

Northumbria Healthcare NHS Foundation Trust

RTF

Community dental services

Quality Report

Northumbria Healthcare NHS Foundation Trust

Tel: 01642 617617

Website: www.northumbria.nhs.uk

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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)
RTF	The Health Centre, Thoroton Street, Blyth, Northumberland, NE24 1DX		
RTF	Morpeth NHS Centre, The Mount, Morpeth, NE61 1JY		
RTF	Albion Road Resource Centre, Albion Road, North Shields, NE29 0HG		
RTF	Seaton Park Medical Group, Norham Road, Ashington, Northumberland, NE63 0NG		
RFT	Wallsend Health Centre, The Green, Wallsend, NE28 7PB		
RTFED	Wansbeck General Hospital, Ashington, Northumberland NE63 9JJ		
RTFFS	North Tyneside General Hospital, Rake Lane North Shields Tyne and Wear NE29 8NH		
RTF	Amble Health Centre, Percy Drive, Amble, NE650PL		
RTF	The Oxford Centre West Farm Avenue Longbenton NE12 8LT		
RTFDR	Hexham General Hospital, Corbridge Rd, Hexham NE46 1QJ		

This report describes our judgement of the quality of care provided within this core service by Northumbria 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.

Summary of findings

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

Summary of findings

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	6
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

Detailed findings from this inspection

The five questions we ask about core services and what we found	10
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Summary of findings

Overall summary

Overall rating for this core service Outstanding

We rated the dental services at this trust as outstanding because:

Services were effective, evidence based and focused on patients' needs. We saw examples of excellent collaborative team working. We also saw examples of innovative working including an orthodontic service that catered primarily for the needs of vulnerable children such as those with disabilities and complex medical conditions. The service had also co-developed with colleagues in the North East Oral Health Promotion Group, a comprehensive resource pack to support the maintenance of oral health of elderly residents in care homes. The service had implemented an award scheme in care homes across Northumberland with the aim of assuring improved oral health in a care home setting. The continuing development of staff was seen as integral to providing high quality care and all staff received professional development appropriate to their role and learning needs. Staff, registered with the General Dental Council had frequent continuing professional development and met their professional registration requirements.

The service was extremely responsive to patients' needs; people could access services in a timely way that suited them. Service waiting times for each clinic and the waiting times for general anaesthesia at each hospital showed that waiting times for the first available appointment were within one to three weeks dependant on the clinic. The waiting times for special needs adults under general anaesthesia were 6 weeks or less. However, patients requiring urgent care could be seen earlier. Effective multidisciplinary team working and links between clinics ensured patients received appropriate care at the right times and without avoidable delays. Patients from all communities could access treatment if they met the service's criteria. The dental service had been recognised for pioneering work involving looked after children across North Tyneside and had received a national award by the Patient Experience Network for this

work. The service had a proactive approach to understanding the needs of different groups of people. We found that the oral health promotion team had developed a patient information booklet explaining the patient journey for dentistry through the eyes of a patient with learning disabilities. Learning disability patients had taken a joint lead role in developing the booklet

The service was very well-led with organisational, governance and risk management structures in place.

These governance arrangements were proactively reviewed and reflected best practice. There was strong leadership of the service, with an emphasis on driving continuous improvement. The local management team were visible and the culture was seen as open and transparent. There was strong collaboration and support across all of the service with a strong emphasis on improving the quality of care.

Staff were aware of the way forward and vision for the organisation and said that they felt well supported and could raise any concerns with their line manager. Staff at all levels were actively encouraged to raise concerns. There were high levels of staff satisfaction across all staff groups. Team meetings and staff surveys demonstrated that the service engaged all staff.

Staff protected patients from abuse and avoidable harm. Systems for identifying, investigating and learning from patient safety incidents were in place. Infection control procedures were in place. The environment and equipment were clean and well maintained.

Patients, relatives and carers said they had positive experiences of care within the service. We saw good examples of staff providing compassionate and effective care. We also saw effective interactions taking place between individual staff members. We found staff to be hard working, caring and committed to the care and treatment they provided. Staff spoke with passion about their work and conveyed their dedication to what they did.

Summary of findings

Background to the service

Information about the service

Northumbria Healthcare NHS Foundation Trust provides dental services in seven community dental clinics spread across Northumbria. The majority of care is provided at these seven clinics with additional clinical services being available at two hospital locations where more poorly patients can safely seen for their routine dentistry. The clinics serve patients of all ages who need specialised dental care approaches that are not available in general dental practices. The service includes oral health care and dental treatment provision for patients with impairments, disabilities and/or complex medical conditions. This provision extends to patients with physical, sensory, intellectual, mental, medical, emotional or social impairments or disabilities including those who are housebound.

The service offers conscious sedation in selected clinics when treatment under local anaesthetic alone is not feasible. The service provides general anaesthesia as necessary for the very young, the extremely nervous, patients with special needs and patients who need multiple extractions. General anaesthesia is delivered at:

- Wansbeck General Hospital

- North Tyneside General Hospital
- Blyth Health Centre

The service also provides an orthodontic service that focuses on the needs of vulnerable patients.

During our inspection we visited five community dental service locations:

- Albion Road Clinic
- Wallsend Health Centre
- Thoroton Health Centre
- Seaton Park Health Centre
- Morpeth NHS Centre

We observed a hospital session at Wansbeck General Hospital where patients with a variety of disabilities were treated under general anaesthesia and a general anaesthesia session for extractions at Wansbeck General Hospital. We also accompanied the Morpeth dental services team on several domiciliary visits and spoke with the oral health promotion team based at the Morpeth location.

Our inspection team

Our inspection team was led by:

Chair: Dr Linda Patterson OBE, Consultant Physician.

Team Leader: Amanda Stanford, Head of Hospitals Inspection, Care Quality Commission

The community services team included CQC inspectors and a variety of specialists: Health Visitors, District Nurses, Physiotherapists, Occupational Therapists, Community Matrons, Dentist and Expert by Experience (people who had used a service or the carer of someone using a service).

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 inspected this service in November 2015 as part of the comprehensive inspection programme.

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 service provider and asked other organisations to share what they knew.

We carried out the announced visit from 09 to 13 November 2015.

What people who use the provider say

We spoke to two patients who had received treatment at the Morpeth clinic on the day of our visit. They explained they were very happy with the treatment they had received and found staff to be very caring and friendly. The latest Family and Friends Test for the service showed that patients were extremely likely or likely to

recommend the service to family or friends. In percentage terms the service achieved consistently high satisfaction rates over the last six months. The average percentage was 98.5% who would recommend the service based on the views of 802 patients.

Good practice

- The service had developed an orthodontic service to meet the needs of vulnerable children who would not normally be able to access general dental practice due to their physical, sensory, intellectual, mental, medical, emotional or social impairments or disabilities.
- The service had co-developed with colleagues in the North East Oral Health Promotion Group, a comprehensive resource pack to support oral health maintenance in elderly care home and have implemented the initiative in Northumberland. The resource folder contained information that oral health promotion teams, commissioners of services, care home managers and their staff could use to deliver key oral health messages. For example the information for care home staff included learning outcomes, a training session, quiz and power point presentation detailing key oral health messages. The service had successfully implemented an award scheme in care homes across Northumberland, assuring improved oral health in care home settings.
- The service oversaw the dental care of all looked after children in the North Tyneside area. This work began several years ago and involved a consultation process with children, young people carers and professionals. They developed a multidisciplinary approach and created a defined dental care pathway for looked after children within North Tyneside. Northumbria Dental Services received an award by the Patient Experience Network National Award for this pioneering work.
- The oral health promotion team was instrumental in developing innovative resources for patients with learning disabilities. One resource was a patient information booklet that shows a typical journey through the service for patients with learning disabilities. Patients collaborated on the project and took and modelled in the booklet's photographs. Another dental resource was developed by the oral health promotion team as part of the 'Jack and Josephine' initiative. 'Jack and Josephine are life size cloth models that act as learning aids for men and women's groups in Northumberland. As part of

Summary of findings

this project the oral health promotion team developed a leaflet resource about a dental visit using Jack and Josephine to support care provision to patients with learning disabilities.

- The oral health promotion team was developing a dental component for the Trust's young peoples 'You're Welcome' project which supports and encourages younger people to access health services in a timely manner.

Northumbria Healthcare NHS Foundation Trust

Community dental services

Detailed findings from this inspection

Good 

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We rated safe as good because:

The dental service used the trust electronic incident reporting system to identify, investigate and learning from patient safety incidents. Staffing levels were safe in the clinics with a good staff skill mix across the whole service. Radiography and infection prevention control equipment was maintained at each of the locations we visited, by specialised technicians from the Trust or external companies. Dental service staff received adult and child safeguarding training and were confident in their knowledge of how to escalate concerns. Staff informed other health professionals when children missed clinic appointments in order to identify potential risks in relation to safeguarding concerns.

Detailed findings

Safety performance

- Safety was managed through the effective reporting of incidents. The trust had an incident reporting and investigation policy and this was embedded within the trust. The trust used an electronic reporting system (Datix) to record all incidents.

- Every member of staff we spoke with, at all levels and grades, could explain the reporting process and felt confident incidents were dealt with robustly and in a timely way.
- Never events are serious incidents that are wholly preventable. There had been one such event in 2015 which related to a dental extraction error. The dental service had carried out a thorough investigation of the event and as a result a very robust safe site extraction check list protocol had been developed by the service. We saw this system in operation during our visit at Wansbeck Hospital where we observed patients having teeth removed. We observed staff adhering to the system in full with great care taken over each step of the process and backed up with meticulous record keeping.

Incident reporting, learning and improvement

- The dental service reported incidents using the trust electronic reporting system. Staff we spoke with demonstrated to us how the system worked. The system appeared easy to use and staff reported that the system would always acknowledge the receipt of the particular incident reported. Service managers or the Clinical Lead would always follow up issues resulting from reported incidents.

Are services safe?

- Staff meeting minutes we saw showed that incidents were discussed to facilitate shared learning. There were also standing agenda items relating to infection control, safety alerts, risk management issues and clinical audit.

Safeguarding

- Dental staff we spoke with were aware of the safeguarding policy and received Level 2 or 3 training child safeguarding training dependant on their grade. All staff in the service had received adult safe guarding training.
- The mandatory training records we saw demonstrated that staff working within the service met the Trust targets in relation to safeguarding training.
- The staff we spoke to were knowledgeable about safeguarding issues in relation to the community they served.
- All of the dentists we spoke to were aware of how safeguarding concerns could impact upon the delivery of dental care. This included children who presented with high levels of dental decay which could indicate that a child was suffering from neglect and patients who did not attend for treatment.
- The service had developed an information sharing system where they would alert and share information with other professionals such as social workers, health visitors, school nurses and learning disability teams. Sharing information occurred when children presented with possible signs of neglect and poor clinic attendance. We saw several examples where poor clinic attendance by children had triggered an alert to the school nursing team.

Medicines

- A comprehensive recording system was available for the prescribing and recording of medicines. Local anaesthetics, antibiotics and high concentrated fluoride toothpaste when prescribed were clinically justified. Clinical records we saw showed the details of the prescription were recorded in full.
- We found medicines for emergency use were available, in date and stored correctly.
- Dental nurses used a checklist for monitoring the expiry dates of the emergency medicines. We saw that this was signed by the responsible dental nurse at each location we visited.

Environment and equipment

- We observed that dental equipment was visibly clean and well maintained.
- Each site we visited had equipment for dealing with medical emergencies. This included an Automated External Defibrillator, emergency medicines and oxygen. This was in line with the Resuscitation UK and British National Formulary (BNF) guidelines.
- The emergency medicines were all in date and stored securely, with emergency oxygen, in a central location known to all staff. A dental nurse monitored the expiry dates of the emergency medicines using a checklist at each location we visited. This checklist was signed by the responsible dental nurse.
- The service had a named Radiation Protection Adviser and Radiation Protection Supervisors ensuring that the service complied with legal obligations under IRR 99 and IRMER 2000 radiation regulations. The ionising regulations require periodic examination and testing of all radiation equipment, a radiological risk assessment, contingency plans, staff training and the quality assurance programme. The named Radiation Protection Supervisor at each location ensured that compliance with Ionising Radiation Regulations 99 and IRMER 2000 regulations was maintained.
- At each site we visited we saw a well maintained radiation protection file. This contained all the necessary documentation pertaining to the maintenance of the X-ray equipment. The file contained the critical examination packs for each X-ray set along with the regular maintenance logs in accordance with a copy of the local rules. A radiation protection file was kept in each dental treatment room at each location. These measures were in accordance with national regulations pertaining to ionising radiation.
- Dental X-rays when prescribed were justified, reported on and quality assured every time. We saw dental records that confirmed that this was the case. This ensured that the service was acting in accordance with national radiological guidelines and protected staff and patients from receiving unnecessary exposure to radiation.
- The dental service ensured that all instrument sets were serviced and calibrated on an annual basis. We saw that the service records for each X-ray set of equipment used across the service indicated that they were safe for use.
- Each location had a well maintained control of substances hazardous to health (COSHH) file in accordance with the COSHH regulations.

Are services safe?

Quality of records

- Clinical records were kept securely so that confidential information was properly protected. Information such as written medical histories, referral letters and dental radiographs were collated in individual patient files and archived in locked and secured cabinets not accessible to the general public in accordance with data protection requirements.
- The individual patient records were hand written manual records.
- We observed dental records at each site we visited. The records were well-maintained by each dentist and provided comprehensive information on the individual needs of patients such as; oral examinations; medical history; consent and agreement for treatment; treatment plans and estimates and treatment records.
- Clinical records viewed were clear, concise and accurate and provided a detailed account of the treatment patients received. Patient safety and safeguarding alerts were recorded by dental staff, for example allergies and reactions to medication such as antibiotics.

Cleanliness, infection control and hygiene

- The service used a system of local decontamination for the processing of contaminated instruments. The systems in place ensured that the service were exceeding HTM 01 05 (guidelines for decontamination and infection control in primary dental care) Essential Quality Requirements for infection control.
- Staff at the clinics we visited where local decontamination took place showed us and demonstrated the arrangements for infection control and decontamination procedures. They were able to demonstrate and explain in detail the procedures for the cleaning of dental equipment.
- Staff described the process for the transfer and processing of dirty instruments through designated on-site decontamination rooms. We saw safe storage of clean instruments and were assured that equipment was used within the timescales stipulated in HTM 01 05.
- We observed good infection prevention and control practices. Hand washing facilities and alcohol hand gel were available throughout the clinic areas.

- We observed staff following hand hygiene and 'bare below the elbow' guidance. Staff wore personal protective equipment (PPE), such as gloves and aprons, whilst delivering care and treatment. We observed appropriate disposal of PPE.
- There were suitable arrangements for the handling, storage and disposal of clinical waste, including sharps. Safer sharps use was in accordance with the EU Directive for the safer use of sharps.
- Cleaning schedules were in place and displayed for each individual treatment room. Each schedule was signed off by the responsible dental nurse at each clinic.
- Clearly defined roles and responsibilities for cleaning the environment and cleaning and decontaminating equipment were in place.
- We observed that the dental nurses at each clinic maintained the daily, weekly and quarterly test sheets for the equipment used in decontamination of dental equipment. This included autoclaves, ultrasonic cleaning baths and where applicable washer disinfectors. The dental nurses also kept records of the maintenance schedules for this equipment.
- We saw that the dental nurses carried out infection prevention and control audits at regular intervals in 2015. The results of the audits we saw showed exceedingly high levels of compliance in infection control across the whole of the end to end decontamination process. The Infection Prevention Society Audits were carried out in the service during December and June each year in accordance with HTM 01 05 guidelines. Audits revealed only very minor deficiencies and these had been addressed by the service in the action plans we saw.

Mandatory training

- Staff across the service told us there was good access to mandatory training study days.
- Mandatory training for staff included infection prevention and control, safeguarding for vulnerable adults and children, information governance and the management of emergencies in the dental chair.
- The central log for mandatory training we saw confirmed that all staff working in the clinics across the service had either attended the required mandatory training or were booked to do so. The service managers were diligent in their management of staff in relation to mandatory training.

Are services safe?

- All staff undertook yearly training in CPR appropriate to the clinical grade of the member staff; in addition all clinical staff trained as teams in simulated medical emergencies every three months at all locations worked. This was logged and documented on the training database. Staff involved in providing relative analgesia sedation or general anaesthetic services undertook training in Life Support Techniques in accordance with the new guidelines recently published by the Royal College of Surgeons and Royal College of Anaesthetists in April 2015.

Assessing and responding to patient risk

- At every site we visited there was a range of equipment to enable staff to respond to a medical emergency. This included an Automated External Defibrillator, emergency medicines and oxygen. The emergency medicines were all in date and stored securely, with emergency oxygen, in a central location known to all staff. This was in line with the Resuscitation UK and British National Formulary (BNF) guidelines.
- In the event of a patient's condition deteriorating during surgery, the patient was managed by the anaesthetist in theatre. In the dental clinic setting, the dentist would call for assistance from the emergency services.
- Dentists carried out important checks before patients received conscious sedation. We saw the clinical records of three patients. The records showed that the dentist had checked the medical history, ability to breathe through the nose, time of last meal and the availability of an escort. These checks were carried out by the dentist to determine if the patient was suitable to undergo this type of procedure.
- The WHO steps to safer surgery checklist was in use for dental treatment in theatre. A specific dental safe site surgery check list for extractions had been developed

by the team and was used in addition to the WHO check list to reduce the risk of wrong site dental extractions. Results from audits demonstrated good levels of compliance.

- Throughout our inspection visits we looked at a sample of dental treatment records across the service. Dental staff always recorded patient safety and safeguarding alerts. For example medical histories were always taken by dentists and updated when patients attended for dental treatment. These histories included any allergies and reactions to medication such as antibiotics.

Staffing levels and caseload

- There were sufficient staff to meet the needs of the service with over 40 staff. This included fifteen dentists a dental therapist across the clinics, and were supported twenty five dental nurses. Some of the dental nurses had further training and qualifications in conscious sedation and general anaesthesia, special needs, orthodontics and dental radiography. Staff worked across the dental clinics to ensure clinics had appropriate staff grades at all times.
- Six dentists we spoke with felt that they had adequate time to carry out clinical care of the patient. They had sufficient clinical freedom within the service to adjust time slots to take into account the complexities of the patient's medical, physical, psychological and social needs.
- The appointment diaries at each location showed that appropriate appointment slots were allocated for both patient assessment and treatment sessions.

Managing anticipated risks

- There were systems and processes in place to identify and plan for patient safety issues in advance and these included any potential staffing and clinic capacity issues.



Are services effective?

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

Summary

We rated effective as outstanding because:

Services were effective, evidence based and focused on patients' needs. We saw examples of excellent collaborative and team working. We also saw examples of innovative working including an orthodontic service that catered primarily for the needs of vulnerable children such as those with disabilities and complex medical conditions. The service had also co-developed with colleagues in the North East Oral Health Promotion Group a comprehensive resource pack to support the maintenance of oral health of elderly residents in care homes. The service had implemented an award scheme in care homes across Northumberland with the aim of assuring improved oral health in a care home setting. The continuing development of staff was seen as integral to providing high quality care and all staff received professional development appropriate to their role and learning needs. Staff, registered with the General Dental Council had frequent continuing professional development and met their professional registration requirements.

Detailed findings

Evidence based care and treatment

- Clinical dental leads were assigned across the service to ensure that best practice guidelines were implemented and maintained. This included clinical leads in conscious sedation, general anaesthesia special care dentistry and orthodontics.
- Northumbria Dental Services delivered dental general anaesthesia (GA) and conscious sedation services according to the standards set out by the dental faculties of the Royal Colleges of Surgeons and the Royal College of Anaesthetists 'Standards for Conscious Sedation in the Provision of Dental Care 2015.
- The four clinicians (three Orthodontic Specialists and one dentist with a specialist interest in orthodontics) providing orthodontic services delivered care in accordance with the guidance set out by the British Society of Orthodontics.

- The dentists, therapist and dental nurses used various national guidelines to ensure patients received the most appropriate care. This included the guidance produced by the British Society for Disability and Oral Health and the Faculty of General Dental Practice. Dentists, the therapist and dental nurses we spoke with were fully conversant with these guidelines and the standards which underpinned them.
- The oral health promotion team in conjunction with other members of the service had developed a number of innovative programmes. This included the roll out of Department of Health's 'Delivering Better Oral Health Toolkit 2013' when providing preventative advice to patients on how to maintain a healthy mouth. This is an evidence based tool kit used for the prevention of the common dental diseases.

Pain relief

- Dentists assessed patients appropriately for causes of pain and other urgent symptoms.
- For example very young children in pain received general anaesthesia under the care of a hospital anaesthetist for the removal of multiple decayed teeth. The patient records we saw confirmed that this was the case.
- Patients were appropriately prescribed local anaesthesia by dentists for the relief of pain during dental procedures such as dental fillings and extractions

Nutrition and hydration

- Children and adults having procedures under general anaesthetic were advised by dentists, doctors and dental nurses not eat for six hours before surgery but were able to have sips of water up to two hours before surgery. Patients undergoing conscious sedation also received appropriate advice from dentists and dental nurses.
- We saw examples of patient information leaflets detailing nutrition and hydration advice that had been developed by dental staff.
- We observed dentists and dental nurses providing this advice about healthy diets during consultations.



Are services effective?

Patient outcomes

- We saw evidence of a rolling programme of local audits to monitor safety performance including safe site surgery compliance, infection control, radiographs, and adult patient satisfaction following dental GA procedures, orthodontic outcomes and patient records. There were no areas of concern identified by the audit outcomes.

Competent staff

- The professional lead of the service encouraged dentists within the service to undertake additional professional training to provide services to an ever-increasing complexity of patient.
- Several dentists were on the specialist list of the General Dental Council for Special Care Dentistry and Orthodontics.
- All dental nurses employed by the service had passed the National Examining Board for Dental Nurses Certificate in Dental Nursing or had been grandparented onto the General Dental Council register as part of the 2008 transitional arrangements.
- Other dental nurses had taken post qualification courses in conscious sedation, dental radiography, general anaesthesia, special needs and orthodontic dental nursing.
- All staff had received regular annual appraisal. The professional lead appraised the dentists and the senior dental nurses in turn appraised the basic grade dental nurses. We saw examples of the process that dental nurses go through as part of the appraisal system and found that the end-to-end process was completed in full. We saw examples of supervision records that supplemented the appraisal process. Dental Nurses for example had a one-to-one supervision meeting every 3-4 months and were used to capture any issues they had outside the normal appraisal process. We were told by dental nurses that the supervisor would follow up these issues.
- We also saw three examples of the dentists' appraisal files. Each dentist comprehensively maintained their file with evidence of a current appraisal of clinical competencies and evidence of communication, management and leadership, professionalism and

teaching and training commitments. The dentist's appraisal file also contained a professional development plan, details of continuing professional development and audit topics undertaken.

Multi-disciplinary working and coordinated care pathways

- The general anaesthetic and sedation care was prescribed using a recognised pathway of 'tender loving care' progressing to tender loving care and inhalation sedation and finally general anaesthetic, dependent upon each individual patient's medical, social or clinical need.
- There was effective and collaborative working across disciplines involved in patient's care and treatment. For example, patients would often present with complex medical conditions requiring consultation with the patient's GP and or consultant physician or surgeon.
- The service maintained close working relationships with the school nursing service, health visiting and learning disability teams to ensure that vulnerable groups requiring dental care can secure ready access to treatment and care as the needs arise.
- A dental care pathway specifically for looked after children living in North Tyneside was developed that ensures all agencies from health and social care work together in a multidisciplinary model to ensure a collaborative approach to a child's oral health.
- A dental admission pathway for patients with learning disabilities has been developed for patients with LD who require a dental GA. This pathway ensures collaboration with the Trust Acute Liaison Nurse for LD to ensure reasonable adjustments are made to support the patient during dental GA appointments.

Referral, transfer, discharge and transition

- There were clear referral systems and processes in place to refer patients into the service. The dental service and commissioners of services had developed this approach to ensure efficient use of NHS resources.
- Patients were seen by the dental service for single courses of treatment for sedation services or general anaesthesia. Patients were then discharged by the service to their referring general dental practitioner with a discharge letter detailing the treatment carried out by the service.



Are services effective?

- Patients attending for single courses of treatment could be offered continuing care to ensure that their oral health needs were met on an ongoing basis, if they met the acceptance criteria of the service.

Access to information

- Staff used paper records for the clinical notes and electronic records for patient generic information that were aligned with the trust's systems. There were no access issues in relation to patient information.
- All staff had access to best practice and evidence based guidance in relation to information governance through mandatory training and trust policy that was available on the trust intranet.
- All the clinics we visited displayed information about the NHS charges for the treatment patients may receive and dental health promotion information.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- There was a robust system for obtaining consent for patients undergoing general anaesthesia, relative analgesia sedation and routine dental treatment.
- The consent documentation used in each case of general anaesthesia and relative analgesia sedation consisted of the referral letter from the general dental practitioner or other health care professional, the

clinical assessment including a complete written medical, drug and social history. NHS consent forms were used by each dentist as appropriate during the consent process for each patient.

- We observed eight treatment records that demonstrated that the systems and processes for obtaining consent by dentists were carried out.
- Where adults or children lacked the capacity to make their own decisions, staff sought consent from their family members or representatives. Where this was not possible, staff made decisions about care and treatment in the best interests of the patient and involved the patient's representatives and other healthcare professionals. To facilitate this, two dentists were always present at every GA list to ensure that if required robust best interests decisions could be made.
- Arrangements were in place to ensure staff understood the requirements of the Mental Capacity Act 2005 and applied these requirements when delivering care. All staff received mandatory training in consent, safeguarding vulnerable adults, the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards (DoLS).
- Staff we spoke with understood the legal requirements of the Mental Capacity Act 2005 and had access to social workers and staff trained in working with vulnerable patients, such as their safeguarding lead.

Are services caring?

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

Summary

We rated caring as good because:

Patients and carers told us they had positive care experiences. Patients, families and carers felt well supported and involved with their treatment plans and staff displayed compassion, kindness and respect at all times.

We found staff to be hard working, caring and committed to the care and treatment they provided. Staff spoke with passion about their work and conveyed their dedication to what they did. Staff knew about the organisation's values and beliefs, including the organisation's commitment to patients and their representatives.

Detailed findings

Compassionate care

- During our inspection, we spoke with two patients and their carers to gain an understanding of their experiences of care. They said they were very happy with the care and support provided by the staff. We observed staff treating patients with dignity and respect. We heard and observed staff using language that was appropriate to patients' age or level of understanding.
- Staff were considerate of people's anxieties and provided them with reassurance and were clear about the treatment. They allowed the patient time to respond if they were not happy or in pain.
- A dental admission pathway for patients with learning disabilities (LD) had been developed for patients with LD who required a dental GA. This involved collaboration with the Trust Acute Liaison Nurse for LD to ensure reasonable adjustments were made to facilitate any additional support required by LD patients during dental GA appointments in hospital.

Understanding and involvement of patients and those close to them

- A range of literature was available for patients, relatives and/or their representatives and provided information

in regards to their involvement in care delivery from the time of admission through to discharge from the general anaesthetic clinic. This included pre-treatment instructions, key contacts information and follow-up advice for when the patient left the clinic.

- Patients and their families were appropriately involved in and central to making decisions about their care and the support needed. We found that planned care was consistent with best practice as set down by national guidelines.
- The dental team engaged in a collaborative project with the Health Quality Checkers Team, a group of self advocates who have learning disabilities. They met with and interviewed dental service users and used an 'experts by experience' approach to monitor the quality of services. The feedback was very positive and the team helped the dental service to develop specific resources for use with LD patients. This initiative was also shortlisted for a National Patient Experience award in the 'access to information' category.

Emotional support

- Staff were clear on the importance of emotional support needed when delivering care.
- We observed positive interactions between staff and patients, where staff knew the patients very well and had built up a good rapport.
- Through our discussions with staff, it was apparent that they adopted a holistic approach to care concentrating fundamentally on the patients social, physical and medical needs first, rather than seeing patients as a collection of signs and symptoms that required a mechanistic solution to their dental problems. For example, a phone call was made to special care patients following their treatment under GA this provided ongoing support for this vulnerable group of patients and their carers following treatment.
- Dental staff provided appropriate levels of emotional support to patients by utilising the additional adjuncts of inhalation sedation and general anaesthesia as required to meet the specific needs of individual patients to allow them to accept dental treatment.



Are services responsive to people's needs?

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

Summary

We rated responsive as outstanding because:

The service was extremely responsive to patients' needs; people could access services in a timely way that suited them. Service waiting times for each clinic and the waiting times for general anaesthesia at each hospital showed that waiting times for the first available appointment were within one to three weeks dependant on the clinic. The waiting times for special needs adults under general anaesthesia were 6 weeks or less. However, patients requiring urgent care could be seen earlier.

Effective multidisciplinary team working and links between clinics ensured patients received appropriate care at the right times and without avoidable delays. Patients from all communities could access treatment if they met the service's criteria. The dental service had been recognised for pioneering work involving looked after children across North Tyneside and had received a national award by the Patient Experience Network for this work.

The service had a proactive approach to understanding the needs of different groups of people. We found that the oral health promotion team had developed a patient information booklet explaining the patient journey for dentistry through the eyes of a patient with learning disabilities. Learning disability patients had taken a joint lead role in developing the booklet. They acted as models and took photographs of each stage of the patient journey. One of the dentists in the service had co-developed an illustrative book storybook about the prevention of dental decay which was published. This book along with other preventative tools was distributed to children in Northumbria to raise the importance of maintaining good oral health.

Detailed findings

Planning and delivering services which meet people's needs

- The service had co-developed with colleagues in the North East Oral Health Promotion Group a comprehensive resource pack to support oral health maintenance in elderly care home residents of care

homes and have implemented the initiative in Northumberland. The resource folder contained information that oral health promotion teams, commissioners of services, care home managers and their staff could use to deliver key oral health messages. For example the information for care home staff included learning outcomes, a training session, quiz and power point presentation detailing key oral health messages. The service had successfully implemented an award scheme in care homes across Northumberland, assuring improved oral health in care home settings.

- We also saw examples of innovative working including an orthodontic service that primarily catered for the needs of vulnerable children such as those with disabilities
- One of the dentists had co-developed a resource for preventing dental decay. This was a professionally produced illustrated story book for children. This book including a tooth brush, toothpaste and a toothbrush timer was distributed to all children who accessed the service.
- The service gave patients a choice as to where they could be treated in each geographical area. The aim of this approach was to keep waiting times for treatment as short as practically possible.

Equality and diversity

- At each location we visited, the Trust had made adjustments to buildings to enable patients with various disabilities to access the service easily.
- The training records indicated that all staff received regular update training in equality, diversity and human rights as part of the rolling programme of mandatory training.
- The oral health promotion team was instrumental in developing a patient information booklet for patients with learning disabilities that shows a typical patient journey for a learning disability patient through the service. This was an innovative collaborative piece of work with the patients themselves. The patients acted as models for the pictures used in the booklet and took the photographs themselves.

Meeting the needs of people in vulnerable circumstances



Are services responsive to people's needs?

- The service's oral health promotion team as part of the Trust's building for the future programme had developed innovative resources for learning disability patients. This included developing the existing 'Jack and Josephine' initiative to encompass the provision of dental care for learning disability patients. 'Jack and Josephine' are life size cloth models that are used as a learning aid for men and women's groups in Northumberland.
- The service was primarily a referral based specialised service providing continuing care to a targeted group of patients with special needs due to physical, mental, social and medical impairment. However, the service did accept self-referral of patients if they fitted the referral criteria. As a result, these groups could access services when required in a timely manner to meet their needs and the needs of family and carers.
- The service oversaw the dental care of looked after children in the area. This work began several years ago and involved a consultation process involving children, young people, carers and professionals. They developed a multidisciplinary approach and created a defined dental care pathway for looked after children within North Tyneside. The dental service was awarded an award by the Patient Experience Network National Award for this pioneering work.
- Patients were referred to the community dental service by general dental practitioners and other health professionals for short-term specialised treatment. A set of acceptance and discharge criteria had been developed by the service and commissioners so that only the most appropriate patients were seen by the service.
- On completion of treatment, dentists discharged the patient back to their own dentist so that ongoing treatment could be resumed by the referring dentist. A discharge letter was always sent by the service to the referring practitioner following completion of treatment.
- Internal referral systems were in place, should the dental service decide to refer a patient on to other external services such as local maxillofacial services and the local dental hospital.
- Protocols were in place describing how patients were discharged from the service following general anaesthesia or relative analgesia conscious sedation. Protocols we saw assured us that patients were discharged in an appropriate, safe and timely manner.
- During the discharge process staff made sure the patient or responsible adult had a set of written post-operative instructions and understand them fully. Patients and their carers were given contact details if they require urgent advice and or treatment. The service had developed bespoke patient information leaflets that detailed these instructions.

Access to the right care at the right time

- The service monitored waiting times for patients undergoing treatment under general anaesthesia and conscious sedation.
- We were told that the waiting times for patients accessing general anaesthesia were very short. For example, one dentist we spoke with could book patients who presented in pain on the next general anaesthetic session. The service had good working relationships with the anaesthetic departments at all three hospitals used for general anaesthetic services. As a result, additional anaesthetic sessions could be negotiated by the service as necessary to cope with extra demand.
- We saw a complete breakdown of the service waiting times for each clinic and the waiting times for general anaesthesia at each hospital. Waiting times for the first available appointment were within one to three weeks dependant on the clinic. The waiting times for special needs adults under general anaesthesia were 6 weeks or less. However, patients requiring urgent care could be seen earlier.
- During our visits to each location, we observed clinics that ran to time and were not overbooked; this minimised delays for patients. Patients were kept informed of any delays by dental staff and were offered the opportunity to rebook appointments if clinics overran.
- The oral health promotion team were in the process of developing a dental component for the Trust's young peoples 'You're Welcome' project which supports and encourages younger people to access health services in a timely manner. The project aims to empower and younger people with the confidence to access care including dental services.

Learning from complaints and concerns

- Written information in the form of posters were displayed in every clinic informing people how to raise concerns and complaints.



Are services responsive to people's needs?

- At each dental staff meeting complaints, both formal and informal, were discussed to allow learning and reflection to take place. We saw examples of staff meeting minutes which confirmed this had taken place.
- The service had a very low level of complaints; the emphasis was on de-escalation and local resolution of problems.



Are services well-led?

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

Summary

We rated well led as outstanding because:

The service was very well-led with organisational, governance and risk management structures in place.

These governance arrangements were proactively reviewed and reflected best practice. There was strong leadership of the service, with an emphasis on driving continuous improvement. The local management team were visible and the culture was seen as open and transparent. There was strong collaboration and support across all of the service with a strong emphasis on improving the quality of care.

Staff were aware of the way forward and vision for the organisation and said that they felt well supported and could raise any concerns with their line manager. Staff at all levels were actively encouraged to raise concerns. There were high levels of staff satisfaction across all staff groups. Team meetings and staff surveys demonstrated that the service engaged all staff.

Staff members told us the service was a good place to work and that they would recommend it to family members or friends. We saw several examples of innovation across the key questions of effective, caring and responsive care, which was reflective of an extremely well led service.

Detailed findings

Service vision and strategy

- The approach with respect to service vision and strategy was that of an evolving one. This enabled the service to respond appropriately to patient demands, disease levels in the community and demographic changes.
- We spoke to dentists, therapist dental nurses and administrative staff who said the service had a forward thinking and proactive professional lead who was well supported by senior managers within the trust.

Governance, risk management and quality measurement

- The clinical lead liaised with the Local Dental Committee and Local Professional Network for

dentistry. This enabled the clinical lead to interact with these bodies with respect to the needs of the community dental service and the important role that they play in the delivery of patient care. The dental service has in place a set of governance procedures that aimed to satisfy all relevant UK and European legislation. Policies and procedures satisfying these criteria were available to all staff on the Trust's intranet in the form of a document folder. Staff we spoke with were aware of this document folder and were able to show us how they accessed the information.

- All locations had in place protocols and procedures dealing with the main areas of clinical practice pertinent to the delivery of dental care. This included the provision of general anaesthesia and conscious sedation, radiation, infection prevention control, medicines management and dealing with common medical emergencies during dental treatment and reducing the risk of contracting Legionella during dental care.
- We found that the systems for monitoring the quality care were always complete and up to date. This included the daily, weekly, quarterly and annual maintenance schedules and checks of equipment, medicines and materials used for the provision of dental care.

Leadership of this service

- The professional lead maintained overall responsibility and accountability for the running of the service. The professional lead had fostered a culture of devolving responsibility to other appropriate individuals within the service. This in turn had engendered a culture of individual responsibility and accountability throughout the service.
- The dental management team were responsible for cascading information upwards to the Trust managers and downwards to the clinicians and dental nurses on the front line. The structure in place appeared to be effective which was confirmed when we spoke to various members of staff and the examples of the



Are services well-led?

minutes of staff meeting we observed. They were responsible for the safe implementation of policies and procedures in relation to infection control, dealing with medical emergencies and incident reporting.

- Staff confirmed that they felt valued in their roles within the service and the local management team were approachable, supportive and visible at all times.
- Staff were aware of the aims and objectives of the Trust as a whole which was facilitated by
- Clinicians stated that there was an open door policy to the professional lead for professional support and advice at all times.

Culture within this service

- The culture of the service demonstrated to be that of continuous learning and improvement.
- Staff were committed to provide the best care possible for every patient. This was evident when we observed the patient treatment sessions and general anaesthetic list at Wansbeck Hospital.
- The staff roles and responsibilities were clearly defined with a sufficient skill mix of staff across all staff grades and all staff spoke of their commitment to ensuring patients were looked after in a caring manner.
- We observed staff who were passionate and proud about working within the service and providing good quality care for patients.

Public engagement

- It was apparent through discussions with staff that dental services worked very much with the individual because of their often very complex needs and involved relatives and carers in helping the person to participate in decisions about the treatment and care.
- The service undertook regular patient satisfaction surveys.
- The latest Family and Friends Test analysis showed that patients were extremely likely or likely to recommend the service to family or friends. In percentage terms the service achieved consistently high satisfaction rates over the last 6 months. The average percentage was 98.5% who would recommend the service based on the views of 802 patients. The service displayed their results in each clinic and the poster designed to inform patients contained a selection of the comments patients made about the service.

Staff engagement

- Team meetings demonstrated that the service engaged all staff. For example, we saw the agenda and minutes of the dentist's clinical peer review meetings. During these meetings, clinicians were able to discuss current issues in relation to clinical dentists as well as bringing clinical cases of interest to the group for wider discussion about different approaches to treatment. We also saw examples of the dental operational board meetings, and dental nurse meetings. Twice each year the whole of the service meets giving an opportunity for all staff to meet in one place at the same time to exchange news and views.
- We spoke to a dentist who had recently joined the service. The dentist explained how effective the trust and the local induction process on joining the service had been in comparison to other Trust's where they had previously been employed.

Innovation, improvement and sustainability

- The examples of innovation in the areas of clinical effectiveness, caring and responsiveness were indicative of the quality of the local leadership within the service.
- The oral health promotion team was instrumental in developing innovative resources for patients with learning disabilities. One resource was a patient information booklet that shows a typical journey through the service for patients with learning disabilities. Patients collaborated on the project and took and modelled in the booklet's photographs. Another dental resource was developed by the oral health promotion team as part of the 'Jack and Josephine' initiative. 'Jack and Josephine are life size cloth models that act as learning aids for men and women's groups in Northumberland. As part of this project the oral health promotion team developed a leaflet resource about a dental visit using Jack and Josephine to support care provision for patients with learning disabilities.
- The service had co-developed with colleagues in the North East Oral Health Promotion Group a comprehensive resource pack to support oral health maintenance in elderly care home residents of care homes and have implemented the initiative in Northumberland. The resource folder contained information that oral health promotion teams, commissioners of services, care home managers and their staff could use to deliver key oral health messages. For example the information for care home staff



Are services well-led?

included learning outcomes, a training session, quiz and power point presentation detailing key oral health messages. The service had successfully implemented an award scheme in care homes across Northumberland, assuring improved oral health in care home settings.

- The service oversaw the dental care of all looked after children in the area. This work began several years ago and involved a consultation process with children, young people carers and professionals. They developed a multidisciplinary approach and created a defined

dental care pathway for looked after children within North Tyneside. Northumbria Dental Services received an award by the Patient Experience Network National Award for this pioneering work.

- A senior nurse we spoke with described how a number of dental nurses had undergone additional training in dental radiography, general anaesthesia and conscious sedation, special needs dental nursing and orthodontic nursing that enabled the service to provide enhanced care for patients. Supported access ensured that dental staff had the appropriate skills and training to make effective clinical decisions and treat patients in a prompt and timely manner.