Northamptonshire Healthcare NHS Foundation Trust

RP1

Community dental services

Quality Report

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This report describes our judgement of the quality of care provided within this core service by Northamptonshire Healthcare NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Northamptonshire Healthcare NHS Foundation Trust and these are brought together to inform our overall judgement of Northamptonshire Healthcare NHS Foundation Trust

Summary of findings

Ratings

Overall rating for Community dental services	Requires Improvement 
Are Community dental services safe?	**Requires Improvement** 
Are Community dental services effective?	**Good** 
Are Community dental services caring?	**Good** 
Are Community dental services responsive?	**Requires Improvement** 
Are Community dental services well-led?	**Requires Improvement** 

Summary of findings

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Summary of findings

Overall summary

Overall rating for this core service Requires improvement

We found that overall the community dental service required improvement because:

- Systems, processes and standard operating procedures were not always reliable or appropriate to keep people safe, and monitoring whether safety systems were implemented was not always given top priority.
- There was inconsistent practice amongst staff in the management of day to day risks. National guidance for day to day safety checks were not always adhered to for management of digital x-rays, environmental cleaning, medicines safety, and legionella testing.
- We raised urgent concerns about the unsafe storage of medicines at St Giles Street clinic, and saw where immediate corrective action was taken.
- There was some participation in local and national audits, however data and performance measurement were incomplete, and participation in external audits and benchmarking was limited.
- The service was not always responsive to meet the needs of the local population. The facilities at Brackley Health Centre had been closed since November 2014. Prior to that it had been running a dental clinic one day a fortnight which meant clinical capacity was limited.
- We saw no evidence that people who used the service, the public, or other organisations were consulted or informed about the change in services.
- There were not always arrangements in place to provide alternative cover for anticipated or unplanned absences of the dentist or for staff vacancies. In addition to a reported increase in new referrals this meant people were not always seen within the target waiting times.

However:

- We saw safe practice where decontamination of dental instruments was carried out, that emergencies were planned for, and that equipment checks were in place.
- There were clearly defined systems for safeguarding of children and vulnerable adults. Staff had received up to date training in all safety systems.
- People's treatment was generally planned and delivered in line with current evidence-based guidance, standards, best practice and legislation.
- Staff were suitably recruited, trained, supervised and qualified to carry out their roles effectively, and felt supported in induction training of new roles and in their ongoing learning and development.
- We saw where staff treated patients with kindness and respect, and where privacy and confidentiality were ensured.
- Patients and those supporting them spoke positively about the way they were cared for, their treatment and the emotional support they were given.

Summary of findings

Background to the service

Background to the service

Northamptonshire Healthcare NHS Foundation Trust (NHNFT) provides a comprehensive range of dental services for children and adults who would not or could not use a general practice dentist. The community dental services treat people with special needs and people who need specialist minor oral surgery across Northamptonshire in six locations:

- Brackley Health Centre, Brackley (temporary closure of service since November 2014)
- Danetre Community Hospital, Daventry
- Isebrook Hospital, Wellingborough
- St Giles Street Clinic, Northampton
- St James Dental Clinic, Northampton
- Willowbrook Health Centre, Corby (dental headquarters)

The NHNFT provides domiciliary oral health services in community settings, including people's own homes, and residential and care homes. Services are also provided at specialist education units (schools) through a planned programme across the year using a mobile service linked to Isebrook Hospital and Willowbrook Health Centre.

The community dental services include:

- special care dentistry in the primary care setting and supportive public health activity
- sedation - inhalation and intravenous
- general anaesthesia at Northampton General Hospital and Kettering General Hospital
- domiciliary care in people's own homes, residential homes, and care homes.
- oral health promotion
- mobile dental unit visiting specialist educational units (schools)
- minor oral surgery.

As part of our inspection we visited four out of the six services: St Giles Street Clinic, St James Dental Clinic, Isebrook Hospital, and Willowbrook Health Centre. Dental services at Brackley Health Centre were temporarily closed (since November 2014) because equipment had been moved temporarily to St Giles Clinic. We were told that alternative plans were made to ensure that patients were not disadvantaged. However we did not see any evidence that people who used the service had been consulted or informed of the closure. There was no confirmed date to resume the service.

We spoke with 22 members of staff which included the deputy clinical director (the dentist with lead responsibility for the community dental services), service manager, dentists, dental therapists, dental nurses, receptionists and housekeeping staff. We spoke with 14 patients or people who were supporting them while using the service. We observed treatment and looked at a range of records.

Our inspection team

Our inspection team was led by:

Chair: Peter Jarrett - Consultant Psychiatrist, Oxleas NHS Foundation Trust

Team Leader: James Mullins, Head of Inspection.

The inspection team for this core service included a CQC inspector and dentist specialist advisor.

Why we carried out this inspection

We inspected this core service as part of our comprehensive community health services inspection programme.

Summary of findings

How we carried out this inspection

We carried out a planned comprehensive inspection from 3 to 6 February 2015.

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, 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 on 3 to 6 February 2015. During the visit we held focus groups with a range of staff who worked within the service, such as dental nurses, dentists and administration staff. We talked with people who used the services. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records of people who use services. We met with people who used the services and their carers, who shared their views and experiences of the core service.

What people who use the provider say

Examples of what people told us are:

"The team are fantastic, they are calm and kind. We always get a thorough summary of what has happened". "The dentist is great. She visited within a week of our request, listened to our team, examined the patient promptly and thoroughly and seemed mindful of the risks. Her communication skills are very good."

"It is a very good service. They can't always advise us straight away but will always get back to you. I have never had anything to complain about."

"I cannot fault the service. They are amazing. When they arrived they had all the information they should have"

"They gave us choices to think about, and explained all the options. I have never had any concerns. I am quite happy."

"The dental nurse is very nice. We have seen her at the hospital as well. They always check (patient's) medical history and allergies. The premises are spotless, but parking can be a challenge ".

Good practice

We saw several areas of good practice including :

- decontamination of dental instruments in line with national requirements
- arrangements for managing emergencies
- clearly defined systems in place for safeguarding of children and vulnerable adults
- staff induction training, appraisal, and ongoing learning and development
- caring behaviours between staff and patients
- collaborative working with other services in a coordinated way.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider MUST take to improve

Importantly, the community dental service must :

Summary of findings

- ensure documentation of surveillance and safety checks for x rays is consistently undertaken, reported, and reviewed when required
- ensure documentation of surveillance and safety checks for legionella is consistently undertaken, reported and reviewed when required
- ensure documentation of environmental cleaning is consistently undertaken and reported and reviewed when required

Action the provider SHOULD take to improve

Importantly, the community dental service should ensure :

- performance data is consistently collected and that outcomes are recorded and available
- batch numbers of medicines are consistently recorded
- consistency in documentation of medical assessment, capacity assessment, and consent
- arrangements for consultation and communication of service delivery plans are improved
- arrangements for the staff changing facilities at Willowbrook Health Centre are improved
- arrangements to cover for planned and unexpected absence of staff and staff vacancies are established.

Northamptonshire Healthcare NHS Foundation Trust

Community dental services

Detailed findings from this inspection

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

Requires Improvement

Are Community dental services safe?

By safe, we mean that people are protected from abuse

Summary

The community dental services generally had systems in place to keep patients safe and control risks to patients however we identified a number of areas for safety improvement. We saw incomplete assessment and management of day to day risks such as digital x-rays, environmental cleaning, and legionella testing. We saw where medicines batch numbers were not recorded. We raised concerns about the unsafe storage of medicines at St Giles Street clinic, and saw where immediate corrective action was taken.

There were few reported safety incidents. We saw good practice where decontamination of dental instruments was carried out in line with national requirements, where emergencies were planned for, and where equipment checks were carried out and documented. We also saw clearly defined systems in place for safeguarding of children and vulnerable adults. Staff demonstrated that they followed the process for identifying and recording patient safety incidents, and that they had learned from them.

Detailed findings

Incident reporting, learning and improvement

- All the staff we spoke with were aware of, and had access to, the trust's online incident reporting system. This allowed staff to report all actual incidents and near misses where patient safety may have been compromised. Staff gave some examples of reportable incidents and the learning points that had been shared. However the understanding amongst staff varied.
- We saw an adverse incident involving diagnostic equipment reported on the incident reporting system. A similar error was repeated four days later meaning that timely reporting and corrective action had not taken place. The second incident was discussed formally with senior clinicians and management ensuring that safety information and learning points were then shared at a range of staff meetings, and acted upon.
- We saw where six safety incidents were submitted to the National Reporting and Learning System (NRLS). One was categorised as low impact (patient accident) and five no harm (two medical device / equipment incidents

where there was a power cut and back up equipment was used, two involving medication, and one patient accident). The patient accidents involved part of a tooth being swallowed after tooth extraction, and a patient who presented with facial swelling after treatment.
- We saw where there were effective systems in place to ensure that safety alerts relating to medicines and medicinal products (equipment) were received and acted upon in a timely manner.

Safeguarding

- All staff accurately described the local safeguarding processes in place for children and for vulnerable adults, and gave examples of what may constitute a safeguarding concern. Staff correctly identified the member of staff with the lead responsibility for safeguarding.
- We saw where staff had recently raised a safeguarding alert relating to a vulnerable adult in line with the trust's procedure, suitable records had been maintained, and learning from the event had been shared with relevant colleagues.
- We saw that effective chaperoning processes were in place for people using the service.
- Safeguarding training was provided by NHNFT as part of the mandatory training programme. All staff had completed their training at the required level for their role and in accordance with NHNFT policy.

Medicines management

- Staff had access to the NHNFT medicines management policy and to up to date medicines information. There was a small stock of medicines stored at each location. Staff knew where to locate emergency medicines and gases and these were readily available.
- We looked at a random sample of medicines, and all of the medical gases (oxygen and nitrous oxide) at each of the locations we visited. Medicines and gases were generally stored and disposed of safely, and stocks checked regularly. All medicines and gases were within the expiry date and all stocks reconciled correctly.
- We had concerns about the unsafe storage of medicines known as controlled drugs (medicines which require additional security) at St Giles Street Clinic and brought these to the attention of the service manager who took immediate corrective action.
- The batch numbers and expiry dates of local anaesthetics were not always recorded in accordance with local or national requirements, which meant there would not be an effective recall in the event of a safety alert such as contamination or a manufacturing defect. We brought this to the attention of the deputy clinical director who told us that compliance with record keeping standards was monitored as part of peer review or local audits. We asked for documentary evidence of these processes, which was not available at the time of our inspection.
- We asked for evidence that medicines storage requirements had been monitored through audit and were told that this had not been formally carried out. However, some changes had been made to improve security of medicines as a result of a reported incident.
- We observed where staff followed a safe medicines administration procedure. Patients we spoke with told us medicines were only supplied on the written order of the dentist, and that they were given clear instructions about medicines, for example antibiotics or pain killers.

Safety of equipment and environment

- We saw records demonstrating regular maintenance of equipment. Most of the equipment was maintained by the trust apart from specialist equipment which was by operators on a contract specific basis. We saw where there were gaps in the recording of annual servicing for a decontamination washer at Isebrook Hospital
- We were told that Legionella testing was carried out by the trust's estates department. We asked to see any certificates to confirm when this was done. These were not available. We also asked to see locally held checklists to confirm that taps were run, dental lines were flushed daily and toilets were flushed regularly to ensure the legionella bacteria did not have the opportunity to thrive in standing water. These were also not available. We brought this to the attention of the service manager.
- The facilities varied at each of the locations. Staff told us the dental chairs at St Giles Street clinic and Brackley Health Centre were nearing the end of their life span and require replacement.
- We saw plans that confirmed a refurbishment of St James is scheduled during the summer of 2015 and that the closure of St Giles Street clinic will take effect once the refurbishment of St James is complete.
- We saw records of maintenance of equipment. The majority of equipment was maintained by the trust

estates department apart from specialist equipment which was maintained by operators on a contract specific basis. This meant the equipment was checked regularly and fit for purpose.

- Single-use items such as dental instruments were sealed and in date. We saw evidence that emergency equipment was serviced and checked daily by staff, which meant that it was safe and ready for use in the event of an emergency.
- Staff we spoke with were generally satisfied with the facilities provided. However, staff described the changing area at Willowbrook Hospital as “unsatisfactory."

Records and management

- Patients’ individual care records were maintained in electronic and paper format. The records contained treatment plans, consent to treatment, and evidence of discussions with the patient and or their parent or carer.
- Electronic transfer of information took place in accordance with trust policy in a timely manner. Access was via a secure password.
- We saw where paper records and patient identifiable information were stored securely in locked cabinets to ensure confidentiality.
- Staff we spoke with all correctly described their responsibilities in information governance and had attended relevant training.

Cleanliness, infection control and hygiene

- Staff and patients we spoke with reported that they were satisfied with the service and found the premises clean. The locations we visited were visibly clean. Cleaning of general areas was carried out by a contractor employed centrally by NHNFT.
- Treatment areas, work surfaces, dental chairs and lamps were cleaned in between each patient by the dental nurses. However, three out of the four locations we visited were unable to show us a complete record of cleaning instructions and schedules used to monitor cleaning activity.
- Staff were complying with the Department of Health Guidelines HTM01-05 (guidance published by the Department of Health to raise the quality of decontamination of reusable instruments within dental facilities). All of the premises we visited had designated decontamination rooms situated in between the treatment rooms. This meant that contaminated instruments did not need to be transported through public areas.
- Staff demonstrated and explained the correct procedures for cleaning, transfer and processing of instruments from the treatment areas to the decontamination rooms. We saw where safety checks on decontamination and sterilisation were carried out.
- There were effective arrangements in place for the disposal of clinical waste, dental waste, and sharp instruments. We saw where a dentist had recently sustained a needle stick injury and had followed the correct reporting procedure and follow up action.
- We observed staff washing their hands regularly, adhering to the ‘bare below the elbow’ dress code, and wearing personal protective equipment to ensure they protected people using the service and others from infection.
- We saw a room at St Giles Street clinic that we were told was used occasionally as a treatment room. We saw a kick stool that was very dusty, and a computer keyboard that would be used by staff that appeared not to have been cleaned according to required standards. The floor was dull. We asked to see evidence of when the treatment room and equipment within it were last cleaned and none was available. This meant that they may not be ready for use and that people may be at risk of cross infection.

Mandatory training

- All of the staff we spoke with had completed their mandatory training. There were effective systems in place to ensure attendance was monitored. Managers told us that compliance with mandatory training was around 90 per cent. We asked to see the performance figures; however they were not available during our visit.

Assessing and responding to patient risk and managing anticipated risks

- Reporting of risks was evident. We saw in performance data provided by the trust that 33 risks relating to the community dental service were recorded on the risk register: 23 were classed as moderate, 5 low and 5 high risk, however these only related to Danetre Hospital and St Giles Street Clinic. We saw where the register did not always correspond with risks identified in other locations across the service.

- The high risks on the register included exposure to radiation from dental x ray machines. There were arrangements in place for a designated radiographic protection supervisor to ensure safe practice around X rays. We saw where relevant training was provided and that there were checks in place for cassette testing of intra-oral x ray tubes, and for grading the quality of x rays Standard operating procedures (instructions) in place for intra oral digital plate quality assurance monitoring did not state the frequency of checks
- Staff gave a range of different responses to the frequency of safety practices around x rays. The dentists graded the x rays, and recorded the number of x rays that had been carried out, but there was no evidence of how the grading scores or data were being used to ensure safety or develop practice.
- There were incomplete records to demonstrate that the risks relating to x rays were mitigated. Each location was required to have a record of all safety checks and quality assurance monitoring of digital plates (x-rays) in place, however there were no recent records available at Willowbrook Health Centre. We raised this as a concern with the attention of the deputy clinical director.
- Other high risks included the risk of medical emergencies, and possible allergic reactions to medicines. We saw that these risks were mitigated by providing equipment and medicines that met quality standards published by the Resuscitation Council (UK). Staff kept their skills up to date through regular practice and teaching using simulation based scenarios.
- All staff, including non-clinical staff, were aware of their role in medical emergencies and knew where the emergency equipment was kept. All staff we spoke with had attended recent life support training at a level suitable for their role.
- Specialised treatment was undertaken at dedicated centres with appropriate support systems to ensure patient safety. People who required a general anaesthetic (GA) were assessed at the community dental clinics, and treated at Northampton General Hospital or Kettering General Hospital. There was a full operating theatre department staff in attendance when general anaesthetics were administered, that included an anaesthetist.
- People's medical history and fitness for general anaesthetic was assessed prior to referral for an anaesthetic, and safety checks were in place using the World Health Organisation's checklist for safe surgery.

Staffing levels and caseload

- Staffing within the service was generally managed effectively at a local level to ensure there was no disruption to care delivery. The majority of staff worked across all of the locations.
- We saw there was good access to senior clinicians when required. However, one dentist had left the service in December 2014 and not been replaced. A recent advertisement had been unsuccessful in recruiting. There were no arrangements in place to cover this vacancy at the time of our inspection or to use locum or temporary staff to cover for dentists or dental therapists. This meant there was a variation in the case load of dentists and that scheduled clinics were cancelled on occasions.
- Dental nursing staff levels were consistently good and dental nurses worked flexibly to cover for planned and unanticipated leave.

Good

Are Community 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

Staff were generally providing care and treatment according to available evidence of best practice, for example where information by the Department of Health (DoH), NICE (National Institute for Health and Care Excellence), the British Dental Association (BDA) and General Dental Council (GDC) was applied.

Staff told us there were regular audits and peer review to monitor performance. However, participation in external audits and benchmarking, and records to demonstrate they were happening were limited. The results of monitoring were therefore not always used effectively to improve quality.

Staff were supported in their learning and development to ensure they were able to undertake their roles safely and effectively.

Joint working arrangements were in place so that services worked together and included a focus on integrated pathways of care.

Detailed findings

Evidence based care and treatment

- We saw that staff were generally providing care and treatment according to available evidence of best practice, for example where information by the Department of Health (DoH), NICE (National Institute for Health and Care Excellence), the British Dental Association (BDA) and General Dental Council (GDC) was applied.
- People had a comprehensive assessment of their clinical needs, mental health, physical health and well-being and were given a copy of information shared about them, where appropriate.
- Not all staff understood how to access the evidence based information or policies available to them. For example the trust infection prevention and control policies.

Pain relief

- Patients were positive about the way their pain was managed. We saw a range of approaches used to manage pain in addition to medication. We saw that pain relief medication was administered only where the dentist had prescribed it and that the effect of the medication was monitored and recorded. A relative supporting a young woman with severe learning disabilities told us "they always manage to know if she is in pain, and make her very comfortable".

Activities to monitor quality and people's outcomes

- We saw a peer review of prescribing fluoride; however it was unclear how the information was being used to improve practice.
- We saw examples of some recent audits to monitor quality: grading of x rays, infection prevention and control, and hand washing. However the activities and record keeping varied in different locations.
- We asked to see evidence of recent audits of record keeping, radiology and medicines at all the locations we visited, as these were issues recorded as risks on the risk register. We were told that the reports were not available, and that record keeping audits and medicines audits had not been completed.

Competent staff

- There were suitable systems in place to ensure that all the dentists, dental therapists, and dental nurses were registered with the General Dental Council (GDC), and supported in revalidation where it applied. The GDC is the regulatory body who keep a register of all dental professionals in the UK. Minor oral surgery was only carried out by dentists who were on the specialist register authorising them to do so.
- All staff were satisfied with the supervision and learning and development opportunities provided which included a mix of face to face sessions and on-line learning.
- We saw that all staff had participated in an annual appraisal where they had discussed their learning needs

Good

Are Community dental services effective?

and career aspirations which had been acted upon. Staff also told us they had regular one to one meetings with their line managers although these were not usually documented.

Multi-disciplinary working and coordination of care pathways

- Staff worked in partnership with other primary and specialised dental services to ensure a responsive and patient focussed service. We saw where there was coordination of care with the learning disability team, care home staff, and acute hospitals.
- We saw where the dental staff had sought advice from the physiotherapist to ensure safe moving and handling, and where they had ordered specialist equipment.

Referral, transfer, discharge and transition

- Joint working arrangements were in place so that services worked together and included a focus on integrated pathways of care.
- Care and treatment plans were recorded and communicated with all relevant parties to ensure continuity of care.
- We saw where staff were working positively with other services to meet the needs of people in a coordinated way, for example, care homes, acute hospitals and specialist educational units (schools).

Availability of information

- There was effective communication, appropriate information sharing and decision-making about a patient's care across all of the services involved both internal and external to the organisation.

Consent

- The community dental services provided care, treatment and support to a number of people who lacked capacity to make decisions about their treatment. Guidance was available for staff in relation to consent in the form of an up to date consent policy and Mental Capacity Act (MCA) policy.
- We looked at a random sample of notes at each location we visited and saw evidence that people or their representatives had mainly given their consent to treatment in accordance with local and national requirements. However, we saw inconsistencies in recording consent for some treatment, including for local anaesthetics.
- Staff were clear about the specific consent process for children. Parents we spoke with were satisfied with the arrangements and told us they were always asked for consent before any treatment was given.

Good

Are Community dental services caring?

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

Summary

Patients and those close to them were extremely positive about the quality of the care and treatment provided, and were given time to discuss their treatment. Throughout our visit we consistently observed caring and compassionate staff treating patients and those close to them with dignity and respect. We saw measures were taken to ensure privacy and confidentiality at all times.

Appointment times were longer than provided at other dental services to ensure that people with particular needs were allowed adequate time without feeling rushed. We saw where children were given acclimatisation time to orientate themselves with the environment and equipment prior to treatment.

Dignity, respect and compassionate care

- Patients or those close to them were invited to give feedback about the service through a written survey named "I Want Great Care" which was reported monthly to the trust board. We saw where feedback was displayed in waiting areas, and that an average score of 4.96 out of a possible score of 5 was rated. People were positive about their experiences, particularly about the explanations and reassurance given. There were no negative comments in any of the patient surveys we were shown.
- We were told that work was in progress to develop pictorial surveys for people who were not able to read or write.
- All of the patients and people we spoke with made positive comments about their experience of the community dental service.
- Patients told us they were treated with dignity and staff were caring. One patient said "I cannot fault the service. It is excellent."
- A patient's representative (at Isebrook Hospital) said: "the dentist has given us support at all times; I have never met a nicer dentist."
- We observed staff treating patients respectfully and with dignity. All staff were welcoming towards patients and supported them in a professional and sensitive manner.
- Staff were attentive, caring and reactive to the patient's needs.
- People's privacy was protected and confidentiality maintained.
- A parent of two children who used the service said: "I feel very confident in the care, they are always kind and on the children's' level. The dentist and dental nurse have a very calming manner and put my child at ease."

Patient understanding and involvement

- Throughout the consultations we observed we saw staff checking the patients' or their representatives' understanding of the procedures before treatment commenced, and during and after any interventions.
- One parent of a child told us: "they always involve both of us in any decision making and make sure we understand what is happening."

Emotional support

- The service was used by a number of children and adults whose phobia of dental treatment had previously prevented them from accessing dental services. We saw a range of strategies in place to manage people's anxiety, to good effect. This was evident in patient records we looked at which stated people were engaging with the service in a relaxed and calm manner.
- We saw where patients positively participated in 'acclimatisation' appointments to familiarise themselves with the environment and equipment and where their fears were managed. Parents we spoke with told us they felt this was a successful approach and had positively impacted on their children's oral health.

Promotion of self-care

- We saw where people were given health information and dental hygiene leaflets, toothbrushes and tooth paste.
- People who had minor oral surgery showed us where they were given leaflets and written instructions to manage their recovery
- Care home staff told us that the dental staff had been pro-active in providing education sessions for staff on dental hygiene in order to assist residents with their needs.

Requires Improvement

Are Community dental services responsive to people's needs?

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

Summary

Performance information reported the percentage of new referrals seen for assessment within 18 weeks has been consistently below the 95 per cent target between April 2014 and October 2014. Staff told us the unfilled vacancy of a dentist was contributing to waiting times, and that they were reviewing models of delivery and developing new care pathways and working practices to improve access to services. We saw where clinic lists were cancelled if a dentist was on planned or unanticipated leave.

The service at Brackley Health Centre has been closed since November 2014. At the time of our visit there was no confirmed date for resuming the service. There were not always arrangements in place to provide alternative cover for anticipated or unplanned absences of the dentist or for staff vacancies. In addition to a reported increase in new referrals this meant people were not always seen within the target waiting times.

Although the population included people from a range of nationalities, and people with learning disabilities we saw no evidence that written information was provided in a suitable format to meet their specific needs. The trust subsequently provided evidence of information in different language formats was available.

There were suitable arrangements in place to respond to and investigate comments, concerns and complaints in a timely manner.

Detailed findings

Planning and delivering services which meet people's needs

- Dental services at Brackley Health Centre were temporarily closed (since November 2014) because equipment had been moved temporarily to St Giles Clinic. We were told that alternative plans were made to ensure that patients were not disadvantaged. However we did not see any evidence that people who used the service, the public or other organisations had been consulted or informed of the closure. There was no confirmed date to resume the service.
- Appointments were scheduled as far in advance as possible. Do not attend rates were reported as an average of nine per cent between April and October 2014. The average number of new courses of treatment for patients with special needs over the same period was 248. However, no target measures were available and therefore we were unable to assess the impact of this data.
- The average number of new referrals per month was 254. No target measure was provided meaning that the impact of the measures were not being reported or acted upon.
- We were told that since December 2014, the vacancy of one dentist was contributing to waiting times.
- All of the premises had spacious waiting areas, a reception desk and accessible toilet facilities.
- There was very limited car parking available at St Giles and St James.

Equality and diversity

- Patients were asked about their spiritual, ethnic and cultural needs and their health goals, as well as their medical and nursing needs. Their care and treatment was planned and delivered to reflect these needs, as appropriate.
- Staff told us interpreter services were available as and when required.
- We observed a consultation at Willowbrook where the person's first language was not English. We saw where the staff experienced delays in access to the interpreter service which was a telephone language line. However, the dentist spoke the required language and had a half hour conversation meaning that the appointment time was by then taken up, and no treatment was carried out. This meant a further appointment was required for a young man of working age. The trust subsequently told us that the referral for this patient did not explicitly state that an interpreter was required and an alternative appointment was arranged.

Meeting the needs of people in vulnerable circumstances

- Although the population included people from a range of nationalities, and people with learning disabilities we

Requires Improvement

Are Community dental services responsive to people's needs?

saw no evidence that written information was provided in a suitable format to meet their needs. The trust subsequently provided evidence of information in different language formats was available.
- The needs and wishes of people with a learning disability or of patients who lacked capacity were understood and taken into account.

Access to the right care at the right time

- Performance information reports showed the percentage of new referrals seen for assessment within 18 weeks has been consistently below the 95 per cent target between April 2014 and October 2014. Staff told us the unfilled vacancy of a dentist was contributing to waiting times, and that they were reviewing models of delivery and developing new working practices to improve access to services.
- There were no arrangements to cover for the planned leave of dentists, including those carrying out minor oral surgery. We saw where clinic lists were cancelled if a dentist was unexpectedly absent or on planned leave. There were no arrangements for the employment of locum (temporary) dentists. This meant there were some delays in people's access to treatment.
- Staff also said there had been an increase in inappropriate referrals to the service, but were not able to provide any documentary evidence to substantiate this. We saw where clinic lists were cancelled if a dentist was on planned or unanticipated leave.

Complaints handling (for this service) and learning from feedback

- Staff we spoke with correctly described the complaints handling process and provided examples of where learning from patients' experiences was shared at staff meetings.
- Complaints were responded to in line with trust policy. The trust had recorded four complaints relating to the dental service between December 2013 and December 2014. They had recorded three concerns and 43 compliments.
- We saw where copies of the leaflet informing patients how to make a comment, compliment or complaint were provided in each waiting area, and included assurance that people's care would not be adversely affected by raising a complaint.
- Feedback was invited through a written survey "I want great care" which was reviewed on a monthly basis. The report from January 2015 for children's service was made available to us. Generally the service compared positively with outcomes reported elsewhere in the trust. From the 129 reviews submitted there was an average score of 4.89 out of five.

Requires Improvement

Are Community 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

We rated well-led as requires improvement because the leadership, governance and culture did not always support the delivery of high quality person-centred care. Staff generally felt supported by managers, and demonstrated where they were informed of service developments and improvement plans. Staff told us the approach to service delivery and improvement focussed on short term issues, and that there was uncertainty about the vision and strategy for the service, in particular around the relocation of services from St Giles Street clinic to St James, and the temporary closure of Brackley Health Centre.

We saw that monitoring of safety and quality were not always given top priority. The systems and arrangements for reporting and responding to governance and performance management data were not operated effectively as data and performance measurement were incomplete. Risks and issues described by staff did not always correspond with those reported to and understood by leaders. There were inconsistencies across the locations in the systems and processes to document risks and to monitor and improve practice.

There were some opportunities or activities to engage patients and the public to impact on the service although uptake appeared to be limited.

Detailed findings

Service vision and strategy

- We saw plans that confirmed a refurbishment of St James is scheduled during the summer of 2015 and that the closure of St Giles will take effect once the refurbishment of St James is complete.
- Some staff told us that the vision and strategy for the service focussed on short term plans and there had been some uncertainty relating to the relocation of services at St Giles to St James.
- There were differences amongst staff's understanding of the arrangements for the temporary closure of Brackley Health Centre.

Governance, risk management and quality measurement

- We asked to see evidence of service improvement initiatives and regular monitoring of the service. We saw where audits had taken place, for example in hand washing, and where a peer

review of prescribing fluoride was undertaken

- Staff told us that there were audits and peer reviews to monitor record keeping. We asked to see these and they were not available to us at the time of our inspection.
- We saw there were a number of staff meetings and forums to monitor and agree actions relating to quality improvement and risk management. There was a commitment from the managers to share learning from feedback, complaints and incidents. However, this was not always understood by staff, and they were not always able to demonstrate where practice had improved as a result of learning from incidents and complaints.
- The systems and arrangements for reporting and responding to governance and performance management data were not operated effectively as data and performance measurement were incomplete. Risks and issues described by staff did not always correspond with those reported to and understood by leaders. There were inconsistencies across the locations in the systems and processes to document risks and to monitor and improve practice.

Leadership of this service

- Staff generally spoke positively about local leadership and described the managers as approachable and accessible. They had regular face to face meetings and email contact. However, they also told us that recent changes to the managers' roles had meant their availability had reduced at some sites.

Culture within this service

- Overall staff spoke positively about morale and the service they delivered.

Requires Improvement

Are Community dental services well-led?

- Staff told us they felt listened to, and valued, and that they participated in regular team away days where information about service developments was shared by managers.
- Some staff told us they had not felt involved in the changes at Brackley Health Centre, or the proposals to relocate from St Giles Street clinic to St James. One staff member said: “it is very unsettling”.
- Staff described the chief executive officer as ‘good’, but would like the executive team to be more visible. However, they did not think this was likely due to the geographical distance involved.

Public and staff engagement

- The trust and staff recognised the importance of the views of patients and the public. However, there was not a consistent approach taken to seek a range of feedback. Participation and involvement with both the public and staff was variable.
- There were some opportunities or activities to engage patients and the public to impact on the service although uptake appeared to be limited.

Innovation, improvement and sustainability

- There was limited evidence of innovation and the drive to continuously improve services across all areas visited.

Compliance actions

Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that says what action they are going to take to meet these regulations.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises **Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and Suitability of Premises (now Regulation 15 of the Health and Social Care Act 2008 (Regulated activities) regulation 2014.)** **How the regulation was not being met: People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment **Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and Suitability of equipment (now Regulation 15 of the Health and Social Care Act 2008 (Regulated activities) regulation 2014.)** **How the regulation was not being met: People who use services and others were not protected against the risks associated with unsafe or unsuitable equipment because of inadequate maintenance.**