Birmingham Community Healthcare NHS Trust

RYW

Dentistry

Quality Report

3 Priestley Wharf,
Holt Street,
Birmingham,
B7 4BN
Tel: 0121 466 6000
Website: bhamcommunity.nhs.uk

Date of inspection visit: 23-27 June 2014
Date of publication: 30/09/2014

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

Summary of findings

Ratings

Overall rating for Dental Services	Good
Are Dental Services safe?	Good
Are Dental Services effective?	Good
Are Dental Services caring?	Good
Are Dental Services responsive?	Good
Are Dental Services well-led?	Good

Summary of findings

Contents

Summary of findings

Overall summary

The dental services directorate had an open culture and encouraged the reporting of incidents, accidents and near misses. However; staff highlighted concerns regarding the decontamination process and cleanliness and the management of cleaning at Birmingham Dental Hospital. The dental services directorate and the trust were aware of these concerns, had addressed some of them and continued to monitor these issues.

Dental services focused on the needs of patients to ensure their care was effective and in line with best practice. However; staff raised concerns with us regarding the IT system used to record patient information and notes in the combined community dental services. A working group had been established to address and improve the reliability, functionality and sustainability of the IT system.

Patients and their representatives were mostly positive about the care they had received. We observed that patients were treated with dignity and respect whilst receiving treatment. However, some told us they found it difficult to get an appointment or to contact the Birmingham Dental Hospital by telephone.

The dental services directorate was responsive to the needs of patients, including the needs of specific groups of patients with more complex dental care needs.

The trust's dental services directorate was well-led. Staff told us they felt valued, listened to and supported in their roles and that managers, both within the dental service and the trust, were approachable and visible. Staff we spoke with and observed were passionate and proud of the care they provided to patients in the Birmingham Dental Hospital and combined community dental services.

Summary of findings

Background to the service

Birmingham Community Healthcare NHS Trust provides dental services at the Birmingham Dental Hospital and in the community in Birmingham and the West Midlands region, including Warwickshire, Staffordshire, Worcestershire, Shropshire and Herefordshire, across a population of approximately 2 million people.

The range of services provided include:

- Special care dentistry
- General anaesthesia
- Inhalation sedation and intravenous (IV) sedation.
- Paediatric dental services
- Minor oral surgery
- Dental services in secure units
- Prison dental services
- Home visits
- Oral health promotion and prevention programmes

Birmingham Dental Hospital provides undergraduate teaching and postgraduate dental training, secondary and tertiary specialist dental care.

During our inspection we visited combined community dental services in Birmingham, Sandwell and Dudley.

We spoke with patients who used the service, their relatives and carers who were supporting patients during their visit. We spoke with staff at the Birmingham Dental Hospital and combined community dental services, which included the Dental Services Directorate Manager, Clinical Lead, dentists, dental nurses, student dentists, dental nurses and receptionists.

Our inspection team

Our inspection team was led by:

Chair: Dr Cheryl Crocker, Director of Quality and Patient Safety, Nottingham North and East Clinical Commissioning Group

Head of Inspection: Adam Brown, Care Quality Commission

The team included CQC inspectors, and a variety of specialists; School Nurse, Health Visitor, GP, Dentist, Nurses, Therapists, Senior Managers, and 'experts by experience'. Experts by experience have personal experience of using or caring for someone who uses the type of service we were inspecting.

Why we carried out this inspection

Birmingham Community Healthcare NHS Trust was inspected as part of the second pilot phase of the new inspection process we are introducing for community health services. The information we hold and gathered about the provider was used to inform the services we looked at during the inspection and the specific questions we asked.

How we carried out this inspection

To get to the heart of patients' experiences 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?

The inspection team always looks at the following core service areas at each inspection:

1. Community services for children and families – this includes universal services such as health visiting and school nursing, and more specialist community children's services.

Summary of findings

2. Community services for adults with long-term conditions – this includes district nursing services, specialist community long-term conditions services and community rehabilitation services.
3. Services for adults requiring community inpatient services
4. Community services for people receiving end-of-life care.

Before visiting, we reviewed a range of information we hold about Birmingham Community Healthcare NHS Trust and asked other organisations to share what they knew about the provider. We carried out an announced visit between 23 and 27 June 2014. During our visit we held focus groups with a range of staff (district nurses, health visitors and allied health professionals). We observed how people were being cared for and talked with carers and/or family members and reviewed personal care or treatment records of patients. We visited 46 locations which included 13 community inpatient facilities and the dental hospital. The remaining locations included various community facilities. We carried out an unannounced visit on 27 June to one of the inpatient units.

What people who use the provider say

We received a range of comments by patients both before and during the inspection. The majority of comments from patients were positive about their experiences of dental services, and patients felt there was enough time given for their appointments. However some negative comments were made regarding the approach of some staff at the dental hospital, who patients did not feel were as helpful as they could be.

Good practice

- On-going work to provide dental services to specific groups of patients, often with complex needs.
- Combined community dental services provided cognitive behaviour therapy (CBT) to anxious patients in order to help them overcome their long-term anxieties.

Areas for improvement

Action the provider MUST or SHOULD take to improve

- Appropriate decontamination processes and measures should be put in place and the effects audited to demonstrate improvement in practice.
- Occupational health services should be reviewed to ensure effective access for all staff.
- Further action should be taken to ensure that access times are reduced where they in excess of referral to treatment time targets.
- Improve the telephone system at the Birmingham Dental Hospital in order for patients to be able to access clinics and appointments information in a timely manner.
- The trust should complete recruitment processes to fill vacancies across the organisation including administrative support staff.
- Address and mitigate the risks identified with the R4 patients' record system in combined community dental services.

Birmingham Community Healthcare NHS Trust

Dentistry

Detailed findings from this inspection

The five questions we ask about core services and what we found

Good

Are Dental Services safe?

By safe, we mean that people are protected from abuse

Summary

Staff told us there was an open culture of reporting not only incidents which had occurred but also 'near miss' incidents. Emergency equipment was readily available at the Birmingham Dental Hospital and combined community dental services clinics. We found safeguarding procedures were in place and were effective.Staff raised concerns with us regarding the IT system used to record patient information and notes in the combined community dental services. A working group had been established to address and improve the reliability, functionality and sustainability of the IT system.

Staff highlighted concerns regarding the cleanliness and the management of cleaning at the hospital and concerns with the decontamination process at the Birmingham Dental Hospital. The dental services directorate and the trust were aware of these concerns, had addressed some of these concerns and continued to monitor these issues.

Detailed findings

Incidents, reporting and learning

Staff reported incidents using the trust incident reporting system, Datix. Staff from departments in the Birmingham Dental Hospital and in the trust's combined community dental services said they were encouraged to report incidents by their managers and had access to the online incident reporting form. Staff told us there was an open culture of reporting not only incidents which had occurred but also 'near miss' incidents. These are incidents which had not occurred but risks had been identified as a result of the 'near miss' incident. Staff told us incidents were discussed and learning from incidents was shared.

Between December 2012 and our inspection, the dental services directorate reported four incidents of wrong tooth extraction and one incident where a late referral of a patient led to a delay in the detection of oral cancer. Two of these incidents were classed as never event incidents. Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. The two never events had taken place in February and December 2013, one at the dental hospital and the other a community clinic. Senior managers within dental services had investigated,

Good

Are Dental Services safe?

reported upon and made recommendations following the never event. Staff told us feedback and learning specifically related to the never events had been shared with them. We found staff had implemented the actions required to improve practices and to learn from the outcomes of the never event.

Senior managers confirmed that there were ongoing lessons to be embedded and actions that required further work. These included clarification and agreement of supervision levels relating to dental students who worked in the Birmingham Dental Hospital, further development of World Health Organisation (WHO) surgical checklists for treatments under local anaesthetic and the development of standard documentation to improve communication between departments and services.

We did not receive concerns regarding the safety of the trust's dentistry provision or individual dentists employed by the trust from other regulatory bodies.

Cleanliness, infection control and hygiene

Clinical areas in the Birmingham Dental Hospital and in dental practices within the trust's combined community dental services were clean and free from dust. Hand gel dispensers were located throughout clinical areas and were accessible by patients and visitors. We saw that sharps bins were available in all hospital and community based dental services, all were dated and signed and none were overfull. Services had arrangements in place with contractors for the disposal of dental waste such as extracted teeth, amalgam, radiological waste, sharps and other products.

However; staff we spoke with at the Birmingham Dental Hospital told us of their concerns regarding cleanliness and the management of cleaning at the hospital. Senior management had informed us that external cleaning staff had recently been contracted to clean within the Birmingham Dental Hospital. A member of staff at the dental hospital told us that there had been additional external cleaning staff for the previous three to four weeks prior to the inspection, and were concerned that the number of cleaning staff would reduce.

The decontamination procedures for dental instruments and equipment at Birmingham Dental Hospital were contracted via an external company and the contract was managed on behalf of the trust through a Pan West Midlands decontamination consortium group. Dental instruments and equipment were cleaned, decontaminated and sterilised off site before the contractor returned instruments and equipment to the hospital.

Some staff raised concerns with us, and felt that the service was not always reliable. We discussed this with senior members of the clinical team who confirmed that fifteen items had been returned to the hospital in the last three years which had tested positive for the presence of bacteria after the decontamination process had been completed. The external contractor had reported on each of the fifteen items to the trust. Senior members of the clinical team also confirmed many more items had been returned which had been visibly dirty after the decontamination process had been completed. They told us they were concerned about the decontamination process and the potential for elevated risks, particularly in relation to dental instruments and equipment at the hospital. Staff told us they rigorously and routinely checked dental instruments and equipment returned from the external contractor before use in dental procedures.

Senior members of the clinical team had raised and reported their heightened concerns regarding the decontamination process via the trust's internal governance reporting structures and via the Pan Birmingham decontamination consortium group. We spoke with members of the dental services directorate and the hospital's senior management team regarding these concerns; they acknowledged the increased concerns reported by senior members of the clinical team. They confirmed the external contractor had met the decontamination consortium contractual requirements for the decontamination process for dental instruments and equipment at the hospital. We saw reports from the external contractor which showed they had met their contractual requirements. Dental services directorate staff told us they continued to report incidents of dirty or damaged dental instruments and equipment. We saw exception reports completed by the external contractor following incidents of dirty or damaged dental instruments and equipment. Members of the dental services directorate and the Dental Hospital senior management team confirmed the trust would continue to monitor the completion of decontamination procedures by the external contractor.

Good

Are Dental Services safe?

We visited six locations within the trust's combined community dental services, in Birmingham, Sandwell and Dudley. The clinics in Dudley used an external contractor who collected dental instruments and equipment which were cleaned, decontaminated and sterilised off site before the contractor returned decontaminated instruments and equipment. Staff at the Dudley community dental clinics told us the decontamination process via the external contractor worked well; we saw that checks and audits were completed by the clinics. The external contractor for decontamination processes used by community dental clinics in Dudley was not the same contractor used by the Dental Hospital.

The community dental clinics in Birmingham and Sandwell had on site designated decontamination rooms. Three of the four community dental clinics in Birmingham and Sandwell had a decontamination room which was shared between the treatment rooms within each clinic. We spoke with staff and reviewed the arrangements for infection control and decontamination procedures. Staff were able to demonstrate and explain in detail the procedures for cleaning and decontaminating dental instruments and equipment. Following sterilisation, all instruments were stored in pouches and dated in line with best practice. We saw that checks and audits were completed at each clinic. We saw that decontamination processes were undertaken and managed safely within each of the clinic's decontamination rooms.

The community dental clinic based at Stockland Green Health Centre shared premises, including two decontamination rooms, with a general dental practice which was not part of the trust. Staff from the trust and the general dental practice shared the use of one of the decontamination rooms to clean and decontaminate instruments and equipment and used the second room for sterilisation procedures. Staff from the trust were able to identify which areas of both decontamination rooms and equipment was used by trust staff and which were used by staff from the general dental practice. However; this was based on staff knowledge and experience, and decontamination rooms and equipment were not clearly labelled and identified as being for the use of trust or general dental practice staff only. Whilst we were not aware of any negative impact as a result of this, patients could not be fully assured that new, bank or agency staff for the trust or general dental practice would be aware of the specific areas or equipment to be used in each of the shared decontamination rooms.

Maintenance of environment and equipment

Dental nurses working at Birmingham Dental Hospital and combined community dental services clinics were responsible for cleaning the treatment rooms and patient bays at the start and end of each day. The work surfaces, chair and light were cleaned in between each patient. There were daily check lists in place, which were signed as evidence that these had been cleaned and checked.

Legionella testing was done by the trust's estates department. We saw certificates which demonstrated this had been done. In addition, dental clinics had checklists, which were completed and signed daily to ensure taps were run and toilets were flushed regularly to ensure the legionella bacteria did not have the opportunity to thrive in standing water.

At the community dental clinic based in the Aston Health Centre, we saw one of the treatment rooms had a suction tube connected to the dental chair which had a tear in the tube. The suction tube was used to remove contaminated materials while treatment was delivered to patients. Staff told us this fault had been reported to the trust estates team, we saw details of the fault had been reported before our inspection but the suction tube had not been repaired or replaced at the time of our inspection. Staff told us they expected the trust estates team to repair or replace the suction tube imminently.

Medicines

Emergency equipment was readily available at Birmingham Dental Hospital and combined community dental services clinics. Emergency equipment included medicines, oxygen and defibrillators. We saw that audit checks had been carried out regularly, to check on the expiry dates of the medicines and equipment.

Medicines were stored correctly in locked cupboards or fridges where necessary. Controlled drugs were stored in separate, locked cupboards. Medicines had been regularly audited; all the medicines we checked were within their expiry dates. We found medicines were correctly stored and administered.

We saw that fridge temperatures were mostly recorded daily and the temperatures were within the recommended

ranges to ensure that medicines remained effective. However; at the community dental clinic based at Stockland Green Health Centre we found that the room temperature readings had regularly been above 25oC and the room used to store medicines, including emergency medicines, had limited ventilation facilities. We discussed the room temperatures and ventilation with staff at the Stockland Green Health Centre and highlighted the potential risk that medicines stored at incorrect temperatures would be less effective when administered.

Safeguarding

Staff were aware of the procedures to refer safeguarding concerns to safeguarding teams within the local authorities and had access to safeguarding information on posters displayed at the Birmingham Dental Hospital and combined community dental services clinics and via the trust website.

We found safeguarding procedures were in place and were effective. Trust staff told us they were encouraged to raise and report any actual or potential safeguarding concerns. Staff were aware of safeguarding procedures and what may constitute a safeguarding concern. Staff we spoke with were able to describe incidents where they had made safeguarding referrals for both adults and children who used the trust's dental services. The overall, average percentage of directorate staff who had completed training in safeguarding adults level 1 was 94% (Birmingham Dental Hospital staff percentage was 93%; combined community dental services staff percentage was 95%). The overall, average percentage of dental services directorate staff who had completed child protection level 1 safeguarding training was 96% (Birmingham Dental Hospital staff percentage was 94%; combined community dental services staff percentage was 97%).

Records

Patients' records were mostly in an electronic format for combined community dental services clinics. We found information on patients' records included essential information, for example medical histories and treatment plans and evidence of discussions between the dentist and the patient and or parent/carer.

We spoke with community dental services staff about the electronic patient records system, R4, which was used by staff across all of the trust's community dental clinics. Staff told us their biggest concern was that the R4 electronic patient record system had not always provided a consistent, reliable and effective system for the recording and retention of patient information. The dental hospital does not currently use the R4 system for patient records but we were told that the system will be implemented when the hospital relocates to a new site in 2015.

Dental services directorate senior managers confirmed that the R4 system had been identified as a risk at both directorate and divisional levels and had been monitored via the relevant risk registers. They also confirmed there was a working group which reported issues related to the R4 system, and liaised and worked with the trust's IT department to address identified issues. The chair of the working group confirmed issues were being addressed and slight improvements had been made but work remained on-going across the trust's community dental clinics in relation to the R4 system. The R4 system was included in the dental services directorate risk register, which was monitored regularly.

Directorate senior managers confirmed that plans were being progressed for the implementation of the R4 system in the new Birmingham Dental Hospital. The plans included the same project manager for the implementation of R4 within community dental services managing the implementation of R4 in the new dental hospital, in order to utilise and benefit from their previous knowledge and experiences.

The Birmingham Dental Hospital did not hold patients' records electronically and the majority of these records were paper based. We found records were generally well maintained. We looked at three patient records and found that staff had assessed patients' individual needs and documented information relevant to their care and treatment. Dental services directorate and the Birmingham Dental Hospital senior management team members confirmed that the Birmingham Dental Hospital would be relocated to another area in the city in 2015 and plans were in progress for the implementation of electronic patient records at the new Birmingham Dental Hospital.

Adaptation of safety systems for care in different settings

The dental service offered a domiciliary (home visiting) service for those who were not able to attend the surgeries, for example people who were housebound because they were infirm, or had profound disabilities. Staff told us there were procedures which they followed to ensure patients

Good

Are Dental Services safe?

were assessed for their suitability to receive domiciliary dental services and that domiciliary visits were planned to maintain safe provision of dental services in patients' homes and staff safety.

Assessing and responding to patient risk

Apart from the dental access centres, the service offered a full range of NHS dental services to vulnerable groups who met acceptance criteria and had been referred by a health or social care professional. These included people who required either inhaled or intravenous (IV) sedation and anxious patients who required specific treatment available from the trust's dental services.

Inhaled sedation was available at all the Birmingham Dental Hospital and combined community dental services clinics. Inhaled sedation could be titrated, whereby the mix of nitrous oxide and oxygen could be altered. This meant that sedation could be altered, to ensure a safe amount of sedation was administered according to the patient's individual needs.

The trust utilised the World Health Organisation's 5 steps to safer surgery, and we observed the surgical safety checklist being utilised for a local anaesthetic procedure.

Where intravenous (IV) sedation was available within the trust's dental services, patients were assessed for their suitability to undergo IV sedation. All the nurses and dentists who undertook these procedures had comprehensive training to do so. The patients requiring sedation were treated at pre-determined times only on a dedicated list in the presence of a specialist dentist and nurse. This meant patients were appropriately assessed and treatment given according to their dental, physical and psychological needs.

Staffing levels and caseload

We were informed that there were vacancies for dentists and dental nurses at the Birmingham Dental Hospital. Staff told us the recruitment processes had been slow and they felt the planning and management of staff recruitment at the Birmingham Dental Hospital had not always been completed in a timely way. Staff told us there were not always enough dental nurses to provide a dental nurse dedicated to every dentist or student dentist working in different clinics at the hospital. Senior dental services directorate staff confirmed recruitment was on-going for both dentists and dental nurses at the Birmingham Dental Hospital. Where there were gaps in staffing, current staff worked overtime shifts, bank and agency staff were also used to address staffing levels.

The dental services directorate team also confirmed there were vacancies in the medical secretaries team at the dental hospital which was having a negative impact on the speed with which letters to patients and their general dental practice dentists and/or GPs were being delayed. This had been identified at both directorate and divisional levels as a risk and had been added to the relevant risk registers. Additional agency staff had been employed to reduce the backlog of patient letters however; vacancies within the medical secretariat remained.

Managing anticipated risks

The trust's staff occupational health system was managed by an external contractor. Staff within the dental services directorate, including Birmingham Dental Hospital and combined community dental services staff, expressed their concerns about the implementation and operational management of staff occupational health. Staff in community dental services clinics told us that they had not received information on how to access the trust occupational health system when the external contract provision of the service started. We saw that staff had now received this information, which was available to staff in the clinics we visited.

We were told by senior dental services directorate staff that they had not been included as a staff group during initial consultations regarding the provision and management of staff occupational health within the trust. Staff based at combined community dental services clinics told us an incident had occurred where a staff member sustained a sharps injury but the staff member affected and colleagues were uncertain of the correct processes to follow to report and manage the incident. Staff confirmed that they had now received information and further guidance on the process for reporting incidents, including sharps injuries, which needed occupational health support.

Good

Are Dental 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

Care was given according to available evidence of best practice. The majority of patients we spoke with were happy with their treatment or their relative's treatment. We saw that audits were regularly completed. Staff throughout the trust's dental service reported that they were supported and encouraged to attend training, including mandatory training and specialist training related to their individual roles.

We found there was obvious and apparent mutual respect between staff in different roles and teams.

Detailed findings

Evidence based care and treatment

Care was given according to available evidence of best practice, for example the use of guidance from the National Institute for Health and Care Excellence (NICE), British Dental Association (BDA) and General Dental Council (GDC). Staff were aware of current guidelines and best practice in relation to the provision of dental treatment and care.

Pain relief

Local, inhaled or intravenous pain relief was administered according to the treatment and the setting where the treatment took place. The dentists gave verbal advice following treatment. Advice leaflets were available, which gave advice on pain relief for when the patient returned home.

Effective care and patient outcomes

The majority of patients we spoke with were happy with their treatment or their relative's treatment. We looked at three patient records in the Birmingham Dental Hospital and five patient records from the combined community dental services clinics we inspected. We found that patient records contained information relevant to the effective delivery of care and were updated during and following patient appointments. We saw that medical history questionnaires were completed but noted that these were not always signed by the patient or their representative.

Staff completed World Health Organisation (WHO) surgical safety checklists for procedures including tooth extractions. We saw that WHO checklists were fully completed by staff performing procedures at the Birmingham Dental Hospital. Overall for between January and March 2014, there was 93% to 100% compliance for the completion of WHO surgical safety checklists for day stay and chair procedures and quarterly audits were continuing for 2014-2015.

Community dental services senior clinical team members confirmed that assessment and acceptance criteria for patient referrals to the service were being reviewed and amended in order to provide the most appropriate and effective referral pathways for patients requiring access to community dental services.

They also told us changes had recently been made regarding the children's general anaesthetic (GA) extraction service. We were told that children now routinely had two appointments; a first assessment and then treatment at a later date, which might be a few days or weeks later. Staff told us the new assessment and treatment process would be monitored and patients surveyed over a period of time to evaluate its effectiveness.

Performance information

We saw that audits were regularly completed, including audits on radiography, medicines, cleaning and fridge temperatures. The dental services lead clinical team at the Birmingham Dental Hospital confirmed the General Dental Council had recently completed their inspection of the hospital, with particular regard to the provision of dentist training at Birmingham Dental Hospital. The clinical team confirmed the report had not been published at the time of our inspection and was due to be published within the next few months.

Competent staff

Clinical staff in the dental services directorate, including dentists and dental nurses, were registered with the General Dental Council, (GDC.) The GDC is an organisation which regulates dental professionals in the UK.

Staff throughout the trust's dental service reported that they were supported and encouraged to attend training, including mandatory training and specialist training related to their individual roles. Records confirmed that most staff were up to date with their mandatory training. Staff told us

Good

Are Dental Services effective?

they participated in continuing professional development, (CPD) in line with GDC requirements, and were actively encouraged to take part in audits and further professional development. Staff confirmed they attended annual appraisals with their line managers but also had the opportunity to speak with their managers should they wish to highlight concerns or discuss their professional development between appraisals. All of the staff we spoke with at the dental Hospital and community dental services clinics told us learning and development was a high priority within the directorate and they felt they had benefitted from the training opportunities provided by the trust.

Community dental services staff at all the clinics we inspected told us they attended regular learning and development days which focussed on specific areas related to the community dental service. Staff told us these meetings were rotated around the trust's four areas which provided community dental services. Staff confirmed they found the meetings useful to co-ordinate the services provided by the combined community dental services teams and to collaborate, share and learn from best practice across the community dental teams.

Use of equipment and facilities

Treatment rooms at the dental hospital and community dental services clinics had x-ray facilities. Not all of these were integrated into the treatment room and where these were not integrated into the room, staff had access to mobile x-ray facilities or x-ray machines located near to clinical treatment rooms. We saw that local guidelines related to x-ray procedures were displayed in accordance with national guidance. However; dental treatment rooms at the Aston Health Centre, where mobile x-ray facilities were used in the rooms, did not have any local guidelines on x-ray procedures displayed. There was a potential risk that staff were not able to easily and readily access local guidelines related to x-ray procedures.

Multi-disciplinary working and working with others

We spoke with staff in clinical and non-clinical roles throughout the trust's dental services directorate. We found there was obvious and apparent mutual respect between staff in different roles and teams. Staff told us there were good working relationships between different professional groups and specialty teams. Most staff were positive about the multi-disciplinary team approach to patient care. They told us they were able to deliver effective care in their individual roles and as a part of the trust's dental services.

Staff within the dental services directorate worked in partnership with other primary and specialised dental services to ensure an effective and patient focused service. Staff we spoke with were able to explain the procedures for screening and making referrals to other specialists outside of the community dental service.

We also saw effective working practices between staff at the dental hospital and Birmingham Children's Hospital regarding management and care provision for children.

Good

Are Dental Services caring?

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

Summary

Patients and their representatives were mostly positive about the care they had received. We observed that patients were treated with dignity and respect whilst receiving treatment. Patients and their relatives told us that they were involved in their care where appropriate.

During our inspection we heard and observed excellent interactions between staff and patients at all the locations we visited, including the Birmingham Dental Hospital and combined community dental services.

However, some told us they found it difficult to get an appointment or to contact the Birmingham Dental Hospital by telephone.

Detailed findings

Compassionate care

Most of the patients we spoke with during our inspection made positive comments about the service. However; some patients told us they had not had such positive experiences. The dental services directorate teams at local and directorate level were aware that some patient feedback had not been positive, especially in relation to staff attitudes at the Birmingham Dental Hospital which had been reported by patients. This was being monitored by dental services directorate staff and the trust patient experience team. Information was fed back to individual staff and teams in order for staff to learn from and endeavour to provide more visibly compassionate care.

During our inspection we heard and observed excellent interactions between staff and patients at all the locations we visited, including the dental hospital and community dental services. We witnessed the caring, compassionate attitude and approach taken by members of the trust's dental services teams in delivering care to their patients.

Dignity and respect

We observed that patients were treated with respect and dignity. We saw that patients were able to discuss their concerns or anxieties regarding their individual treatments in confidence with relevant members of the trust's dental services teams.

Patient understanding, involvement and consent

Patients and their relatives told us that they were involved in their care where appropriate; they told us that treatment options were discussed with them before any treatment was started.

Guidance was available for staff in relation to consent. The dental service provided care, treatment and support to a large number of vulnerable patients who lacked capacity to make decisions about their treatment. The trust's consent policy provided clarity for practitioners working within the service. Clinical records we saw provided evidence that the capacity of patients had been taken into consideration when assessing new patients and obtaining consent or agreement for treatment.

We observed the processes staff followed to obtain consent for dental treatments, including for children for whom consent was sought from their parents or legal guardians. We saw that consent forms were completed appropriately and contained relevant information, signatures and dates to complete the consent process.

Emotional Support

The community dental services provided cognitive behaviour therapy (CBT) to anxious patients in order to help them overcome their anxieties related to their dental treatments. CBT was delivered by trained dental nurses who had completed additional training in CBT techniques. CBT therapy was used to improve the longer term needs of patients who were extremely anxious about their dental health care. Staff told us the CBT programme had been very successful in treating patients.

Good

Are Dental Services responsive to people's needs?

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

Summary

Staff in community dental services also told us about their on-going work to provide dental services to specific groups of patients, often with complex needs. This included patients with learning difficulties, patients who were in secure units or prisons in the local region, patients who needed domiciliary dental care in their own homes and patients who were homeless or had no fixed abode.

Every effort was made to accommodate patients who needed to be seen urgently, patients who required urgent, emergency care and treatment were often fitted into an appointment with the relevant clinician at Birmingham Dental Hospital or the community dental services clinic the patient had attended.

Of the 12 access targets including referral to treatment times (RTT), the trust met 10 of its 12 targets as at May 2014.

We saw evidence of integrated working between community dental services and other organisations for example other health care services, including local dental surgeries, social workers, and schools.

Detailed findings

Service planning and delivery to meet the needs of different people

Patients were referred to the dental hospital and combined community dental services for short-term specialised treatment and longer term treatments to meet their dental health care needs. On completion of treatment, patients were discharged to their own dentist so that ongoing treatment could be resumed by the referring dentist. Referral systems were in place, should patients require referral onto other services such as orthodontic or maxillofacial specialists.

Senior clinical staff in community dental services told us a new special care needs pathway was being completed in order to revise and improve the access to dental services for patients with special care needs.

Staff in combined community dental services also told us about their on-going work to provide dental services to specific groups of patients, often with complex needs. This included patients with learning difficulties, patients who were in secure units or prisons in the local region, patients who needed domiciliary dental care in their own homes and patients who were homeless or had no fixed abode. In particular, dental services were provided on a regular basis to homeless and transient patient populations in the Birmingham area by a dedicated team of dentist and dental nurse, though at present staff numbers were limited to two and there were no contingency plans in place should these staff not be at work.

Equipment and Facilities

Most patient waiting areas at the dental hospital and community dental services clinics were adequate for wheelchair access and access to disabled toilets on site. However; the community dental clinic based at the Central Clinic Dudley was more restricted for wheelchair and disability access in the waiting room. The community dental clinic based at the Central Clinic Dudley was the oldest clinic we visited within the trust's community dental services. The treatment rooms at this clinic had appropriate equipment in place for the effective delivery of dental treatments however the building and premises had not been regularly and routinely maintained.

The telephone system at the dental hospital was raised as an issue by patients during our inspection and had previously been commented upon by patients via feedback directly to the trust and NHS Choices website. Patients repeatedly told us that it was difficult to contact the dental hospital by phone to access specific clinics or discuss appointment availabilities. Senior managers were aware of this issue, which had been added to the directorate and divisional risk registers and actions had been identified to help resolve the issue. They also told us that work was underway to improve the telephone system at the dental hospital. This included a facility for patients ringing the dental hospital to hear an engaged tone if their call could not be answered because the system was at full capacity rather than their call ringing out without being answered.

We noted there were limited facilities and resources available for children and younger patients while they waited for their appointments at the dental hospital and community dental services clinics. Most areas we visited had magazines which adult patients could read while waiting for their treatment but did not have anything

available for children and younger patients. We did see colouring books and crayons were made available to children waiting for appointments at the community dental clinic based at the Oldbury Health Centre in Sandwell.

Access to care as close to home as possible

The trust's dental services provided dental care and treatment to patients in Birmingham and the West Midlands area at the Birmingham Dental Hospital and combined community dental services clinics based in various locations in Birmingham, Sandwell, Dudley and Walsall.

Where patients required treatment from dental services professionals at the Birmingham Dental Hospital, patients were required to attend the hospital for their appointments. If patients were able to receive dental treatment from community based services, they were offered appointments in community dental clinics located close to their own homes. Staff in the Dudley community dental clinics also told us patients were offered earlier appointments at community dental clinics within their local region, but which may not be their nearest clinic. This meant patients had the choice to attend local area dental clinics in the community at earlier appointment dates or they could choose to wait for appointments at dental clinics closer to their homes.

Staff also confirmed that more clinicians who were usually based at Birmingham Dental Hospital were working from combined community dental services clinics in order to provide treatments closer to patients' homes and in their local communities.

Access to the right care at the right time

Every effort was made to accommodate patients who needed to be seen urgently, patients who required urgent, emergency care and treatment were often fitted into an appointment with the relevant clinician at Birmingham Dental Hospital or the community dental services clinic the patient had attended. The waiting times for these patients was often longer because their treatment was not part of a planned appointment process. Staff told us they explained to patients requiring urgent attention that their waiting time may be increased and kept them updated regarding their urgent appointment.

Of the 12 access targets including referral to treatment times (RTT), the trust met 10 of its 12 targets as at May 2014, including cancer referrals, admitted and non admitted pathways, oral medicine, prosthetics, periodontics, oral surgery and restorative procedures. Oral surgery dipped below the 95% target for two months in October and November 2013, due to vacancies, which had been filled. Paediatrics services had not met the 95% target between August 2013 and May 2014. The trust had plans in place to resolve this issue which was due to insufficient capacity to meet the demand on the service and were recruiting a full time locum consultant with a planned RTT compliance date of September 2014.

With regard to orthodontic services although the trust was hitting its RTT targets between September and December 2013, since January 2014 this had not been the case. This was due to a variety of reasons, the retirement of a consultant orthodontist, vacancies in fixed term trainee appointments, and a lack of capacity to meet demand. There were plans in place including recruitment to vacancies, and an additional part time consultant, priority of treatment and additional sessions on a Saturday to bring performance back up to 95%.

Meeting the needs of individuals

We saw evidence of integrated working between community dental services and other organisations for example other health care services, including local dental surgeries, social workers, and schools. The service worked with a range of other groups including young children; teenagers; adults; vulnerable people and other health professionals to deliver better oral health in accordance with evidence based practice.

Information leaflets were available for patients but we noted that these leaflets were not readily available in other languages from community dental services clinics. The localities in which community dental services provided dental care and treatment had a high proportion of patients whose first language was not English. We asked staff how patients whose first language was not English accessed information on dental services. Staff told us that many patients were accompanied by relatives who translated for them or staff working in combined community dental services were able to speak the same languages as patients and could also translate for these patients.

We were told that interpreters could be booked for patients whose first language was not English and attended appointments with these patients when required. We observed one such appointment, with the patient's

Good

Are Dental Services responsive to people's needs?

consent, and saw that the interpreter was able to provide information throughout the patient's appointment for the benefit of the patient and staff at the dental clinic. Some staff were also aware of the availability of telephone interpretation services which meant staff could access interpretation and translation services more easily.

Promotion of self-care

The trust website provided information about services provided by the dental hospital and community dental services.

Information leaflets on a variety of topics related to dental care and hygiene were widely available. This meant patients had access to information about their own dental health needs and appropriate guidance on how to provide care themselves.

Complaints handling (for this service) and learning from feedback

Information on how to contact the Patient Advice and Liaison Service (PALS) and how to make complaints to the trust were available at the Birmingham Dental Hospital and combined community dental services clinics.

Before our inspection we saw many patient comments and feedback which had been posted on the NHS Choices website for the Birmingham Dental Hospital. Many of the complaints related to the attitudes of staff at the dental hospital, access to and availability of appointments at the hospital and the lack of information and communication patients felt they had received during their treatments at the hospital. We saw that the trust patient experience team responded quickly to patients' positive and negative comments about the Birmingham Dental Hospital. We also noted that contact details for the patient experience team and further assistance were offered to patients where it was possible to do so. Dental services directorate staff and the trust patient experience team monitored complaints and feedback from patients. Information was fed back to individual staff and teams in order for staff to learn from patient complaints and feedback.

Good

Are Dental Services well-led?

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

Summary

The trust's dental services had clear directorate leadership and had clear management and governance structures in place.

It was apparent that staff who worked in the trusts dental services were passionate and proud of the care delivered to people and proud that they worked at the trust. Staff worked well together and there was obvious respect between the specialties within the directorate and across disciplines.

Staff confirmed that they felt valued in their roles and that managers within the service and trust were approachable, supportive and visible. Staff were enthusiastic about the service provided by dental services and we found staff morale within the directorate was generally good.

Detailed findings

Vision and strategy for this service

The trust's dental services had clear directorate leadership; the senior team had defined plans for the directorate and its specialties. Staff were aware of the trust's overarching vision and felt part of the drive to ensure the strategy and plans for improved patient care were delivered. Staff also confirmed that information on strategic plans for the organisation could be accessed via the trust's intranet, on staff communication boards at Birmingham Dental Hospital or at staff meetings.

However; there was some disconnect between staff at Birmingham Dental Hospital and senior directorate management staff in relation to the directorate's longer term vision, strategy and communications about these. One current issue for dental services staff was the integration of Birmingham Dental Hospital and community dental services teams, particularly the development of a joint management structure and the vision of a single point of electronic referrals. Staff in community dental services felt they had received appropriate and adequate communications regarding the on-going integration processes. Birmingham Dental Hospital staff did not all feel that they were kept fully informed or involved with the integration processes but they acknowledged that information was available if they requested it.

A second issue, particularly for Birmingham Dental Hospital staff, was the building and relocation of the dental hospital to a new site in Birmingham which was due to be completed by autumn 2015. Again, not all staff at the dental hospital felt they were fully updated with progress and plans about the new dental hospital. Staff did acknowledge that information was cascaded via their teams and some staff said they had been involved in the design of new hospital clinics. Staff at Birmingham Dental Hospital were particularly anxious that the new hospital site and relocation would adversely affect accessibility of the hospital's services for patients and ease of access for staff working at the new site.

Staff were also unclear about the planned provision of dental treatments and procedures at the new dental hospital which required patients to have general anaesthesia in order for their treatments to be performed. We spoke with the dental services directorate senior management team who confirmed general anaesthesia provision was part of the on-going implementation and operational plans for the new dental hospital. They acknowledged that staff working at the current hospital may not all have received up to date information and communications regarding general anaesthesia provision, which had heightened staff anxieties.

Leadership of this service

The trust's dental services had clear management and governance structures in place. Staff roles and lines of management were evident for clinical and non-clinical staff throughout the directorate and specialties.

Staff working at the dental hospital and community dental services clinics were aware of their senior leadership team and felt supported by them.

Culture within this service

It was apparent that staff who worked in the trust's dental services were passionate and proud of the care delivered to

Good

Are Dental Services well-led?

people and proud that they worked at the trust. Staff worked well together and there was obvious respect between the specialties within the directorate and across disciplines. Staff confirmed that they felt valued in their roles and that managers within the service and trust were approachable, supportive and visible. Staff were enthusiastic about the service provided by dental services and we found staff morale within the directorate was generally good.

We found the dental services directorate was open and inclusive. The culture of the directorate was one of shared learning and improvement to deliver care which met patients' needs. Training and development were actively encouraged for all directorate staff, and opportunities were taken by staff to continue their own professional development via internal training from the trust and external training courses. Combined community dental services staff told us they attended monthly multi-disciplinary team meetings or had access to the minutes of meetings if they had been unable to attend.

Governance, risk management and quality measurement

Directorate senior managers had identified key risks. These included staffing, delays to patients' accessing appointments in paediatrics and orthodontics specialties, the R4 patient records system used in combined community dental services, the telephone system at the Birmingham Dental Hospital, the integration of Birmingham Dental Hospital and community dental services and the relocation of the current dental hospital to a new site in Birmingham.

Staff who worked in clinical areas, in clinical and non-clinical roles, were aware of the risks highlighted by their senior management team. The directorate risks were reported at local directorate and trust board levels, where identified risk levels meant it was appropriate to do so.

Monthly clinical governance and staff meetings were held. Key risks and performance results were reported at local and directorate levels. The services had completed investigations and action plans to address issues raised from reported never events, serious incidents or key risks.

Innovation, improvement and sustainability

The trust's dental services provided treatment to those who could not access general practice dentists or those who were not registered and needed emergency care. The service also delivered treatment at local prisons, secure units and community locations for homeless or transient patient groups. Combined community dental services teams and individual dental nurses provided cognitive behaviour therapy for anxious patients to help resolve their concerns around dental treatments on a longer term basis and had seen considerable benefits to individual patients as a result of using this approach.

The dental service's strategy was to develop specialist services further to enable everyone who required dental treatment to have accessible, appropriate care which met the dental health care needs of the local community.