heard that staff were unhappy about shifts for the fluoride varnishing programme they addressed the issue and sought to resolve it.

Service vision and strategy

- The clinical director told us the service’s broad aim was to improve access to care for patients with special care needs from marginalised and vulnerable communities, to improve their oral health, to support them in accepting dental care and to provide safe, high quality special care. They told us they felt that the set-up of services and partnerships they had built across local boroughs supported this aim.
- The clinical director told us the vision of the service was well-aligned with the trust’s vision as it was personalised, focused on prevention and addressed inequality.
- Managers and clinical leads had a good knowledge and understanding of the service’s strategy and also were aware of the trust vision.
- Staff were aware of the trust’s vision and some could quote it. They said this was because it came up on their computer screen savers. The trust values were displayed on walls at the clinics we visited.

- Minutes from a staff meeting in June 2015 showed that the clinical director gave a presentation to staff about the new clinical strategy, as well as the reorganisation of the structure of divisions in the trust, confirming that there was not any change for the community dental service as it remained within Surgery.

Governance, risk management and quality measurement

- The service had a clear governance structure. There was a clinical director who also practiced as a clinician, and two clinical leads.
- The clinical director told us they attended divisional and board meetings, and was the only person from community services at Whittington who did. They said the trust looked to the community dental services for good practice, and they had good feedback from the board when they made presentations to them about the service.
- The service had regular meetings including ‘Quality and Performance’ meetings which the clinical director, managers and clinical leads attended. Risks were managed through a good reporting culture and staff discussed risks in these meetings and others. We saw a document containing data relating to the dental key performance indicators including safety and quality targets which the clinical director told us they regularly discussed in the Quality and Performance meetings and submitted the data to the trust.
- The service had a business support manager who was responsible for ensuring that staff carried out the required audits and set deadlines for these. This included health and safety audits, and security audits.

Additional clinical audits were carried out by clinical leads, these included;

- An audit to ensure compliance with national standards of decontamination and infection control including 05 (Decontamination Health Technical Memorandum 01-05: Decontamination in primary care dental practices)
- An audit of the quality of dental imaging which aims to assess diagnostic quality and identify common errors in



Are services well-led?

dental imaging. It is required to conform to legal requirements of IR(ME)R 2000 and to ensure patient safety and best practice. This was repeated every 6-12 months. A document we reviewed stated that the results were reported to individual staff, key themes were presented at team meetings and staff training focused on areas requiring improvement.

- An audit of failed appointments in relation to safeguarding children at Haringey and Enfield community dental clinics. A document we reviewed stated that this was completed in March 2015 and the results and learning shared with staff at a meeting in order to improve practice.
- A “Prospective Audit of Modified Dental Anxiety Scale (MDAS) as predictor of treatment modality”. The aim of this audit was to determine whether reported levels of preoperative anxiety by dental patients can predict the treatment modality they require to finish their dental care. A document stated that this audit was completed in April 2015 and the results were shared with staff.
- An audit of the Hall Technique in the Community Dental Service. A document we saw explained that the Hall Technique is “a minimal intervention, child centred approach to managing carious primary molar”. The aim of the audit was to analyse the outcome of patient care after this technique had been applied. Staff started the audit in February 2015 and the results were due to be presented in June 2016.

Leadership of this service

- Staff told us they felt well-supported by their line-managers. One said they felt “amazingly” well-supported. Staff spoke highly of the service clinical director and said they were supportive and approachable, and had vision. Dental nurses said dentists and senior dental officers were approachable and supportive.
- Staff said they were aware of whom the board members were as their names and photos came up on the computer screen savers and were also on noticeboards.
- Staff said they felt well-supported in terms of training and development. Most dental nurses had additional post-graduate specialist dental qualifications which the trust had encouraged and supported them to achieve. The trust was supporting a manager to complete a

degree in Business Management. One member of staff said opportunities for career progression within the trust were “excellent”. Another said the best thing about the trust was “staff development”.

- Managers told us they regularly received feedback and queries from staff at meetings and by telephone or email. The clinical director said sometimes they heard about staff concerns indirectly, when they “filter through”. A recent example of this was when the clinical director had heard that staff were unhappy with shift arrangements for the fluoride varnishing programme. The clinical director sent an email to staff acknowledging the issue and addressed it with the organisers of the fluoride varnishing program so that shifts could be arranged differently. This is an example of good leadership as it shows that managers listen to, and act on, staff feedback, even when staff have not raised an issue formally. An additional example was when staff were concerned that only some dental nurses were qualified in intravenous (IV) sedation and therefore often had to swap roles in the middle of a clinic. The clinical director said they planned to ensure that all IV sedation appointments were in one clinical session to ensure that they were staffed appropriately.

Culture within this service

- We found there was a strong sense of teamwork in the service and staff were passionate about patient care. Many staff told us they were proud of their team and the work they did. They felt that they provided an excellent service to the patients they treated.
- Staff said they enjoyed working at the service and many had worked there for several years. Newer members of staff who joined within the last two years said they felt as much part of the team as those who had been there much longer. Staff said communication between clinics was good and they felt well-supported by colleagues as well as managers.
- Staff said there was a good atmosphere in the service, and we found this to be the case in the clinics we visited. We observed good rapport between staff of all levels.
- Staff said they and their colleagues would always “go the extra mile”. An example of this was nurse going to different clinics to collect equipment when there was a problem.
- Staff said they felt part of the trust as a whole. They said they received good communication from the trust such as emails, and had access to information on the



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intranet. One member of staff said they felt like “a Whittington employee”. They felt that the trust supported them with training. They also attended meetings at the Whittington Hospital such as the bi-annual ‘All-Staff’ meeting for all community dental services staff.

- Staff turnover was low. Staff told us dentists only tended to leave in order to further their career, and that nurses only tended to leave for reasons such as retirement or moving away.
- Staff said they felt they were all treated equally.

Public engagement

- The Friends and Family Test was available for patients to complete on tablet computers at each clinic. However, the one at Tynemouth Road Health Centre was out of order when we inspected, and staff said it had been since October 2015.
- The fact that the Friends and Family Test was only available on a tablet meant that staff had to hand the tablet to patients to complete and this potentially limited the response rate.
- Staff told us they tried to encourage patients and their relatives or carers to complete the Friends and Family Test. We saw staff giving patients the computer tablet with the survey on it at the end of their appointment.

Staff engagement

- The service held regular staff meetings and staff told us they felt able to raise concerns.

- Staff told us managers recorded patient compliments and passed them on to the relevant staff member. Managers shared feedback from the Friends and Family Test with staff at meetings and November’s results were displayed on walls at the clinics we visited.
- Managers congratulated staff for achievements during team meetings. For example minutes from a meeting in June 2015 showed that a dentist was congratulated for the completion of a diploma in paediatric dentistry.

Innovation, improvement and sustainability

- Staff had created a dietary advice sheet for patients based on oral health promotion advice and the advice that dentists at the surgery gave verbally to patients.
- The clinical director told us they wanted to improve waiting times and access to oral surgery by opening a Saturday clinic at Holloway. They said this would be a good use of resources and there were staff who wanted to work on Saturdays. It took several months before the trust approved this. Emails showed that the business support manager sent the request to the trust in June 2015. Staff from the dental service chased this up in October 2015 and got approval in November 2015. This is a good example of staff trying to improve services; however, they felt that the trust response caused a delay.
- The clinical director said they were interested in non-pharmacological ways of improving access for anxious and phobic patients. They said they had spoken with colleagues in psychological therapies about the possibility of dental nurses training to provide talking therapies to reduce the number of patients requiring sedation.