

South Tyneside NHS Foundation Trust

RE9

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)
RE9Y3	Monkwearmouth Health Centre		
RE9X5	Washington Primary Care Centre		
RE9X2	Blaydon Primary Care Centre		
RE9X3	Wrekenton Health Centre		
RE9GF	Palmer Community Hospital		

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

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

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

Summary of findings

Ratings

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

Summary of findings

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Summary of findings

Overall summary

Overall we rated dental services at this trust as good, with well led as outstanding. 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 was high levels of staff satisfaction across all staff groups. Team meetings and staff surveys demonstrated that the service engaged all staff.

Patients were protected 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.

Dental services were effective and focussed on the needs of patients and their oral health care. We observed good

examples of effective collaborative working practises within the service. The service is able to meet the needs of the patients who visited the clinics for care and treatment because of the flexible attitude of all members of the service.

The patients we spoke with, their relatives or carers, said they had positive experiences of their care. We saw good examples of care being provided with compassion and of effective interactions between staff and patients. 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 how dedicated they were in what they did.

At each of the clinics we visited the staff responded to patients' needs. We found the service had begun actively seeking the views of patients using a variety of means using the new Friends and Family Test. People from all communities, who fit the referral criteria, could access the service. Effective multidisciplinary team working ensured patients were provided with care that met their needs and at the right time. Through effective management of resources, delays to treatment were kept to reasonable limits.

Summary of findings

Background to the service

Information about the service

South Tyneside NHS Foundation Trust provided a dental service for all age groups who required a specialised approach to their dental care and were unable to receive this in a General Dental Practice.

The service provided oral health care and dental treatment for children and adults that have an impairment, disability and/or complex medical condition. People who come in to this category are those with a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability, including those who are housebound.

Additional services provided included a conscious sedation service in selected clinics where treatment under a local anaesthetic alone is not feasible and conscious sedation is required.

General anaesthetic (GA) services were provided for children in pain where extractions under a local anaesthetic would not be feasible (or appropriate), such as in the very young, the extremely nervous, children with special needs or those requiring several extractions. This service can also be provided for adults with special needs.

There are 8 Community Dental Clinics spread across the 3 localities of Sunderland, Gateshead and Tyneside. The service as a whole has around 3100 new referrals annually.

During our inspection we visited five locations which provided a special care dental service.

Our inspection team

Our inspection team was led by:

Chair: *Trish Rowson, Director of Nursing - Quality and Safety, University Hospitals of North Midlands NHS Trust*

Team Leader: Amanda Stanford, Care Quality Commission

The 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 acute and community health services inspection programme.

How we carried out this inspection

To get to the heart of people who use services experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

- Is it well-led?

Before visiting, we reviewed a range of information we hold about this core service and asked other organisations to share what they knew. We carried out an announced visit between 5 and 8 May 2015. During the visit we held focus groups with a range of staff who worked within the service, such as nurses, doctors, and

Summary of findings

therapists. We talked with people who use 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.

What people who use the provider say

Patients, their relatives and carer's were all positive about the care and treatment they had received from the dental team.

The service initiated patient satisfaction surveys which was conducted on a quarterly basis. The service had recently used the new Family and Friends test to determine patient satisfaction levels. The results of the surveys were shared with all staff in the various clinics. We

were able to view the results of the last two surveys which showed a high level of satisfaction with the service. A summary of the results was posted on the walls of the clinics we visited to give feedback to patients using the service. The results for the family and friends test carried in February 2015 showed that 98% of patients would recommend this service.

Good practice

Outstanding Practice

- The service had developed a DVD for Learning Disability patients. This video was used to help acclimatise Learning Disability patients for visits to the dentist. The staff reported positive feedback from the Learning Disability Team about this innovation.
- The development of an intranasal sedation service. This approach endeavoured to ensure that patients did not receive an unnecessary general anaesthetic because there are inherent risks associated with this procedure.

South Tyneside 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

Services were safe. There were systems for identifying, investigating and learning from patient safety incidents and an emphasis in the organisation to reduce harm or prevent harm from occurring. Staffing levels were safe in the clinics with a good staff skill mix across the whole service. Infection control procedures were in place. The environment and equipment were clean and well maintained. Medications were appropriately stored.

Detailed findings

Safety performance

- An electronic incident reporting system was in place and all staff that we spoke to were able to tell us (and demonstrate) how they used it.
- Staff were confident about reporting serious incidents and providing information to the team or senior manager if they suspected poor practice which could harm a patient.
- Learning from incidents was a standard agenda item at monthly staff meetings.
- We reviewed incident reports and observed that the incidents had been investigated, and any lessons learnt were shared with staff.

Incident reporting, learning and improvement

- We found mechanisms were in place to monitor and report safety incidents, including “never events”.
- All staff were familiar with the reporting system and could provide examples of reporting incidents and the lessons learnt.
- Incidents, accidents or near misses were reported on the organisations risk management system. A dental nurse we spoke to described the electronic system of incident reporting.
- There had been no never events reported in this service.
- Between April 2014 and end of April 2015 there had been 30 reported incidents in community dental services. 5 were incidents involving staff, 6 were incidents involving patients, 6 were information governance issues, 6 equipment issues, 6 safeguarding issues and 1 classed as other.
- Of these 30 incidents, 21 were graded no harm, 8 low harm and 1 moderate harm.
- The outcomes of such incidents are shared upwards through the Trusts Business Forum system and downwards to departmental staff through the regular team meeting structures. This mechanism ensured that

Are services safe?

all members of the service team were able to learn lessons and implement appropriate remedial measures wherever possible to prevent harm to patients and staff alike.

- We saw evidence of staff meeting minutes which demonstrated such learning had taken place.
- We saw that as a result of an information governance issue, the department had introduced a more robust system of checking patient details prior to patients undergoing a general anaesthetic. This system helped to reduce the risk of any future “never events” such as wrong tooth extraction.

Safeguarding

- All staff we spoke with were aware of the safeguarding policy and had received training at the appropriate level with regards to safeguarding vulnerable adults and children.
- The mandatory training records reported 100% staff compliance at Safeguarding Adult level 1 training and Children safeguarding level 1 and 3 training.
- The staff we spoke to were knowledgeable about safeguarding issues in relation to the community they served.
- Should members of staff have safeguarding concerns and feel a discussion with a more experienced colleague was required before making a referral to the appropriate agency, each of the 3 localities had its own safeguarding champion, who could be contacted.
- All of the staff we spoke to were aware of the safeguarding concerns that 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 is suffering from neglect.
- When vulnerable child patients who have high treatment needs fail to attend appointments for dental treatment, staff we spoke to explained how they used their system of ‘information sharing letters’ with appropriate agencies such as the Local Authority Children’s Services when appropriate.

Medicines

- Medicines were stored safely for the protection of patients. A comprehensive recording system was available for the prescribing and recording of medicines.

- The systems we viewed were well completed, provided an account of medicines prescribed, and demonstrated that patients were given their medicines as prescribed. We found medicines for emergency use were available, in date and stored correctly.
- At Monkwearmouth Health Centre where intra venous sedation services are carried out, we found medicines used for intravenous sedation were stored safely for the protection of patients. This was mirrored at all the sites we visited that provided sedation.
- A comprehensive recording system was available for the prescribing and recording of these medicines. The service had developed a robust system of computerised stock control for the medicines used in intravenous sedation which was demonstrated to us.

Environment and equipment

- We observed that dental equipment was clean and well maintained.
- We saw that equipment used for the monitoring of patients during intravenous sedation had attached to them check lists showing that important daily checks were carried out and when the next maintenance schedule was due.
- The service maintained sufficient numbers of all classes of equipment. This was demonstrated when we observed the dedicated instrument storage rooms appropriate for the storage of processed instruments and consumable materials. We saw evidence of this at all the locations we visited.
- At every site we visited there was a range of suitable equipment available for dealing with medical emergencies which 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 check list monitoring the expiry dates of the emergency medicines was present in each storage cabinet at each location we visited and was signed by the responsible dental nurse. This ensured that the risk to patients during dental procedures was reduced and patients were treated in a safe and secure way.
- At each site we visited we were shown a well maintained radiation protection file. This contained all the

Are services safe?

necessary documentation about the maintenance of the X-ray equipment. It also included critical examination packs for each X-ray set along with the three yearly maintenance logs.

- A copy of the local rules was displayed with each X-ray set. The clinical records we saw showed that every time when dental X-rays were prescribed they were justified, reported on and quality assured. This ensured that the service was acting in accordance with national radiological guidelines. The measures described also ensured that patients and staff were protected from unnecessary exposure to radiation.

Quality of records

- At all the sites we visited clinical records were kept securely and could be located promptly when needed, and confidential information was properly protected.
- The patient records were a mixture of computerised and hard copy records. The computerised records were accessed by using a secure password.
- Information such as written medical histories, referral letters and dental radiographs were scanned and uploaded onto the patient clinical records wherever possible. Where this was not possible, in accordance with data protection requirements, hard copies of written information were collated in individual patient files and archived in locked and secured cabinets not accessible to the general public.
- Throughout our inspection visits we looked at a sample of dental records across the service. The electronic records and hard copy records were well-maintained and provided comprehensive information on the individual needs of patients such as: oral examinations; medical history; consent and agreement to treatment; treatment plans; 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 also thoroughly recorded. For example, allergies and reactions to medication such as general anaesthetic.

Cleanliness, infection control and hygiene

- For the processing of contaminated instruments the service used a system of local decontamination for the sites in the Sunderland area and for the rest of the service, a local hospital central sterilising and decontamination unit (HSDU). The systems in place

ensured that the service was meeting HTM 01 05 (guidelines for decontamination and infection control in primary dental care) Best Practice Requirements for infection control.

- Staff at centres 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 and for the transfer, processing and storage of instruments to and through the designated on-site decontamination room.
- We observed good infection prevention and control practices, such as, staff following hand hygiene and 'bare below the elbow' guidance, and staff wearing personal protective equipment, such as gloves and aprons, whilst delivering care and treatment. There were hand washing facilities and alcohol hand gel available throughout the clinic areas.
- There were suitable arrangements for the handling, storage and disposal of clinical waste, including sharps.
- Each individual treatment room had a cleaning schedule in place which were displayed and complete and were signed by the responsible dental nurse.
- Clearly defined roles and responsibilities for cleaning the environment and cleaning and decontaminating equipment were in place.
- We observed the daily, weekly and quarterly test sheets for the autoclaves and washer disinfectors (along with the maintenance schedules) at each location where local decontamination was carried out. These were signed by either the responsible dental nurse or the external company carrying out the quarterly validation checks.
- Monthly infection control audits were carried out and 100% compliance was demonstrated in audits completed between 2014 and 2015.

Mandatory training

- Staff across the service told us there was good access to mandatory training study days and profession specific training.
- A variety of topics were discussed at these sessions including safeguarding issues, infection prevention and control, moving and handling, medicines management and health and safety.

Are services safe?

- The majority of staff we spoke with reported that they had received mandatory training in areas such as infection prevention and control, moving and handling, and health and safety.
- The central log for mandatory training confirmed that all staff working in the clinics had attended the required mandatory training.

Assessing and responding to patient risk

- At every site we visited there was a range of suitable equipment available for dealing with medical emergencies which 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 check list monitoring the expiry dates of the emergency medicines was present in each storage cabinet at each location we visited and was signed by the responsible dental nurse. This ensured that the risk to patients during dental procedures was reduced and patients were treated in a safe and secure way.
- Throughout our inspection visits we looked at a sample of dental treatment records across the service. Patient safety and safeguarding alerts were recorded. For example, allergies and reactions to medication such as general anaesthetic and antibiotics.
- The service adopted a number of fail-safe processes to prevent wrong site surgery. All patients requiring dental treatment under General Anaesthesia (GA) have their referrals overseen by the Clinical Lead and other senior clinicians. No patient is allowed to go to theatre unless the treatment plans have been authorised by these senior clinicians.
- The WHO checklist was used for dental treatment provided under General Anaesthetic (GA). Audits of the WHO checklist demonstrated high levels of compliance.
- A ceiling mounted hoist to support safe transfer of patients had been installed in some services.

Staffing levels and caseload

- There were sufficient staff to meet the needs of the service. This was achieved through careful management of the staff rotas, and by accessing resources within all of the dental clinics across the Trust.

- It appeared from looking through the appointment diaries on the computerised system that appropriate appointment slots were allocated for both patient assessment and treatment sessions.
- The dentists we spoke with felt that they had adequate time to carry out clinical care of the patient. There was sufficient clinical freedom within the service to adjust time slots to take into account the complexities of patients' medical, physical, psychological and social needs.

Managing anticipated risks

- All staff undertook yearly training in either Intermediate Life Support techniques or basic CPR appropriate to the clinical grade of the member staff. For example, staff involved in providing intravenous sedation or general anaesthetic services undertook training in Intermediate Life Support Techniques. This was in accordance with the new guidelines published in April 2015 by the Royal College of Surgeons and Royal College of Anaesthetists.
- We observed a diabetic patient undergoing the extraction of multiple retained tooth roots under relative analgesia. We observed the dentist record the patient's blood pressure and blood glucose level before and after treatment to ensure that the patient's clinical signs did not indicate that she was suffering from hypoglycaemia as a result of this stressful procedure. We observed that the dentist recorded this information in the patient's clinical record.
- We also observed 2 patients undergoing intra-venous sedation. Both patients had important checks made prior to sedation. This included a medical history, height, weight and blood pressure. These checks were carried out to determine if they were suitable to undergo this type of procedure. The records demonstrated that during the sedation procedure important checks were recorded at regular intervals during the operation and included pulse, blood pressure, breathing rates and the oxygen saturation of the blood. This was carried out using a specialised piece of equipment known as a pulse oximeter which measures not only the patient's heart rate, and oxygen saturation of the blood but also blood pressure. The machine also produced a written log of these vital signs which formed part of the clinical record. These checks were in line with current good practice guidelines demonstrating that sedation was carried out in a safe and effective way.

Are services safe?

- The service has a named Radiation Protection Adviser and Radiation Protection Supervisor for each of the 3 localities who are appointed to provide advice and assurance that the service is complying with legal obligations under IRR 99 and IRMER 2000 radiation regulations. These roles included overseeing the periodic examination and testing of all radiation equipment, completing risk assessments, monitoring contingency plans, providing staff training and responsibility for the quality assurance programme. The services named Radiation Protection Supervisor ensured that compliance with Ionising Radiation Regulations 99 and IRMER 2000 regulations was maintained.
- At each site a well maintained radiation protection file was available. This contained all the necessary documentation about the maintenance of the X-ray equipment. It also included critical examination packs for each X-ray set along with the required maintenance logs for X-ray equipment.
- A copy of the local rules was displayed with each X-ray set. The clinical records we saw showed that every time dental X-rays were justified, reported on and quality assured ensuring that the service was acting in accordance with national radiological guidelines. The measures described ensured that patients and staff were protected from unnecessary exposure to radiation.
- All health and safety policies and procedures were available and accessed through the shared drive of the Trust. The staff at the Palmer Hospital site showed us how the system worked in practice. There were generic policies and procedures as well as a section devoted to dental services.

Major incident awareness and training

- Staff were aware of contingency plans to address specific issues such as IT failure and fire.

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

Services were effective, evidence based and focussed on the needs of the patients. We saw examples of good collaborative and team working. Clinical audits were undertaken regularly to monitor and improve care and treatment. The staff were up-to-date with appraisals and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) had frequent continuing professional development (CPD) and were meeting the requirements of their professional registration.

Detailed findings

Evidence based care and treatment

- The service had a number of clinical leads who ensured best practice guidelines were implemented and maintained, these included conscious sedation, general anaesthesia, clinical audit, dental public health and epidemiology.
- Dental general anaesthesia (GA) and conscious sedation was delivered 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'.
- We observed several patient treatment sessions involving intravenous sedation. This care was delivered to best practice standards as specified in the new guidelines. This included the use of a separate appropriately trained dental nurse to specifically record patient vital signs at regular intervals during the sedation procedure.
- Sedation trained dental nurses were also utilised for the monitoring of patients during their recovery phase. We were also informed by the senior dentist who performed sedation that an audit was carried out on the use of flumazenil (the reversal agent for Midazolam). This along with the other measures described were already in place prior to the publication of the new guidelines,

Standards for Conscious Sedation in the Provision of Dental Care 2015. This demonstrated that the service was already providing services at a high standard of care and safety.

- Domiciliary dental care was provided across the organisation using the standards set out in the 'Guidelines for Domiciliary Care' published by the British Society for Disability and Oral Health (BSDOH). A dentist we spoke to explained the patient journey involving an episode of domiciliary care. She described the various risk assessments used to check if the patient was a suitable case for care in a domiciliary setting. The assessment also included details of the patient's medical condition, mobility and whether assistance from a carer was required. Details of any clinical intervention would also be recorded and where possible (as soon as possible following the visit) the records were transferred to the dental computer software system. This enabled follow up care to be provided by another clinician in the event of staff annual leave or sickness. This evidence was in line with best practice guidelines as set out in the guidelines described in the BSDOH document.
- The service has a Clinical Audit lead, a senior clinician, who coordinates all the clinical audit activity throughout the service. Current audit projects include clinical record keeping, infection prevention control and dental radiography. All audits demonstrated high levels of compliance.

Pain relief

- Our observation of staff administering care and treatment and our review of patient records confirmed that patients were assessed appropriately for pain symptoms. We observed there was attention to pain during the patient examination.

Nutrition and hydration

- Children having procedures under GA were advised to not eat for six hours before surgery but were able to have sips of water up to two hours before surgery.
- Staff contacted relatives/carers the day before admission to reiterate pre-operative instructions.

Are services effective?

- Staff provided advice to patients and parents about healthy diets and reducing the intake of foods which caused tooth decay. Diet records were provided as a means to monitor patients' intake between appointments.

Patient outcomes

- Preventive care across the service was delivered using the Department of Health's 'Delivering Better Oral Health Toolkit 2013'. Integral to the service were the Oral Health Promotion Team.
- The team, (which consisted of 6 experienced dental nursing members) provided targeted support to various staff out in the community including those working in care homes, supported living and as health care assistants. The philosophy was that training these groups would enable them to act as oral health champions in each of their community settings promoting good oral health and self-care throughout their client groups.
- We saw evidence of a rolling programme of audits to monitor safety performance including infection control, radiographs and patient records. These demonstrated very high levels of compliance.
- A healthy teeth award programme was in place which targeted schools with high decay rates and low uptake of services. This had improved outcomes for this group of patients.

Competent staff

- With an ever increasing complexity of patient, the Clinical Lead encouraged dentists within the service to obtain post graduate qualifications to provide competent services. Wherever possible we were told the Trust supports this philosophy by providing partial funding for studying for second degrees and providing appropriate levels of study leave.
- The majority of the dentists hold post graduate dental qualifications which ranged from Master of Science degrees to Post Graduate Diplomas.
- All dental nurses had been trained to a high standard. All dental nurses employed by the service must have taken and passed the National Examining Board Dental Nurses Certificate in Dental Nursing. Many of the other dental nurses had taken post qualification courses in

General Anaesthesia, sedation, dental radiography and fluoride varnish applications. All members of the Oral Health Promotion Team have qualifications appropriate to their subject area.

- All staff had received an appraisal in 2014 and plans were in place to ensure all staff received an appraisal in 2015.
- We observed from the minutes of team meetings that "peer review" is a standing item on the agenda. We spoke to a dentist who worked at the Washington location about peer review. He explained that dentists were able to bring to the meetings interesting clinical scenarios for group discussion.
- These discussions allowed dentists to offer advice to the presenting clinician about alternative treatment plans and approaches to treatment in a non-threatening and judgemental environment.
- The dentist we spoke to explained how much the staff valued this method of peer review and the valuable learning that resulted from looking at the same clinical scenario from a variety of viewpoints.

Multi-disciplinary working and coordinated care pathways

- The GA and sedation care was prescribed using an approved care pathway approach. Patients enter a recognised pathway of: Cognitive Behavioural Therapy, Tender Loving Care (TLC), TLC and either intravenous sedation or inhalation sedation and finally GA, dependent upon each patient's medical, social or clinical need.
- There was effective and collaborative working across disciplines involved in patients' 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 also carries out joint general anaesthetic sessions with other specialities. Adopting this joint surgical working reduces the need for repeated general anaesthetics and decreases the inherent risks that accompanies frequent exposure to general anaesthetic.
- The service maintained close working relationships with the school nursing service, health visiting, learning disability teams and drug and alcohol services to ensure that vulnerable groups requiring dental care can secure ready access to treatment and care as the needs arise.

Are services effective?

- Senior dentists were part of the Multi-Disciplinary Team (MDT) clinic in Sunderland for head and neck cancer. This facilitated provision of urgent dental care prior to radio or chemotherapy.
- Dentists had worked with the Learning Disabilities team in City hospitals Sunderland NHS Foundation Trust to provide specific care plans for patients with learning disabilities to minimise anxiety and distress.
- The service provided a joint General Anaesthetic (GA) with other disciplines and worked with neighbouring Trusts in a proactive way to ensure that staff from different Trusts worked in a patient centred way.

Referral, transfer, discharge and transition

- There were clear referral systems and processes in place to refer patients to the service. The Senior Dental Officer at Monkwearmouth described how the service had implemented a clinician led system for dealing with referrals into the service. There are 4 senior clinicians who provide a triage system to assess the appropriateness of the referrals into the service and then to arrange the most appropriate clinic for the patient to visit.
- This system highlighted deficiencies in the referrals into the service. They could then arrange for further dental radiographs, blood tests, or advice from the patient's GP or dentist, so that the patient was then seen in the right place at the right time. This system had helped reduced the number of inappropriate referrals to the service.
- The service maintains a list of patients within the service for continuing care. This was appropriate because some patient groups (such as patients with learning disabilities and long term medical conditions which compromise dental care) would not be able to access dental care in a 'high street' setting in the normal way.
- Patients who were seen for single courses of treatment for sedation services or general anaesthesia are discharged back to their referring general dental practitioner with a comprehensive discharge letter detailing the treatment carried out by the service.

Access to information

- The electronic patient record allowed dental professionals to access patients' dental records across all of the Trust's dental sites.
- All staff had access to best practice and evidence based guidance on the trust intranet.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- There was a robust system for obtaining consent for patients undergoing General Anaesthesia, conscious sedation, relative analgesia sedation and routine dental treatment.
- The consent documentation used in each case of intravenous sedation consisted of: the referral letter from the general dental practitioner (or other health care professional), and the clinical assessment (including a complete written medical, drug and social history). Full and complete NHS consent forms were used as appropriate in every case.
- We observed 2 patient assessment appointments which demonstrated that the systems and processes for obtaining consent were carried out. When we visited Washington Primary Care Centre the dentist on duty who provided relative analgesia sedation was able to describe exactly the same process that took place at this location and a sample patient care record confirmed that this was the case.
- 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.
- 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. A dentist we spoke to described to us the local service known as 'Your Voice Count's' which provides a system of independent mental capacity advocates or IMCA's. She explained how the service, through an agency, assists in the consent process for those patients who lack capacity to consent to treatment.

Are services caring?

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

Summary

We found staff to be hard working, caring and committed to the work they did. Staff spoke with passion about their work and were proud of what they did. Staff knew about the organisation's commitment to patients and their representatives and the values and beliefs of the organisation they worked for.

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

Detailed findings

Compassionate care

- Patients, their relatives and carers were all positive about the care and treatment they had received from the dental team.
- We observed all staff treating people with dignity and respect and taking extra time with patients who didn't have full capacity to fully understand the advice being given. We observed at one clinic how the dentist built and maintained a respectful and trusting relationship with a child patient and their parent. The dentist sought the views of the patient regarding the proposed treatment even though the patient was a young child.
- The patients we observed were given explanations about their dental treatment in a language that they could understand. They were treated with respect and dignity at all times. We observed several sessions where patients were receiving intravenous and relative analgesia sedation. These were provided for patients who were very anxious about receiving dental treatment. We saw extremely kind, gentle and compassionate care being given to patients. The team working between the dental nurses and the dentist was exceptional and delivered a very good patient experience. The patients were so grateful after the treatment session and made a point of telling us how pleased they were about the care they had received.
- We observed a child patient and her mother who had been referred to the oral health promotion team for a

session about oral health education due to high treatment needs. The Oral Health Promoter's approach was very kind and caring providing information about tooth brushing, diet and the causes of dental decay in a language that the child and the mother could understand. The interaction was very effective with the child and the mother having a greater understanding of how to maintain healthy teeth and gums. The young child showed the Oral Health Promoter how she brushed her teeth proving she had learned effectively.

- The service initiated patient satisfaction surveys which were conducted on a quarterly basis. The service had recently used the new Family and Friends test to determine patient satisfaction levels. The results of the surveys were shared with all staff in the various clinics. We were able to view the results of the last two surveys which showed a high level of satisfaction with the service. A summary of the results was posted on the walls of the clinics we visited to give feedback to patients using the service. The results for the family and friends test carried in February 2015 showed that 98% of patients would recommend this service.

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 with 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.
- To support oral health education the staff have developed an attractive range of oral health material in various styles for children, patients with learning difficulties and others and in a format and language that they could understand. These were freely available to patients and other agencies involved in the promotion of oral health including schools, care homes and special schools.

Are services caring?

- 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.

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.
- We observed exceptionally kind and caring support being given to patients who were very fearful of the dentist. The staff all adopted a holistic approach to care concentrating fundamentally on the patient's social, physical and medical needs first, rather than seeing patients as a collection of signs and symptoms which required a mechanistic solution to their dental problems.

Are services responsive to people's needs?

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

Summary

The service was responsive to people's needs and people from all communities could access treatment if they met the service's referral criteria. Effective multidisciplinary team working and effective links between the different clinics, ensured people were provided with care that met their needs, at the right time and without avoidable delay.

Detailed findings

Planning and delivering services which meet people's needs

- There were systems and processes in place to identify and plan for patient safety issues in advance which included any potential staffing and clinic capacity issues.
- All patients were given a choice as to where they could be treated. The aim of giving patients this choice was to keep waiting times for treatment as short as practically possible.
- The development of the clinic ensured that the dental and oral health needs of these groups of patients was not forgotten because their oral health needs were integral to the patient's wellbeing. All newly diagnosed patients were directed to this special clinic to ensure that continuing dental care was available as soon as possible at the beginning of the patient's journey through the healthcare system.
- The department had also developed close links with cancer services so that the oral health of cancer patients was maintained before, during and after cancer treatment. The staff were very proud of these developments.

Meeting the needs of people in vulnerable circumstances

- The service had, over a period of years, moved from a traditional Community Dental Service to one which is a mixture of referral based on specialist services and to providing continuing care to a targeted group of patients with special needs due to physical, mental, social and medical impairment.

- Due to this change of focus these groups could access services when required to meet their needs and the needs of family and carers.
- The locations we viewed as part of our inspection were fully accessible for people with a physical disability or who required the use of a wheelchair. Accessibility to the clinics we visited were good, and where some services were provided on the first floor level, there were lifts. Car parking was available on each site.

Access to the right care at the right time

- The service monitored waiting times, time to first assessment appointments, do not attend rates (DNA) and cancellation rates.
- Between April 2014 and March 2015 the average time to first assessment appointments in the three localities were: Gateshead and South Tyneside 6 weeks and Sunderland 8 weeks.
- Between April 2014 and March 2015 waiting times for different procedures varied depending upon what type of sedation was required and if it was children or adults that required treatment. The longest average wait was for intravenous sedation in the Sunderland locality which was 30 weeks and general anaesthetic for adults which was 17 weeks.
- Between April 2014 and March 2015 the DNA rate was 9.4% and cancellation rates were at approximately 5%.
- Patients were referred to the community dental service for short-term specialised treatment. A set of acceptance and discharge criteria had been developed so that only the most appropriate patients were seen by the service.
- On completion of treatment, patients were discharged to the patient's own dentist so that ongoing treatment could be resumed by the referring dentist. Internal referral systems were in place, should the dental service decide to refer a patient on to other external services such as the Newcastle Dental Hospital or local maxillofacial specialists.
- Processes were in place regarding how patients were discharged from the service after GA, Intravenous Sedation or Relative Analgesia conscious sedation. We were assured that patients were discharged in an appropriate, safe and timely manner. This was also

Are services responsive to people's needs?

apparent during direct observation of sedation sessions. During the discharge process the nurses made sure the patient or responsible adult had a set of written post-operative instructions and understood them fully. They were also given contact details if they required urgent advice and or treatment. This was confirmed by observing patient records where sedation had been given and observing patient treatment sessions during our visit.

- We observed that clinics ran to time, that they were not overbooked and patients reported they had sufficient time to talk to staff. Staff told us patients were kept informed of any delays and were offered the opportunity to rebook appointments if clinics overran.

Learning from complaints and concerns

- Information was displayed in every clinic informing people how to raise concerns and complaints.
- Complaints, both formal and informal, were discussed at every staff meeting. Complaints and concerns, in terms of sharing and learning from these issues, were also discussed at business forum meetings.
- The service had a very low level of complaints, with the emphasis 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

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 co-operation 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.

All staff told us that it was a good place to work and would recommend it to a family member or friends.

Detailed findings

Service vision and strategy

- The approach with respect to service vision and strategy was that of an evolving one. One senior clinician we spoke to felt that this approach ensured that the service did not stand still, enabling the service to respond appropriately to patient demands, disease levels in the community and demographic changes.
- It was evident from discussions with the team that the service was well led with a forward thinking and proactive Clinical Lead, Business Manager and Nurse Manager. We saw (and staff informed us) that the value base of the trust was openly discussed as part of the performance and development review (PDR) system.
- Staff confirmed they understood the vision of the trust (namely the '6 C's') and were aware that information on strategic plans for the organisation could be accessed via the trust's intranet.

- We observed staff who were passionate and proud about working within the service and providing good quality care for patients.

Governance, risk management and quality measurement

- Governance and risk management structures were in place, which were proactively reviewed and reflected best practice.
- The service has a senior clinician who takes the lead on clinical governance matters and is supported by a dental nurse in each locality who acts as a champion for health and safety.
- The staff we spoke to felt that this had improved the quality of care they provided because they received updated information on the principles of clinical governance on a regular basis.
- The system for sharing information throughout the service was supported through a series of joined groups.
- The main way of sharing information along the chain of communication was the Trusts Business Forum. These are held monthly and attended by various senior members of the dental team and the outcomes are then shared at the regular staff team meetings. We observed 6 examples of minuted staff meetings which verified that important clinical governance information was shared with all members of the dental team.
- We saw evidence of service improvement initiatives and regular checking of the quality of the service through clinical audit and other types of audit procedure.
- The service had an effective system to regularly assess and monitor the quality of service that patients received. Records of various checks, observation of completed audits and discussion with the senior team management confirmed a strong devotion to quality assurance and keeping high standards. We were told that the staff meetings were useful for raising any issues and "helping us improve as a service."

Leadership of this service

- There was strong leadership of the service, with an emphasis on driving continuous improvement.



Are services well-led?

- Senior dental nurses were clinic leads. The clinic leads were responsible for the day to day running of each clinic. They would be responsible for sharing information with the senior dental management team and with the clinicians and dental nurses on the front line. These clinic leads would be 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.
- Clinicians stated that there is an open door policy with respect to the Clinical Lead who is always on hand to provide professional support and advice. This particular aspect of being always on hand, would be very comforting to recently qualified dentists who may join the service, giving them confidence that someone is available should they encounter difficulties during a patient treatment session.
- Staff said there was visible leadership across the organisation and expressed confidence that any concerns raised with senior managers would be acted on. Staff at all levels were actively encouraged to raise concerns.
- 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 devotion to ensuring patients were looked after in a caring manner.
- To support training, a partnership with the Post Graduate Institute for Medicine and Dentistry (HENE) was in place. This ensured that new trainees gained experience of working in a community dental service and provided help to develop skills in anxiety management and experience of working with challenging client groups.

Culture within this service

- The culture of the service was one of continuous learning and improvement.
- Staff were proud to work in the service – they used words such as ‘amazing service’ and ‘really good supportive managers’
- They reported visible, approachable managers and knew the names of their divisional managers and the executive team and gave examples of them visiting clinics.

- There was a strong co-operation and support across all of the service with a strong emphasis on improving the quality of care.

Public engagement

- Staff reported 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 their treatment and care.
- The service initiated patient satisfaction surveys which were conducted on a quarterly basis. The service had recently used the new Family and Friends test to determine patient satisfaction levels. The results of the surveys were shared with all staff in the various clinics. We were able to view the results of the last two surveys which showed a high level of satisfaction with the service. A summary of the results was posted on the walls of the clinics we visited to give feedback to patients using the service. The results for the family and friends test carried out in February 2015 showed that 98% of patients would recommend this service.

Staff engagement

- There were high levels of staff satisfaction across all staff groups. Team meetings and staff surveys showed that the service engaged all staff.
- Staff felt they provided a good service and were able to feed into Trust initiatives applicable to their service through their regular team meetings.

Innovation, improvement and sustainability

- All staff had the opportunity to take further education to enhance the patient experience dependant on the outcome of their appraisal and subsequent PDP. Senior dental nurses we spoke to described how the dental nurses had undergone additional training in dental radiography, fluoride varnish applications and oral health promotion which enabled the service to provide enhanced care for patients.
- A number of the dentists had additional post graduate degrees and diplomas which enabled the service to provide more complex care to a more complex and varied patient base. Staff were supported in accessing and attending training, ensuring they had the right skills and training to make effective clinical decisions and treat patients in a prompt and timely way.



Are services well-led?

- A recent innovation had been the design of an intranasal sedation service. This approach tried to ensure that patients did not receive an avoidable general anaesthetic because there are risks with this procedure. Using this method the clinicians could obtain a safe degree of sedation to see if the patient definitely needed treatment under a general anaesthetic. The senior clinician involved explained to us that following approval by the Trusts Medicines Management Committee this new service was now in operation. A report had been prepared for the Committee to show the service worked and the benefit to the patients in improved care and welfare.
- The service had also developed the KANBAN system for the ordering of dental equipment and consumable materials. This innovative system was introduced to make stock control more cost effective and prevent the over ordering of materials which can be a drain on departmental budgeting.
- Staff also reported that they have used the Trusts 'Good Ideas Form' system where staff members can suggest innovative ways of doing things to improve the efficient running of the Trust and improve patient care.
- The team have developed a Quality Assurance Award Scheme (QAAS) in relation to good oral health which has been successfully rolled out in residential homes for the elderly and was now being adapted for residential care homes and supported living establishments for those with learning disability. This provided a means of measuring and showing service effectiveness in this area.
- The service had developed a DVD for Learning Disability patients. The dentist working at Wrekenton who developed the DVD explained how this video is used to help prepare Learning Disability patients for visits to the dentist. The staff reported positive feedback from the Learning Disability Team about this innovation.
- Senior dentists told us that one of the clinicians had developed a special dental clinic for babies and very young children with severe forms of medical, physical and mental impairment. This service provided at Palmer Community Hospital was recognised in a national Acorn award for local health improvement.