

# Coventry and Warwickshire Partnership NHS Trust

RYG

## Community dental services

### Quality Report

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# Summary of findings

## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
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RGYCR	Wayside House		
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This report describes our judgement of the quality of care provided within this core service by Coventry and Warwickshire Partnership 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 Coventry and Warwickshire Partnership NHS Trust and these are brought together to inform our overall judgement of Coventry and Warwickshire Partnership NHS Trust

# Summary of findings

## Ratings

Overall rating for the service	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Requires improvement	
Are services well-led?	Requires improvement	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	5
Background to the service	7
Our inspection team	7
Why we carried out this inspection	7
How we carried out this inspection	8
What people who use the provider say	8
Good practice	8
Areas for improvement	8

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### Detailed findings from this inspection

The five questions we ask about core services and what we found	10
Action we have told the provider to take	31

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# Summary of findings

## Overall summary

### Overall rating for this core service

Overall, we rated the service as requiring improvement because:

- There was an excessive waiting list for children who had been referred to the service and were waiting for their first assessment appointment. Some patients had been waiting for nine to ten months.
- The service was taking steps to identify inappropriate referrals and to review the patients the waiting list but there was not a clearly defined process surrounding this to effectively manage the waiting list.
- There was not a clearly defined strategy for the service in place to drive improvement and innovation.
- There was not a robust oversight and management of risks within the service.
- For the mobile dental unit, risk assessments had not been undertaken to ensure it was a suitable environment to undertake clinical care.
- Policies and risk assessments were not in place for treatment delivered in the local acute hospital.
- Records were not kept in a secure storage area.
- Not all risks in the environment and in the service had been recognized and addressed.
- Risk assessments regarding community visits were not in place.
- A lack of suitable storage space meant that one of the surgery rooms was being used for purposes it had not been designed for. The service took immediate actions to address this.
- Not all chemicals hazardous to health were appropriately stored. The service took immediate actions to address this.

However, we found that:

- Staff reported incidents appropriately, incidents were investigated, shared, and lessons learned.

- Staff understood their responsibilities and were aware of safeguarding policies and procedures.
- Generally, there were effective systems in place regarding the handling of medicines.
- Equipment was generally well maintained and fit for purpose.
- Staffing levels were appropriate and met patients' needs at the time of inspection.
- Patients' individual care records were written and managed in a way that kept people safe
- Standards of cleanliness and hygiene were generally well maintained. Reliable systems were in place to prevent and protect people from a healthcare associated infection.
- Robust decontamination procedures were in place.
- Mandatory training was provided for staff and compliance was 97%.
- Appropriate systems were in place to respond to medical emergencies.
- Patients' needs were assessed and their care and treatment was delivered following local and national guidance for best practice.
- The service had effective evidence based care and treatment policies based on national guidance.
- We saw evidence of robust multidisciplinary working with staff, teams and services working together to deliver effective care and treatment.
- Staff had the necessary qualifications and skills they needed to carry out their roles effectively.
- Staff were supported to maintain and further develop their professional skills and experience.
- Staff generally had the necessary information they needed before providing care and treatment.
- Consent to care and treatment was obtained in line with legislation and guidance.
- Performance in national audits was better than the national average.

# Summary of findings

- During the inspection, we saw and were told by patients, that all staff working in the service were kind, caring and compassionate at every stage of their treatment.
- People were treated respectfully and their privacy was maintained in person and through the actions of staff to maintain confidentiality and dignity.
- Staff involved patients and those close to them in aspects of their care and treatment. Information about treatment plans was provided to meet the needs of patients.
- Patients we spoke with during our inspection were very positive about the way they were treated.
- All staff were sensitive to the needs of all patients and were skilled in supporting patients and young people with disabilities and complex needs.
- The service provided flexibility to provide community services closer to patients' own homes.
- There were systems to ensure that services were able to meet the individual needs, for example, for people living with dementia and learning disabilities.
- Effective systems to record concerns and complaints raised within the service, to review these and take action to improve patients' experience were in place.
- Generally, the service planned to take account of the needs of different people reflecting the diversity of the local community.
- Staff were familiar with the trust wide vision and values and felt part of the trust as a whole.
- Staff told us that they felt supported by their immediate line managers and that the senior management team were visible within the department.
- There was a strong culture of team working across the areas we visited.

# Summary of findings

## Background to the service

### Information about the service

The community dentistry service is based at the City of Coventry Health Centre. The service provides a special care dental service for all age groups who require a specialised approach to their dental care and are unable to receive this in a General Dental Practice. There were nine surgery rooms available, but one was not in operational use at the time of our inspection.

The service provides assessment and treatment for:

- patients with learning difficulties
- patients with severe or complex medical problems
- patients with mental health problems
- patients with physical disability
- Older people with mobility restrictions or in residential care who require domiciliary care
- Adults with social/emotional/behavioural problems
- Adult phobic patients who wish to have treatment for their phobia

The service also provides oral health promotion and education and orthodontic treatment.

The following services are provided:

- Specialist dental care for patients who require services from dental staff with understanding and training in special needs who have difficulty in obtaining treatment from the General Dental Service.
- Specialist services such as dental treatment under day general anaesthesia (GA) or sedation, simple extractions under GA, domiciliary care and specialist orthodontics not readily available in the GDS.
- GA is undertaken at the local acute hospital with one extraction session per fortnight and one treatment session for special needs patients per fortnight.
- Orthodontics services.
- Oral health promotion/education and training will be provided in the community setting by a team of five staff visiting schools, rehabilitation and respite centres and voluntary groups in the community.

The Service has a mobile dental unit (self-drive) which is used to provide dental services to special needs schools and a rehabilitation establishment.

In the six months to February 2016, the service had carried out 3,162 patient appointments. From information provided by the service, 60% of patient contacts were adults and over 25% of patients were frail older people with complex needs.

## Our inspection team

Our inspection team was led by:

**Chair:** Paul Jenkins, Chief Executive, Tavistock and Portman NHS Foundation Trust

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

The team included a CQC inspector and a dentistry special advisor.

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

## Why we carried out this inspection

We inspected this core service as part of our planned comprehensive inspection programme.

# Summary of findings

## How we carried out this inspection

We visited the community dental service at the City of Coventry Health Centre.

We spoke with 12 staff in the service. Staff spoken with included dental nurses, dentists and managers. During our inspection, we spoke with six patients and their families.

We look at five sets of records in the service which included treatment plans, risk assessments and service specific documents.

We looked at records and the trust's performance data.

To get to the heart of people who use services' 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?

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 12 to 15 April 2016. During the visit, we held focus groups with a range of staff who worked within the service, such as nurses, doctors, and therapists. We talked with people who used 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 use services and carers, who shared their views and experiences of the core service.

## What people who use the provider say

Patients and their families were generally very positive about the service

"Staff are very welcoming and take their time to explain things".

"You get the best treatment here, with long appointments".

"The receptionists are very helpful".

## Good practice

- Oral health promotion/education and training service provided effective and care and treatment to patients in the community setting by staff visiting schools, rehabilitation and respite centres and voluntary groups in the community.
- The service carried out an audit for 'Quality Outcome of Peer Assessments Ratings (PAR) for Completed Orthodontic Treatments 2014/2015' which showed very positive outcomes for patients.

## Areas for improvement

### Action the provider **MUST** or **SHOULD** take to improve

#### Action the provider **MUST** take to improve:

- To ensure there is robust oversight and management of all risks within the service.

- To establish a clearly defined process to effectively manage the current waiting list.
- To ensure appropriate risk assessments and policies are implemented regarding the mobile dental unit, community visits and the use of a local hospital to deliver care and treatment.



# Summary of findings

## Action the provider **SHOULD** take to improve:

- To develop a clearly defined strategy for the service to drive improvement and innovation.
- To review the storage space available within the service to ensure appropriate facilities are provided.

- To monitor that all chemicals hazardous to health were appropriately stored.
- To ensure appropriate facilities are available for the secure storage of records.

## Action the provider **COULD** take to improve

# Coventry and Warwickshire Partnership NHS Trust

## Community dental services

### Detailed findings from this inspection

**Requires improvement**



## Are services safe?

By safe, we mean that people are protected from abuse

### Summary

Overall, we rated the service as requiring improvement for safety because:

- For the mobile dental unit, risk assessments had not been undertaken to ensure it was a suitable environment to undertake clinical care.
- Policies and risk assessments were not in place for treatment delivered in the local acute hospital.
- Records were not kept in a secure storage area.
- Not all risks in the environment and in the service had been recognized and addressed.
- Risk assessments regarding community visits were not in place.
- Policies and risk assessments were not in place for treatment delivered in the local acute hospital.
- A lack of suitable storage space meant that one of the surgery rooms was being used for purposes it had not been designed for. The service took immediate actions to address this.
- Not all chemicals hazardous to health were appropriately stored. The service took immediate actions to address this.

However, we found that:

- Staff reported incidents appropriately, incidents were investigated, shared, and lessons learned.
- Staff understood their responsibilities and were aware of safeguarding policies and procedures.
- Generally, there were effective systems in place regarding the handling of medicines.
- Equipment was generally well maintained and fit for purpose.
- Staffing levels were appropriate and met patients' needs at the time of inspection.
- Patients' individual care records were written and managed in a way that kept people safe
- Standards of cleanliness and hygiene were generally well maintained. Reliable systems were in place to prevent and protect people from a healthcare associated infection.
- Robust decontamination procedures were in place.
- Mandatory training was provided for staff and compliance was 97%.
- Appropriate systems were in place to respond to medical emergencies.

### Detailed findings

### Safety performance

# Are services safe?

- An appropriate range of safety information was being monitored by the service.
- There had been no never events reported for this service in the past year. A never event is described as wholly preventable incidents, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- No serious incidents were reported to the Strategic Executive Information System (STEIS) between February 2015 and February 2016.
- The trust had not reported any serious incidents between November 2014 and October 2015.
- There had no reported incidents of restraint in the period June 2015 to November 2015.
- The service had a monthly 'Board2ward' dashboard which showed agency usage, staff sickness, mandatory training, appraisal rates and number of appointments undertaken.
- Staff said there had been one minor incident reported in the past three months, when part of a paper towel dispenser had dislodged and hit a staff member's head. No harm was reported and we saw that appropriate action had been taken following this incident.
- Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had been no accidents or incidents which had required notification under the RIDDOR guidance in the last 12 months.
- From November 2014, NHS providers were required to comply with the Duty of Candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.
- Staff described a working environment whereby they would investigate and discuss any duty of candour issues with the patient and their family and/or representative and an apology given whether or not there had been any harm. We saw that appropriate guidance was in place for staff.
- Staff at all levels were able to explain the changes in regulations to Duty of Candour and their responsibility to deliver a timely apology when there was a defined notifiable patient safety incident.

## Incident reporting, learning and improvement

- Staff understood their responsibilities to raise concerns, record and report safety incidents, concerns and near misses, and how to report them. When things did go wrong, thorough and robust reviews were carried out. The service was focused on learning lessons to make sure action was taken to improve safety.
- The trust had an incident reporting system in place and standard reporting forms for staff to complete when something went wrong. Records seen demonstrated staff had acted upon incidents that had occurred. Staff told us that reported incidents were sent to the trust head office and discussed at staff meetings when necessary. Staff received feedback on incidents and action taken via staff meetings, team briefings and information on staff noticeboards.
- Staff meetings were held monthly and learning from incidents was a regular agenda item. This was where the wider learning points from an incident were disseminated and any necessary change in protocol discussed and passed to all staff.

## Safeguarding

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Staff understood their responsibilities and were aware of safeguarding policies and procedures.
- Staff had regular training in safeguarding of vulnerable adults and child protection. Those interviewed were able to provide definitions of different forms of abuse and were aware of safeguarding procedures, how to escalate concerns and relevant contact information. Information on safeguarding was seen on staff noticeboards and in public areas with relevant contact numbers.
- Training statistics provided by the trust showed that 89% of staff in the service had completed level 2 safeguarding children and adults training. 100% of staff requiring level 3 training had completed adult safeguarding level 3 and child protection training to level 3.

## Are services safe?

- One of the dentists was the appointed Safeguarding Lead. She attended trust wide meetings and fed back updates to the other staff via email and at team meetings.
- One of the Senior Dental Officers told us how she had liaised on several occasions with other Trust contacts and the local Social Services in the cases of families where neglect of children and/ or coping difficulty by parents appeared to be present. Appropriate contact numbers were available on display in her surgery. This meant that should safeguarding issues be identified they could be reported appropriately.
- The Senior Dental Officer also told us that she had completed mandatory Level 2 training in Safeguarding as part of her induction programme when she had joined the service within the last 12 months.
- Systems were in place to check whether children were subject to a child protection plan, and to ensure staff worked with others to ensure these plans were followed.
- No safeguarding referrals made been made about the service in the year to February 2016.

### Medicines

- Generally, there were effective systems in place regarding the handling of medicines.
- A Senior Dental Nurse showed us that the drugs, including cylinders of oxygen, required to treat a medical emergency, should a patient or member of staff become unwell, were kept in a dedicated box and specifically-designed holdall/ trolley in an unlocked room within the treatment area of the department.
- Medicines were stored in locked cupboards or refrigerators. However, the door to the storeroom was not kept locked when the service was open. This was the usual custom and practice staff told us. The store room would be locked at the end of day. Staff said the area was a staff only area and that at no time would patients be allowed free access to this storeroom, as all patients were escorted by a staff member when entering and leaving the clinical area. We raised this with senior staff as a potential risk that unauthorised staff could potentially access this area as the storeroom was not commonly locked. Staff said this would be raised with the trust's pharmacy service.
- An effective system was in place for the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice such as local anaesthetics and drugs used for sedation purposes. The

records we viewed were complete, and provided an account of medicines used and prescribed which demonstrated patients were given medicines only when necessary.

- Dentists recorded the batch numbers and expiry dates for local anaesthetic cartridges and these were recorded in the clinical notes. Medicines and prescription pads were stored securely and NHS prescriptions were stamped with an official centre stamp. Medicines stored in the storeroom were reviewed regularly to ensure they were not kept or used beyond their expiry date.
- Medicines which needed to be stored in a fridge were in line with the manufacturer's guidance. We saw routine checking of the fridge temperature ensured storage of these items remained within the recommended range.

### Environment and equipment

- Generally, the design, maintenance and use of facilities and premises met patients' needs. The maintenance and use of equipment kept people safe. However, not all risks had been identified by the service and actioned.
- There were arrangements in place to meet the Control of Substances Hazardous to Health Regulations 2002 (COSHH). COSHH is the legislation that requires employers to control substances which are hazardous to health. There was a COSHH file where risks to patients, staff and visitors associated with hazardous substances were identified. We saw that COSHH assessments had been carried out for the chemical used in the service.
- We saw that cleaning materials used by the cleaners were stored in an unlocked room adjacent to the reception area. This room was next to the ladies toilet and accessible by patients from the waiting room without having to enter the locked clinical area. The cleaning materials included chemicals that could be hazardous to health if not handled correctly. We discussed this with the Service Manager who agreed to notify the domestic supervisor for their action and who would then ensure the room where the cleaning materials were stored would be kept locked.
- For mobile dental unit, risk assessments had not been undertaken to ensure it was a suitable environment to undertake clinical care. A policy was in place regarding the operation of this unit. The service told us that a risk assessment would be developed and taken through the service Safety & Quality Forum in June 2016 prior to ratification at the Directorate Safety and Quality Group.

## Are services safe?

- The arrangements for managing waste and clinical specimens were appropriate. This included the classification, segregation, storage, labelling, handling and, where appropriate, treatment and disposal of waste.
- The dental equipment including all the dental chairs and lights were modern and appeared to be well-maintained. Annual servicing details for both the intra-oral and extra-oral x-ray machines were available and up-to-date. We saw that the service had a comprehensive maintenance schedule in place for all equipment used in the service.
- A wheelchair recliner was available in one surgery. This enabled a patient to be treated in their wheelchair eliminating the need for the patient to transfer into a dental chair. This was set up in one of the treatment rooms. This room also served as an office for one of the Senior Dental Nurses and contained the filing cabinets in which paper patient records and refreshments were stored, as well as staff coats, staff foodstuffs and hot beverage making facilities. Whilst this staff comfort and storage area was screened off by a curtain, the surgery, which was still in occasional use for patients' treatment, was being used for purposes that it was not designed nor appropriate for. We raised this with senior nurses and managers, and immediate action was taken to tidy this storage area and to remove foodstuffs. Following the inspection, the service provided us with a formal risk assessment of this area which highlighted the risk to patients comfort and showed what mitigating actions had been put in place.
- There was a dedicated x-ray room containing an intra-oral machine and an extra-oral machine. Both machines had clearly identified and appropriately sited isolation switches to switch the machine off in an emergency. Clear signage and safety warning lights were in place in the x-ray room to warn people about potential radiation exposure.
- There were systems in place to check and record equipment was in working order. These included annual checks of portable appliance testing (PAT) of electrical equipment. The trust had contracts in place with external companies to carry out annual servicing and routine maintenance work of other equipment in the premises in a timely manner. This helped to ensure there was no disruption in the safe delivery of care and treatment to patients.
- Electrical safety checks had been carried out on mobile electrical equipment and labels were attached which recorded the date of the last check.
- We examined the resuscitation equipment in the service which was secure and sealed. We found evidence that regular checks had been completed. Quarterly audits were carried out on all resuscitation equipment by the service and appropriate actions taken to address any concerns.
- There were clear guidelines for staff about how to respond to a sharps injury (needles and sharp instruments). The service used dental safety syringes which meant needles were disposed of safely. This complied with the Safe Sharps Act 2013.
- Single use equipment was used during root canal treatment in line with national guidance. There was an extensive stock of materials and equipment used for root canal treatments, kept in each surgery. Root canal treatment was carried out where practically possible using a rubber dam which we observed was latex free. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. This followed guidance on the use of the rubber dam from the British Endodontic Society.
- The service had carried out risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. This included: the safe use of X-ray equipment; disposal of waste; and the safe use of sharps (needles and sharp instruments).
- The trust was working in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). An external Radiation Protection Advisor (RPA) had been appointed and a nominated dentist was the Radiation Protection Supervisor (RPS) for the trust.
- We saw a well-maintained Radiation Protection File including the names of the Radiation Protection Supervisor, Radiation Protection Advisor, a copy of the Local Rules (which was also displayed in the X-ray room), Health and Safety Executive (HSE) notification and reply from HSE, radiograph quality audit from 2012, service documents for both machines and critical examinations for both machines.
- We found there were suitable arrangements in place to ensure the safety of the equipment and we saw local rules relating to each X-ray machine were displayed in

## Are services safe?

accordance with guidance. X-ray audits were carried out annually to ensure they were of a satisfactory quality. We saw evidence the dentists recorded the reasons for taking X-rays (justification) and the images were checked for quality assurance and fully reported in the clinical records which demonstrated compliance with current best practice.

- We saw that there was not an emergency pull-cord present in the gentlemen's toilet. In view of the nature of the patients treated this would be expected to be present.

### Quality of records

- Patients' individual care records were written and managed in a way that kept people safe. Records seen were accurate, complete, legible, and up to date. Patient records were maintained in accordance with trust policy.
- We examined six patient treatment records. These included two patients undergoing orthodontic treatment and two patients where the capacity to make treatment decisions was not present and best interest meetings had been held with other relevant healthcare professionals. The record keeping including that of radiographs was of a high standard with staff completing and signing records as appropriate.
- One of the Senior Dental Officers told us that a recent audit of clinical notetaking had been undertaken and had revealed that as a new member of staff she was using a number of abbreviations that were not familiar to other staff. As a result of this a standardised list of abbreviations was produced and circulated to the dentists.
- All patient records were stored at the location from which care and treatment was provided. For patients receiving domiciliary dental care, the paper records were collected by the dentist prior to the domiciliary visits. During visits they were kept in folders which remained with the dental practitioners at all times. Records were completed fully following the treatment and prior to continuing to the next patient. Clear advice and written information was provided to the patient, care home and relatives as appropriate.
- Patient records demonstrated that dental general anaesthesia (GA) and conscious sedation was delivered according to the standards set out by Intercollegiate Royal Colleges Guidelines for Conscious Sedation 2015.

These records were accurate in that they detailed the treatments carried out and all required information relating to the sedation and local anaesthetic used as required by best practice guidelines.

- Each patient contact with a dentist was recorded in the patient's care records. We observed and were told records were completed at the time of treatment. They were legible, accurate and up-to-date.
- At the time of the inspection, patient records were stored in a series of filing cabinets, which were not locked, in one of the surgery rooms behind a screen curtain. Staff said they did not currently have a dedicated store room for patients' records. Staff said the surgery was not used regularly and this storage system was a temporary situation until a long term solution could be found.

### Cleanliness, infection control and hygiene

- Standards of cleanliness and hygiene were generally well maintained. Reliable systems were in place to prevent and protect people from a healthcare associated infection.
- The waiting room, surgeries and treatment areas all appeared to be clean and tidy and free from clutter.
- The service used an external provider to decontaminate and sterilise its dental instruments. Clean instruments were received prepacked on trays wrapped in drape cloths. These were stored in a "clean" utility room and labelled with what they were and the date they needed to be used by or re-sterilised. The trays were unwrapped within the treatment room immediately prior to use. Once the treatment has been completed, the instruments were re-wrapped in the drape cloth and taken to the "dirty" utility room where they were stored in lidded boxes awaiting collection to be taken by the external provider.
- A system of logging and barcoded stickers was in use to ensure that instruments used on individual patients could be identified retrospectively if necessary. In addition, individual instruments were available in autoclave pouches so that a complete kit would not have to be used if not necessary. We observed the transfer of instruments to and from a treatment room and during the treatment of an orthodontic patient and appropriate infection control precautions were taken.
- The "dirty" utility room had a dedicated hand-washing sink and one other sink. The dedicated hand-washing sink was not labelled as such.



## Are services safe?

- Hand hygiene posters were on display next to all sinks to remind staff of the correct procedure for hand washing.
  - Hand sanitising gel dispensers were available in corridors, waiting areas and clinical rooms. Staff were observed using hand sanitisers and personal protective equipment as appropriate.
  - Personal protective equipment was available for staff (including gloves, masks or visors, safety glasses and aprons) and for patients (safety glasses and bibs). We observed these being used appropriately to aid effective infection control.
  - Foot-operated pedal bins were present in all the treatment rooms and the “dirty” utility room. Orange bags were present in these bins. Other bins with black bags for non-contaminated rubbish were also present.
  - With this one exception regarding the unlocked cleaner’s storeroom, we saw that the decontamination facilities and processes conformed to at least the essential requirements of HTM 01-05, the guidance produced by the Department of Health for dental services on decontamination.
  - There were effective systems in place to reduce the risk and spread of infection within the locations. Decontamination was carried out in a dedicated local decontamination room or the local hospital sterilisation service was used, which we found met essential requirements of HTM01-05. We saw a clear separation of dirty and clean areas. There were adequate supplies of personal protective equipment such as face visors, aprons and gloves. Posters about good hand hygiene and decontamination procedures were displayed to support staff in following practice procedures.
  - It was noted the dental treatment rooms, waiting areas, reception and toilets were clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including liquid soap and paper towels in each of the treatment rooms and toilets. Hand washing protocols were also displayed appropriately in various areas of the trust and bare below the elbow working was observed.
  - Records showed a risk assessment process for legionella had been carried out in 2015. There was a process in place to monitor water temperature from the standard domestic hot and cold facilities in the locations to ensure the safety of the general water systems.
  - The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines.
- ### Mandatory training
- The service had a mandatory training programme that included basic life support, information governance, infection control, health and safety, fire safety, safeguarding children and adults, mental health act and mental capacity act, equality and diversity and manual handling.
  - From information provided prior to the inspection, the service had 92% of eligible staff that had completed the trust’s mandatory training.
  - The lowest percentage of training compliance was for Basic Life Support with 85% with five staff members still needing to complete this. Plans were in place to deliver this training.
  - From information provided by the service at the time of the inspection, compliance rates overall for the service in February 2016 was now 97%.
  - We were told by three Senior Dental Nurses, the Acting Clinical Lead and two other dentists that the Trust provided mandatory training. This included safeguarding for all staff, Basic Life Support for the dental nurses and Intermediate Life Support for the dentists. The Life Support training was provided on an annual basis.
  - There was an induction programme for all new staff, and staff who had attended this programme felt it met their needs. We saw completed training records for staff which meant that staff working across the services were supported with their local induction.
  - Staff told us this training met their needs and they did not have any difficulties accessing training.
- ### Assessing and responding to patient risk
- Risk assessments regarding community visits were not in place. The service informed us that a risk assessment for carrying out therapeutic assessments and procedures in a domiciliary environment will be developed for community visits. This was to be taken through the service Safety & Quality Forum in June 2016 prior to ratification at the Directorate Safety and Quality Group.

## Are services safe?

- We were told the staff provided oral surgery for once a week at the local hospital. They told us they took and used their own staff and instruments. However, the service did not have a policy or risk assessment for this treatment delivered in another location. The service informed us that they were working with the local acute hospital to ensure appropriate risk assessments and induction checklists for staff working at this site. This risk had not been placed on the integrated departmental risk register. Staff said no incidents had been reported relating to this offsite provision of treatment.
- We saw that the service monitored health and safety compliance and that the relevant documents and risk assessments had been reviewed in November 2015. Staff told us that quarterly inspections were carried out, however, the inappropriate use of one of the surgery rooms to store records and staff belongings had not been identified and recorded as a risk.
- A comprehensive Medical History Questionnaire (MHQ) was completed by each patient, or on behalf of each patient, at their first appointment. These forms were updated at subsequent visits. Examples of satisfactorily completed MHQs for six patients were seen. Dental records contained information about patient's medical history and medication.
- Full examinations were carried out on each patient at each check-up including soft tissue examination, periodontal examination, occlusion (bite) and diet. We saw examples of these records for six patients.
- We were told by the Acting Clinical Lead, who had been in post for three months, that they had inherited a waiting list of some 400 patients. They had identified that some of these referrals from local dentists did not meet the referral criteria of the service. They had identified this situation as a priority and instituted two measures to improve the situation. Firstly they had identified the need to separate the two main types of referral; children for extractions of teeth under general anaesthetic and special needs patients and that they had produced dedicated referral forms for each type. Secondly they had produced a referral criteria document to be sent to the local dentists reminding them of the criteria. We saw copies of these three documents and they were comprehensive and appropriately designed to capture the information needed from the referrer about the patient to facilitate their treatment within the service.
- From information requested from the trust, we were told that the dental service was a routine non urgent service with clear access/exclusion criteria. Patients referred from General Dental Practitioners (GDP) remained the clinical responsibility of the GDP until their first assessment. Referrals received from other healthcare professional were allocated the next available appointment. The waiting list only included patients referred from GDPs.
- Referrals were assessed against the established access/exclusion criteria and either accepted by the service or not. As part of this initial triage individual clinical risk was evaluated by the clinician undertaking the triage against the acceptance and exclusion criteria. Patients who were not accepted by the service were sign posted back to the GDP.
- The service carried out consultations, assessments and treatment in line with recognised general professional guidelines. A review of a sample of dental treatment records and discussions with the senior clinician on duty confirmed this. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence the medical history was updated at subsequent visits.
- An examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer was recorded in patient records. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was discussed with the patient and treatment options explained in detail.
- Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures such as brushing techniques or recommended tooth care products. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and or carer and this included the cost involved.
- Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements. A review of a sample of



# Are services safe?

dental care records showed the findings of the assessment, dietary advice, tooth brushing; recommended tooth care products and details of the treatment carried out were recorded appropriately.

- Dental general anaesthesia and conscious sedation was delivered according to the standards set out by Intercollegiate Royal Colleges Guidelines for Conscious Sedation 2015. Details of the treatments carried out were documented; local anaesthetic details including type, site of administration, batch number and expiry date were recorded.
- The trust had identified a radiation protection supervisor. We observed signs in the radiology room to prevent people entering areas that would place them at risk of radiation exposure.
- Resuscitation equipment was available in the service.
- There was a protocol in place to manage deteriorating patients and a system was in place to call 999 when required.

## Staffing levels and caseload

- Staffing levels, skill mix and caseloads were planned and reviewed so that patients received safe care and treatment at all times, in line with relevant tools and guidance.
- Actual staffing levels met the planned levels at the time of the inspection.
- Arrangements for using bank, agency and locum staff kept people safe at all times, including ensuring appropriate induction processes were completed. There was minimal use of agency staff over the past year staff told us. For February 2016, agency usage was 0%. The annual agency usage for the service was 1.3%.
- The appointment system was tailored to patients' needs so that sufficient time was allocated for assessment and treatment in response to the complex needs of the patients.
- As of November 2015, the service had 34 substantive staff, with 6% of posts being vacant. Eight staff had left in the past 12 months and overall in February 2016, the sickness level was 5%, on par with the trust average. There were eight dentists in post at the time of the inspection with one vacancy that was being recruited to. There was the equivalent of 12.5 dental nurses in post, with 0.5 whole time equivalent vacancy. There was also one band 7 therapist in post.
- We were also told by the Acting Clinical Lead that there had been two attempts to recruit a Clinical Lead

following the retirement of the previous Clinical Lead. A suitable candidate had not come forward. This had meant that the patients' having treatment by the previous Clinical Lead had had to be taken on by the other dentists. In addition two other long-standing Senior Dental Officers had retired within the last year. Despite having successfully recruited two new Senior Dental Officers, the service was in a time of transition.

- One Senior Dental Officer was dedicated to providing domiciliary care to older people unable to access the dental surgery.
- Staff told us there were always enough staff to maintain the smooth running of the service and there were always enough staff on duty to keep patients safe. We saw records that demonstrated staffing levels and skill mix were in line with planned staffing requirements for the planned service delivery.

## Managing anticipated risks

- Potential risks were taken into account when planning services, for example seasonal fluctuations in demand, the impact of adverse weather, or disruption to staffing.
- One of the Senior Dental Nurses was responsible for the management of medical emergencies. She showed us the robust systems available to treat such an emergency. The service had arrangements in place to deal with medical emergencies. These were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Appropriate emergency equipment and an automated external defibrillator (AED) were available. An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Oxygen and medicines for use in an emergency were available and were stored securely at reception. We saw the emergency kit contained the correct emergency drugs.
- This included two drug kits (one dedicated to the dental service and the other shared with Podiatry and Physiotherapy services), two oxygen cylinders and associated equipment including portable battery-operated suction and a defibrillator (AED). Spares were also available on a kit in the "Walk-in Centre" in another part of the building.
- These were checked each day, as part of the setting-up of the clinic prior to patients being treated, by one of

## Are services safe?

three Senior Dental Nurses. The results of these checks were logged and initialled by the person completing them. We saw examples of these logs for both current and past months.

- We were told by the Senior Dental Nurse that all staff received annual training in managing medical emergencies and we saw evidence that cardiac arrest resuscitation scenarios had been performed regularly. She also told us that dealing with a medical emergency was practised regularly every three months, both as part of team meetings and at other times. In addition the medical emergency drugs and equipment were audited and checked every three months by an employee of the trust.
- We saw that biohazard (body fluid) spillage and mercury spillage kits were also available if needed.
- We were told by the Senior Dental Nurse that any emergencies or adverse experiences occurring within the service were shared with their other colleagues during Team Meetings.
- The clinical facilities were used by the local dental out of hour's service. We were shown the handover book that is used to alert this service of any issues outstanding and vice versa.
- All this equipment, checks and training meant that the staff would be able to deal with a medical emergency should the need arise.

- Records showed checks were made to ensure the equipment and emergency medicine was safe to use. The expiry dates of medicines and equipment were monitored using a weekly check sheet which was signed by a member of staff. Therefore, staff were familiar with the content and were able to replace out of date or used medicines and equipment promptly. The emergency medicines and equipment were stored in a central location known to all staff.

### Major incident awareness and training

- Arrangements were in place to respond to emergencies and major incidents. A Business Continuity Plan, dated April 2105, was in place.
- There was good understanding amongst staff with regards to their roles and responsibilities during a major incident. Staff were able to signpost us to the trust wide policy which was located on the trust intranet.
- 91% of staff had completed the trust's fire safety training within the past year.
- Checks of fire extinguishers and emergency lighting had taken place at regular intervals. We also saw records of recent fire drills and fire training within the last 12 months. We saw the fire evacuation procedure was clearly posted on the walls throughout the locations.
- Fire warden checklists were completed every month, with the last one being completed on 5 April 2016.

# Are services effective?

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

## Summary

Overall, we rated the service as good for effectiveness because:

- Patients' needs were assessed and their care and treatment was delivered following local and national guidance for best practice.
- The service had effective evidence based care and treatment policies based on national guidance.
- We saw evidence of robust multidisciplinary working with staff, teams and services working together to deliver effective care and treatment.
- Staff had the necessary qualifications and skills they needed to carry out their roles effectively.
- Staff were supported to maintain and further develop their professional skills and experience.
- Staff generally had the necessary information they needed before providing care and treatment.
- Consent to care and treatment was obtained in line with legislation and guidance.
- Performance in national audits was better than the national average.

## Detailed findings

### Evidence based care and treatment

- The service followed national and local guidance including guidance published by the Royal Colleges, British Dental Association and National Institute for Health and Care Excellence (NICE).
- All relevant NICE guidance had an action plan for implementation of the recommendations. We saw that clinical audits demonstrated the implementation of national guidance including: Dental Erosion and Consent.
- One of the Senior Dental Officers described how the Delivering Better Dental Oral Health Toolkit published by the Department of Health (2010) was used to guide patient treatment, for example with regard to prescribing fluoride supplements.

- They also told us that the NICE guidelines on recall intervals and guidance from the Faculty of General Dental Practice on antibiotic prescribing and the taking of radiographs were also being used.
- Dental general anaesthesia and conscious sedation was delivered according to the standards set out by Intercollegiate Royal Colleges Guidelines for Conscious Sedation 2015.
- Consultations, assessments and care planning and treatment were carried out in line with recognised general professional guidelines. A review of a sample of dental treatment records and discussions with the clinicians on duty confirmed this.
- Policies were in place to ensure patients were not discriminated against. Staff were aware of these policies and gave us examples of how they followed this guidance when delivering care and treatment for patients.
- The service used an assessment form for dental erosion that was designed based on Basic Erosive Examination System (BEES) and Basic Erosive Wear Examination System (BEWE) national guidelines.
- Staff demonstrated an awareness of the rights of people subject to the Mental Health Act (MHA) and the MHA Code of Practice.
- Patients' dental recall intervals were determined by the dentists using a risk based approach based on current National Institute for Health and Care Excellence (NICE) guidelines.

### Pain relief

- Staff assessed pain relief for patients undergoing procedures using pain assessment criteria.

### Patient outcomes

- The service had an effective system to regularly assess and monitor the quality of service patients received. To facilitate this there was evidence the service carried out clinical audit and risk assessments. This included auditing of clinical recording keeping standards, dental X-rays, infection control, sedation and oral surgery.
- Preventive care across the service was delivered using the Department of Health's 'Delivering Better Oral

## Are services effective?

Health Toolkit 2010'. Adults and their carers attending services were advised during their consultation of steps to take to maintain healthy teeth. Tooth brushing techniques were explained to them in a way they understood. Across the sample of dental care records reviewed, we observed all demonstrated the dentist had given oral health advice to patients.

- The service was supported in the promotion of oral health by a dedicated team of dental nurses that provided care and treatment to patients in the local community.
- The service carried local audits including consent, record keeping and radiography and the trust's Ward to board performance monitoring programme.
- The service had carried out an audit for "Dental Erosion and Awareness of the Condition Amongst Patients Under-18 Seen by Coventry Community Dental Service (CDS)" in 2014. Compliance with the BEWE Score being documented on patients' records was 100%. Ongoing recommendations from this audit included:
  - All patients to be formally assessed for dental erosion at every dental examination,
  - All patients identified with dental erosion to be counselled as to the likely causes and provided with a dental erosion leaflet,
  - Raising awareness of dental erosion and its causes by a video / poster / leaflet campaign in reception,
  - Raising general awareness of dental erosion and its causes via the oral health promotion team.
- We saw the service had an action plan in place following this audit to monitor continued improvements in this area.
- The service carried out an audit for 'Quality Outcome of Peer Assessments Ratings (PAR) for Completed Orthodontic Treatments 2014/2015'. PAR is an index for the assessment of the standard of orthodontic treatment achievement. According to the British Orthodontic Society Clinical Standards Committee Guidelines, for a dentist to demonstrate high standards, the proportion of their caseload falling in the "worse" or "no difference" category should be negligible (less than 5%), and the mean reduction in PAR score should be high (greater than 70%).
- The audit showed that the mean reduction in PAR scores was high, with an average of 78.5%, which was better than the benchmark used in the audit. Also, 2% of cases fell into the worse or no different category, which was better than the benchmark of 5%. A comparison

with 2011/12, 2012/2013 and 2013/2014 results showed that the mean reduction of PAR score continued to be maintained at a high level and that in this year there was a decrease in the proportion in the 'worse or no difference' category.

- We were shown the computerised results of an audit across the service of radiograph quality for radiographs taken between January and June 2015. This showed satisfactory outcomes bearing in mind the difficulties posed by some of the medical conditions of the patients that the service treated.

### Competent staff

- We reviewed training records for staff and saw they were up to date with their training. The training covered all of the mandatory requirements for registration issued by the General Dental Council.
- Staff had regular appraisals which was confirmed by staff interviewed. New staff underwent an induction process and there was a 'buddy' system to support new staff during induction. Induction training included mandatory training, a period of shadowing and a workbook which had to be signed off to confirm competency levels.
- The trust appraisal policy stated that all staff were required to have annual appraisal using the job description and person specification for their post. Staff that had received an annual appraisal told us it was a useful process for identifying any training and development needs. Trust data showed completed appraisal rates as 97% across the service in February 2016.
- Staff told us they mostly received appropriate professional development and training across the area of service provision. Continuing professional development was reviewed centrally by the trust to monitor dentists and dental nurses' progression. Professional registration was also reviewed and highlighted to staff when they were due for review by the General Dental Council.
- Additional training was provided to meet staff needs, for example, 20 staff had attended the 'Site Specific Standard Infection Control Precautions, Outbreaks, Influenza' training event in the past year.
- The Operational Service Lead had completed the trust leadership programme called 'Band 7 Programme - Building Inclusive Leadership' in the past year.

# Are services effective?

## Multi-disciplinary working and coordinated care pathways

- There were suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. There was effective collaboration and communication amongst all members of the multidisciplinary team to support the planning and delivery of patient centred care.
- Details of all treatment patients had received were communicated back to their referring dentist when they were discharged from the service at the end of their course of treatment.
- One of the Senior Dental Nurses told us that working in a large multidisciplinary health centre with access to many other services for advice on patient care was helpful to providing coordinated care for their patients.
- One of the Senior Dental Officers told us how they liaised with other healthcare colleagues and showed us examples involving the Learning Disability Team, Consultant Psychiatrists, Oral and Maxillofacial Surgeons, Play Specialist, Acute Liaison Team and Speech and Language Therapists.
- In addition, we saw two records of patients where treatment had been coordinated. They had had a general anaesthetic for dental treatment and at the same time had had blood tests for other disciplines.
- We saw that the departments had links with other departments and organisations involved in patient journeys such as GPs, support services and the local acute trust.

## Referral, transfer, discharge and transition

- Staff worked together to assess and plan ongoing care and treatment in a timely way when people were due to move between teams or services, including referral, and discharge.
- There were clear mechanisms for sharing appropriate information with patients' GPs and other relevant professionals and to ensure that the patient and carers fully understand what was happening and any next steps.
- The service had developed a new set of referral forms to ensure patients referred met the appropriate criteria for the service.

## Access to information

- Patient information needed to deliver effective care and treatment was available to relevant staff in a timely and accessible way.
- Staff were able to access patient information such as diagnostic imaging records and reports, medical records and referral letters appropriately through electronic records.
- All staff had access to the trust intranet to gain information relating to policies, procedures, and NICE guidance.

## Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Staff understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004.
- We were shown the dedicated forms used to gain consent from patients for their treatment. These forms were comprehensive and appropriate for their use. They included spaces for signature and date for the treating dentist, patient, carer/ guardian and translator. The form was carbonated so that one copy can be given to the patient and the other kept in the patient record.
- We were shown the dedicated forms used to gain consent from patients who did not have the capacity to make their own treatment decisions. Again these were comprehensive and appropriate for their use including a flow chart and space for a second opinion dentist to sign. We saw two examples of these completed consent and best interest forum forms.
- Dentists had a clear understanding of consent issues. They stressed the importance of communication skills when explaining care and treatment to children and the adults responsible for their care. The dentists felt that responsible adults and older children should be given time to think about the treatment options presented to them. This ensured that a parent or older children could withdraw consent at any time.
- There was a system for obtaining consent for patients undergoing general anaesthesia, inhalation sedation and other operative dental treatment. Staff discussed treatment options, including risks and benefits, with each patient their parents, guardians or carers. Responsible adults were asked to read and sign these before starting a course of treatment.
- An audit was carried out by the service regarding consent to investigation and treatment in July 2015

## Are services effective?

which showed an increase in compliance rates across a range of indicators from the previous two years' audits. For example, 100% of consent forms had been signed and dated by the appropriate professional compared to 0% in the 2013 audit. An action plan was in place following this audit and progress was being monitored by the service.

- We saw two examples of patients where best interest meetings had been organised by the service for patients who did not have capacity to make their own treatment decisions.
- Staff compliance with Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards training was 94%.



# Are services caring?

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

## Summary

Overall, we rated the service as good for caring because:

- During the inspection, we saw and were told by patients, that all staff working in the service were kind, caring and compassionate at every stage of their treatment.
- People were treated respectfully and their privacy was maintained in person and through the actions of staff to maintain confidentiality and dignity.
- Staff involved patients and those close to them in aspects of their care and treatment. Information about treatment plans was provided to meet the needs of patients.
- Patients we spoke with during our inspection were very positive about the way they were treated.
- All staff were sensitive to the needs of all patients and were skilled in supporting patients and young people with disabilities and complex needs.

## Detailed findings

### Compassionate care

- All staff were kind, compassionate and caring in all patient interactions that we observed.
- We observed good examples of caring and considerate staff during our visit in all parts of the service, in waiting and treatment areas and in other communal areas such as corridors.
- We observed staff knocking on doors before entering clinic rooms. Patient's dignity and privacy was respected at all times.
- Staff and patients told us all consultations and treatments were carried out in the privacy of treatment rooms to maintain patients' dignity and privacy. We observed treatment room doors were closed at all times whilst patients were with dentists.
- Conversations between patients and their carers and dentists could not be heard from outside the rooms which protected patients' privacy. Staff were aware of the importance of providing patients with privacy and maintaining confidentiality.
- Patients and carers we spoke with praised the staff for the level of compassionate care they provided.

- Staff took the time to interact with children and young people who used the service and those close to them in a respectful and considerate manner
- Patients were provided with the option of being accompanied by friends or relatives during consultations.
- We observed a good rapport between patients, reception and dental nursing staff.
- The Friends and Family Test, which assesses whether patients would recommend a service to their friends or family, showed that 100% of patients would recommend the service to family and friends.

### Understanding and involvement of patients and those close to them

- Patients we spoke with felt well informed about their care and treatment. Patients and families we spoke with confirmed they felt appropriately involved in the planning of their, or their family member's, treatment.
- New patients were asked to complete a comprehensive medical history and a dental questionnaire. This questionnaire enabled the clinicians to gather important information about their previous dental, medical and relevant social history. They also aimed to capture details of the patient's expectations in relation to their needs and concerns.
- This helped to direct the dentists in providing the most effective form of care and treatment for them. These aspects of information were seen to inform treatment options and ensure comprehensive records for the safety and well-being of patients.
- Patients understood when they would need to attend the service again for further treatment.
- Where some patients had presented with complex conditions, they told us that nursing staff were available to explain in further detail, and in a manner which they could understand, any amendments to their treatment or care.
- Each patient we spoke with was clear about what appointment they were attending for, what they were to expect and who they were going to see.
- Patients' said they were kept informed of the clinic waiting times.

## Are services caring?

- We saw before treatment commenced, patients signed their treatment plan to confirm that they understood and agreed to the planned treatment. Staff told us they involved relatives and carers to support patients in decision making when required.
- Young children and people with a learning disability were given the time and support they need to be involved in understanding their treatment. Dedicated time and orientation sessions to the service were arranged to help the patients understand the environment and their treatment plans.
- Patients were given a copy of their treatment plan and for non-exempt patients the associated costs of the treatment planned. We found planned care was consistent with best practice as set down by national guidelines.
- Patients were informed of the range of treatments available and their cost in information leaflets. We saw NHS charges were clearly displayed in the waiting area.

### Emotional support

- Staff demonstrated a good understanding of the emotional impact dental treatment can have on

patients' well-being. We saw staff were passionate about working within the service and providing good quality care for patients. They demonstrated a good understanding of individual needs of patients and a breadth of experience in ensuring the emotional impact of dental treatment was minimised.

- All staff showed patience and understanding when interacting and treating patients. We saw and were told they provided timely support and information to patients to cope emotionally with their care and treatment.
- With young patients and parents, we saw that staff were sympathetic and reassuring when they were nervous and this helped to put them at ease.
- Staff had good awareness of patients with complex needs and those patients who may require additional support should they display anxious or challenging behaviour during their visit to the service
- There was signposting to local advisory groups to offer both practical advice and emotional support to both patients and carers staff told us.



# Are services responsive to people's needs?

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

## Summary

Overall, we rated the service as requiring improvement for responsiveness because:

- There was an excessive waiting list for children who had been referred to the service and were waiting for their first assessment appointment. Some patients had been waiting for nine to ten months.
- The service was taking steps to identify inappropriate referrals and to review the patients the waiting list but there was not a clearly defined process surrounding this to effectively manage the waiting list.

However, we found that:

- The service provided flexibility to provide community services closer to patients' own homes.
- There were systems to ensure that services were able to meet the individual needs, for example, for people living with dementia and learning disabilities.
- Effective systems to record concerns and complaints raised within the service, to review these and take action to improve patients' experience were in place.
- Generally, the service planned to take account of the needs of different people reflecting the diversity of the local community.

## Detailed findings

### Planning and delivering services which meet people's needs

- The service was working with other health and social care providers and commissioners to plan to meet the needs of people in the area, particularly those with complex needs, long-term conditions, or life-limiting conditions. Senior staff said that whilst relationships were generally effective, progress was not as timely as would be expected when service planning proposals had been put forward.
- The service reflected the needs of the local population and provided flexibility, choice and continuity of care particularly with the oral health education team and mobile dental unit providing services in the community.

Staff had a clear understanding of who their population group were and understood their needs including, making appointments long enough to provide thorough investigations and treatment.

- Facilities and premises were appropriate for the services that are planned and delivered.
- The dentists reported in a large number of cases patients were referred to the service for short-term specialised treatment. On completion of treatment, patients were discharged back to their own dentist so that ongoing treatment could be resumed by the referring dentist. Each referral provided information about why the patient was visiting and any communication difficulties they may have so this enabled the service to determine how long the patient may need for an assessment.
- The service provided oral health care and dental treatment for children and adults that have impairment, disability and/or a complex medical condition and those who are nervous or dental phobic. Patients who were in this category were those with a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability. Domiciliary dental services were provided where dental staff visited patients in their own home or a nursing and residential environment.
- There was an efficient appointment system in place to respond to patients' needs. There were vacant appointment slots for the dentist to accommodate urgent or emergency appointments. The patients we spoke with told us they were seen in a timely manner in the event of a dental emergency. Staff told us the appointment system gave them sufficient time to meet the requirements of high need patients. Basic periodontal treatment to help maintain patient's gum health was carried out by a dental therapist.
- Dental treatment for patients under a general anaesthetic can now only be undertaken in a hospital setting where critical care facilities are available. In Coventry, this specialist service was provided by the service using the Surgical Day Unit at the local acute hospital.

# Are services responsive to people's needs?

- Domiciliary visits were provided for older people living in residential care or their own homes. This service helped the trust to achieve its aim of treating people closer to home.

## Equality and diversity

- Generally, the service planned to take account of the needs of different people, for example on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation.
- The service had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. Reception staff told us they had access to a translation service should it be required.
- Reasonable adjustments were made so that disabled people could access and use the service on an equal basis to other.
- Steps were taken to ensure each patient, both children and adults, were treated as individuals, with their needs, preferences and their ethnicity, language, religious and cultural backgrounds being respected.
- The service was commissioned to specifically provide access to dental services for vulnerable adults and children. In order to improve the oral health of this vulnerable group of patients, we observed plenty of time was allowed for patient appointments with the average time for appointments being 45 minutes.
- The service had also considered the needs of patients with mobility issues. The premises had appropriate wheelchair access for patients with mobility difficulties and had disabled toilet facilities. Car parking was available at the health centre.

## Meeting the needs of people in vulnerable circumstances

- Staff were aware of how to support people living with dementia and some had accessed the trust training programme in order to understand the condition and how to be able to help patients living with a dementia.
- Staff described to us how they had supported patients with additional needs such as a learning disability. They ensured that patients were supported by their carer or a relative and that there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

- We were told by a dental nurse that the service has a mobile dental unit that visits three local special schools (two children and one adult) on a regular basis. Staff emphasised how important this part of the service is as it allowed patients to be treated where they are rather than having to come into the health centre which due to their complex medical conditions would be difficult for them and their carers to do.
- One of the Senior Dental Officers told us that there was great benefit to having a dedicated Oral Health Education team available as it enabled their treatment to be backed up by the oral health educators in the patient's home and/or school with their parents or carers.
- The waiting room and clinical areas of the service were light and airy with comfortable seating and provided a pleasant environment for patients to be treated in.
- A translation line was available if required and there were a range of relevant patient leaflets available in clinic waiting areas.
- The service was able to accommodate patients in wheelchairs or who needed specialist equipment. There was sufficient space to manoeuvre and position a person using a wheelchair in a safe and sociable manner.
- Patients were provided with information about the services offered on the waiting room notice boards. There were also a number of leaflets describing the range of treatments which were available and their costs outlined. There were leaflets for specific treatments such as root canal, and oral hygiene. NHS charges were clearly displayed in the waiting area.
- Preventative dental information was given during consultations in order to improve the outcomes for patients. This included dietary advice and general dental hygiene procedures such as brushing techniques or recommended tooth care products.

## Access to the right care at the right time

- The service was open on Monday to Friday between 8.45am to 5pm. Weekend services were not generally provided but some oral health promotion activities were undertaken in the evenings and at weekends.
- For February 2016, the number of patient appointments was 591. In the six months to February 2016, the service had carried out 3,162 patient appointments.
- There was usually an even split between adults and younger people being seen by the service.

## Are services responsive to people's needs?

- There was an excessive waiting list for children who had been referred to the service and were waiting for their first assessment appointment. At the time of our inspection, there were over 400 patients on the waiting list. This matter had only recently come to light and the senior management team were in the process of introducing a new referral system to ensure all future referrals met the service's admission criteria.
- Some of the patients had been waiting nine to ten months. Senior managers had taken steps to review this waiting list to identify inappropriate referrals (for example, requests for a second opinion, which did not meet the service's referral criteria) and write to the patients and their referring dentist but there was not a clear process for the management of this waiting list at the time of the inspection. This risk had not been escalated to the integrated departmental risk register.
- Information regarding the opening hours was available in all the premises. There was an answer phone message which provided information about opening hours as well as how to access out of hours treatment from other providers. Some emergency appointments were kept free each day so the service could respond to patients in pain. Patients unable to access the services were visited in their own homes, care homes or nursing homes as the services had a mobile unit available.

- Staff reported very low cancellation rates.

### Learning from complaints and concerns

- Patients we spoke with knew how to make a complaint or raise concerns, and were encouraged to do.
- Staff told us that complaints were handled effectively and confidentially, with regular updates for the complainant with a formal record kept.
- Staff said lessons were learned from concerns and complaints, and actions taken as a result to improve the quality of care when required.
- No formal complaints had been reported for the service in the year to October 2015, and staff said for informal complaints, patients were given advice of how to contact the Patient Advisory Service (PALS) or the Friend and Family Leaflets.
- Staff reported that patients commonly complained about car park facilities which senior managers were aware of as it was a health centre site issue.
- Information was accessible on the trust website and also throughout the service which provided details of how patients could raise complaints about the care they had received.

# Are services well-led?

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

## Summary

Overall, we rated the service as requiring improvement for being well led because:

- There was not a robust oversight and management of risks within the service and risks identified during the inspection had not been recognised by the service.
- There was a lack of risk assessments governing the use of the mobile dental unit and a lack of a policy and risk assessment processes for patient care and treatment provided by the service at the local acute hospital.
- There was not a clearly defined strategy for the service in place to drive improvement and innovation.

However, we found that:

- Staff were familiar with the trust wide vision and values and felt part of the trust as a whole.
- Staff told us that they felt supported by their immediate line managers and that the senior management team were visible within the department.
- There was a strong culture of team working across the areas we visited.

## Detailed findings

### Service vision and strategy

- Staff were clear about the trust wide vision and values. Staff were able to articulate that the vision of the service was to continuously improve the quality of the services in order to provide the best care and optimise health outcomes for each and every patient accessing the services.
- The service did not have a defined specific strategy but we saw that there was a 'Service Specification for the Coventry Community Dental service' which outlined the composition and function of the service. However, this was not dated and whilst still current, senior staff told us of plans to develop a new strategy for the service, with full engagement across the staff team. The aims of the service specification included:

Provision of dental care for patients who, because of disability, have a need for specialised dental care

Provision of specialised dental services as required locally, e.g. general anaesthesia in a hospital setting or orthodontics.

Delivery of dental public health programmes

Provision of general primary care dentistry for patients of all ages

### Governance, risk management and quality measurement

- The service did not have its own defined risk register as any risks pertaining to the service would be held on the Local Integrated Community Services risk register. From information provided by the trust, there were currently no local risks on this register for the dental service at the time of the inspection.
- Therefore, risks identified during the inspection had not been recognised by the service, including the waiting list of 400 patients, a lack of risk assessments governing the use of the mobile dental unit and a lack of a policy and risk assessment processes for patient care and treatment provided by the service at the local acute hospital.
- The inappropriate use of one the surgery room to store records, staff belongings and foodstuffs had not been identified as inappropriate or a potential risk by the service
- Robust arrangements for identifying, recording and managing risks, issues and taking mitigating actions were not in place.
- We saw that community dental services, including feedback from people who use services, was regularly discussed at divisional and Board meetings, however, there was little reference to risk and risk management within the service.
- The service had a Business Impact Analysis assessment in place which did highlight some of the operational pressures for the delivery of the service.
- There were monthly staff meetings at departmental level where concerns and service delivery issues were discussed.
- Staff awareness of risk registers was variable.

# Are services well-led?

## Leadership of this service

- Most staff reported that leadership within the department was strong, with visible, supportive and approachable managers. All felt that there was a positive working culture and a good sense of teamwork and good staff morale was evident among nursing and support staff.
- Staff we spoke with all reported that they felt motivated to perform well and were committed to the service provided to patients.
- There were clear lines of responsibility and accountability.
- Staff felt that they could approach managers with concerns and were confident that action would be taken when possible. We observed good, positive, and friendly interactions between staff and local managers.
- Staff felt that line managers communicated well with them and kept them informed about the day to day running of the departments.
- Staff told us that they had annual appraisals and were encouraged to manage their own personal development. Staff were able to access training and development provided by the trust and the trust would fund justifiable external training courses.
- Staff told us that they knew the executive team, who were visible, and that they were supportive of new ideas and change and sent out regular communications to staff.

## Culture within this service

- Senior managers said the service was in transition given the retirement of some long standing members of staff and that with recent changes, morale was lower than usual.
- Staff were proud to work in the service. They were passionate about their patients and felt that they did a good job.
- Staff were encouraged to report incidents and complaints and felt that these would be investigated fairly.
- Staff told us that they felt there was a culture of staff development and support for each other. Staff were open to ideas, willing to change and were able to question practice within their teams and suggest changes.

- Most staff told us that there was a good working relationship between all levels of staff. We saw that there was a positive, friendly, and professional working relationship between staff.
- Staff were aware of the policy about raising concerns about another member of staff's performance (a process referred to as 'whistleblowing').

## Public engagement

- Friends and Family Test feedback forms were available for patients in the waiting area and feedback was used to help inform service plans and improvements. Feedback was generally very positive.
- We saw a monthly feedback poster with headlines from recent patient feedback.

## Staff engagement

- Senior managers spoke of plans to enhance staff engagement in the future planning for the service.
- Staff were supported locally in their role within the team. The service was currently providing training for all Band 7's dental nurses to give further support and tools for them to manage and support junior staff.
- A values based appraisals process was in place which included a mandatory section on staff wellbeing, which encouraged discussion and an opportunity to identify further support.
- Staff told us of the various ways the trust engaged with them such as at the trust's Big Conversations events, Equal Active newsletters and via Core Brief and all staff user emails.
- The service gathered feedback from staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- The dental service had celebrated Long Service awards recently for eight members of staff who between them had 253 years of service. This was celebrated at an event, where staff were presented with certificates.

## Innovation, improvement and sustainability

- The domiciliary care team was recognised for providing a high quality service in the trust's 'Q' award in 2015.
- The Specialist Orthodontist showed us an audit he had conducted in 2014 on tooth erosion as he had noticed an increase in the number of his referred patients

## Are services well-led?

suffering from this dental condition. This audit had resulted in the production of a leaflet, a copy of which we were shown, explaining to patients about this condition and its relevance to them.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17 (1) (2)(a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the Regulated Activities Regulations 2014).</b></p> <p><b>Good Governance</b></p> <p>How the regulation was not being met:</p> <p>The regulation was not being met because risks were not always identified and all mitigating actions taken in all services.</p> <p>The leaders had not recognised the risks patients on a waiting lists and there were not defined policies and risk assessments in place regarding community visits and the use of a local acute trust for providing care and treatment.</p>

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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