# Central London Community Healthcare NHS Trust

RYX

# 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) |
|---|---|---|---|
| 1-199720741 | Vale Drive primary Care centre | Primary Care centre | EN5 2ED |
| RAL26 | Barnet General Hospital | Barnet General Hospital | EN5 3DJ |
| 1-199724395 | Lisson Grove Health Centre | Health Centre | NW8 8EG |
| 1-1968304531 | Colville Health Centre | Health Centre | W11 1PA |
| RYXY8 | Parsons Green Health Centre | Health Centre | SW1E 6QP |

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

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

Where applicable, we have reported on each core service provided by Central London Community Healthcare NHS Trust and these are brought together to inform our overall judgement of Central London Community Healthcare NHS 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? | Good |

# Summary of findings

## Contents

# Summary of findings

## Overall summary

**Overall rating for this core service Good**

We rated community dental services at this trust as good. Processes and procedures were in place to monitor safe systems within the clinics and in areas such as radiography, cleanliness, decontamination, medicines and safeguarding . Incidents were appropriately reported, staff were aware of how to report incidents and there was learning from incidents. Medications were appropriately stored. The environment and equipment were clean and well maintained. Infection control procedures were in place. Staff had been appropriately trained and there were sufficient staff to meet the needs of the service.

The service used National Institute of Health and Care Excellence (NICE) and best practice guidelines to support the care and treatment provided for patients. Treatment plans were produced for each patient taking into account their personal needs and consent gained for all aspects of the treatment provided from the patient and/or their parent/ appropriate person. Clinical audits were undertaken regularly to monitor and improve performance. Staff were appropriately trained for their jobs and professional development was actively supported and encouraged. Multi-disciplinary working was evident in the co-ordination of patient care.

Patients told us they were treated with dignity and respect when accessing and receiving treatment. Patients and their representatives spoke highly of the care provided and that care was delivered by staff who were compassionate and understanding of their needs. There was good collaborative working between the service and other healthcare services to ensure good patient outcomes.

The service was able to meet the needs of specific groups of the community who cannot access the dental care they need elsewhere and staff were very aware of this. Access to treatment was generally satisfactory. Patient feedback surveys and complaints processes were in place to gather information to maintain and improve the service. There was good collaborative working between the service and other healthcare services to improve the quality of care for patients.

Initiatives had been established to improve the service and use the resources effectively. Staff we spoke with felt supported in their roles and that their managers were approachable and accessible

# Summary of findings

## Background to the service

Central London Community Community Healthcare NHS Trust provided a range of specialised dental services for people with complex or special needs, vulnerable people, those who find it difficult to access general dental services because of their needs and an all year out-of-hours emergency service at weekends, weekday evenings and Bank Holidays.

Central London Community Healthcare NHS Dental services were part of the Allied Primary Care Services Division and cover community dental and specialist dental services in the London Boroughs of Barnet, Hammersmith & Fulham, Kensington & Chelsea and Westminster.

We visited four clinics in different parts of the area and the Barnet General Hospital day surgery unit where dental procedures for children under general anaesthetic were carried out.

We spoke with 4 parents/carers and 3 children using the service. We spoke with 16 staff including dentists, dental therapists, dental nurses, administrators and managers of the community dental services.

An out-of-hours emergency dental treatment service is also part of the service.

## Our inspection team

Our inspection team was led by:

**Chair:** Paula Head, Chief Executive, Sussex Community NHS Trust.

**Team Leader:** Amanda Stanford, Care Quality Commission.

The team included CQC inspectors and a variety of specialists: Specialist Dental Adviser , Community Paediatrician, Palliative Care Consultant, General Practitioner, Community Matron, Intermediate Care Nurse, District Nurses, Health Visitors, Physiotherapists and Experts 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 Wave 2 pilot 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 held about the core service and asked other organisations to share what they knew. We analysed both trust-wide and service specific information provided by the trust and information that we requested to inform our decisions about whether the services were safe, effective, caring, responsive and well led.We carried out an announced visit from 7 to 10 April 2015.

# Summary of findings

## What people who use the provider say

Friends & Family Test (FFT) completed in January 2015 showed that 70% of respondents were positive about their experiences of care, 80% were likely to recommend the dental services; 100% rated their care as excellent or good; 90% were involved in the planning of their care; 100% said they were treated with dignity and respect; 90% said care and treatment was 'definitely' explained in a way that they could understand and 90% were definitely satisfied with how quickly they were seen.

Central London Community Healthcare NHS 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 found that community dental services were safe. Processes and procedures were in place to monitor safe systems within the clinics and in areas such as radiography, cleanliness, decontamination, medicines and safeguarding . Incidents were appropriately reported, staff were aware of how to report incidents and there was learning from incidents. Medications were appropriately stored. The environment and equipment were clean and well maintained. Infection control procedures were in place. Staff had been appropriately trained and there were sufficient staff to meet the needs of the service.


### Detailed findings

#### Safety performance

- An electronic incident reporting system was in place and all the staff that we spoke to were able to tell us and demonstrate how they used it.
- Incidents were assigned to a handler and staff reported they received an acknowledgement email and feedback. Examples of incidents reported included verbal abuse, needle stick injury and issues with equipment or the environment.
- Individuals told us they had received support and advice from safety officers and infection control in response to incident reports they had made.
- We reviewed two incident reports and saw the incidents had been investigated, contributory factors were noted and actions to prevent a recurrence had been implemented. Staff reporting the incident had received feedback and lessons learnt were cascaded to staff working in the service.
- Learning from incidents was a standard agenda item at staff meetings held 10 times a year in the outer London service and six times in inner London.
- All staff reported that a format known as CLIPS was used to update them and this stands for complaints, litigation, incidents and PALS (Patient Advisory Liaison Service).
- We saw minutes of staff meetings which documented the information provided under CLIPS. Trust wide learning was also communicated as part of the feedback process.
- We saw evidence of a rolling programme of audits to monitor safety performance including infection prevention for three of the sites inspected, radiographs and patient record keeping. Four members of staff told us that the results relevant to them had been reported

to them at the regular staff meetings. Four clinical outcomes projects were in place and the results were being collated. This showed that the performance of the service was being monitored.

### Incident reporting, learning and improvement

- Incidents were discussed at regular staff meetings and we saw minutes confirming this. Staff we spoke with were aware of, and had access to, the Trust's online incident reporting system. This allowed staff to report all incidents including near misses where patient safety may have been compromised. Staff we spoke with told us they received training at their induction about how to report incidents and were able to give examples of incidents they considered should be reported such as needle stick injuries and medication errors.
- We were told by the Clinical Business Manager and the Dental Team Administration Manager about a serious incident that had occurred in which a batch of patient information had been lost following its transfer from one site to another by a member of staff. The names of the patients involved were known so they could be contacted and duplicate information produced so that the treatment of these patients was not delayed. The Administration Manager showed us a document tracker for paper copies of patient information that had been put in place to prevent a similar incident from occurring again.
- The Clinical Business Manager also told us about another example of learning from incidents in relation to the recording of prescriptions, which, in the past had not always been satisfactory and that recording procedures had been changed to avoid a recurrence.
- There had been no never events reported in this service, one serious incident (missing records described above) requiring investigation (SIRI) which was 0.01% of SIRI's reported by the Trust.
- 11 incidents were reported by the dental services (to NRLS) in the 12 months between February 2014 & January 2015. Four incidents were categorised as low harm and the other seven as no harm.

### Safeguarding

- There were Safeguarding policies and procedures available to staff on the Trust intranet.
- Every clinic we visited had the contact details of the local authority and Trust safeguarding adult and children leads.
- In Barnet we were told by managers and staff the Trust Safeguarding lead attended staff meetings quarterly to provide staff with an update on any changes in procedures or discuss concerns and give advice and support. All staff knew the process to report safeguarding concerns and felt able to report any concerns they may have.
- Trust data for the Allied Primary Care Services Division of which dental services was a part had achieved the Trust bench mark of 90% of staff having completed Level 3 Safeguarding training for children and adults.
- All staff spoken with confirmed they had completed level 3 Safeguarding training for children and adults.
- Systems were in place and information was recorded on the electronic patient record to ensure staff were alerted and made aware when children were the subject of a child protection plan or were on the protection register.
- One member of staff told us how she had dealt with a concern she had had and as a result of feedback given to her subsequently felt that the incident had been handled effectively.

### Medicines

- Medicines management policies and procedures had been updated in December 2014 and staff had access to the latest version electronically and some clinics also had a paper copy available in their folders.
- Medicines including medical gases were appropriately stored. Emergency drugs were available and were in date and records seen showed they had, until very recently, been checked monthly but this was changing to a weekly check by the dental professional. Staff retained a list of the drug expiry dates and we were told the Trust was moving to a new system of tagged (tamper evident) storage boxes in the near future.
- We noted that the Glucagon (an injectable form of glucose used to treat low blood sugar in a medical emergency) was not stored in a fridge in the clinics visited. This reduced the expiry date of the drug and this was not reflected on the checklist seen.
- Medication audits had been completed in December 2014 and January 2015. The Trust provided a status report for dental services of the Controlled Drug Audit for Community Services. In the Status Report dated November 2014 the action plan included the implementation of standard operating procedure for the use of Midazolam, a review of safe storage for the schedule 3 controlled drugs and a review of the process

to destroy out of date controlled drugs. The results of repeat audits were about to be reviewed by medicines management leads in dental services to assess progress and update the action plan in place.

### Environment and equipment

- Facilities were appropriate and could be accessed by the majority of people. Patients unable to attend dental clinics were risk assessed for domiciliary visits by dental professionals.
- Records showed equipment was serviced and maintained in accordance with manufacturer's instructions, and all portable electrical equipment had been safety tested within the last 12 months.
- Every piece of equipment seen was labelled with a Trust asset register number.
- Waste was segregated and clinical waste was labelled, stored safely and securely in orange bags locked clinical waste bins and disposed of in accordance with legislation. Sharps containers were signed and dated on assembly and locked and signed again when disposed of.
- The Trust had recently changed the contract for Radiation Protection Advice. Folders were in place in every clinic visited, two Radiation Protection Supervisors had been identified. Local rules were displayed in surgeries containing x-ray units and dedicated x-ray rooms. Arrangements to monitor the levels of radiation staff were exposed to were due to be standardised across the service.
- The dental equipment in the surgeries was adequate for its purpose. The dental cart in the operating theatre at Barnet General Hospital was old but appeared to still be working satisfactorily.

### Quality of records

- The dental health records audit carried out in January 2015 showed 88% of patient records were electronic and 12% paper based. The dental services overall scored 79% compliance with a 'no assurance' level identified for two questions – the recording of the patient's NHS number & the practitioners job role.
- Two electronic health records were looked at each of the five sites visited and these had been completed in full.
- Staff told us they completed paper based records for domiciliary visits and for procedures carried out under general anaesthetic at Barnet General Hospital and transcribed these into the electronic record on their return to the clinic base.

### Cleanliness, infection control and hygiene

- The four clinics visited and the operating theatre at Barnet General Hospital were visibly clean and there was evidence of cleaning schedules and environmental audits to monitor standards.
- Staff carried out six monthly infection control self-assessment audits to monitor their compliance with the Department of Health Guidance HTM 0105, and the Infection Prevention team carried out annual infection control audits. Clinics had achieved between 97 and 100% compliance in the annual audits carried out between December 2014 & January 2015.
- There were copies of the daily clinic set-up procedure displayed in the four clinics we visited to remind staff of the tasks that were required to be completed at all points in the working day, including the preparation of the surgery at the beginning of the day, cleaning procedures between patients and the decontamination of instruments and testing of decontamination equipment.
- Staff showed us the decontamination process. In the one clinic where the washer disinfector equipment was out of order a process for manual washing was followed.
- Appropriate PPE (personal protection equipment) was available, instruments were transported in lockable lidded containers, and instruments were washed in a washer disinfector or by hand, inspected under a magnified light source, bagged, initialled before sterilising and then dated with the date of processing and expiry date and signed by the dental nurse carrying out the decontamination process.
- Daily, weekly and monthly checks of the equipment were logged for all equipment. At Colville Health Centre we saw one steriliser (number 1431) had only one recorded daily check recorded from 28 Feb 2015 – 23 March 2015. The records for the second steriliser were completed in full for the same period. The lead nurse for decontamination in the clinic told us she was on leave during the period and could not explain the missing record.

Good

# Are services safe?

- Hand hygiene audits for March 2015 – 13% return rate (approximately 90 staff) showed 100% compliance with the six techniques, bare below the elbow, appropriate use of gloves and cuts and abrasions covered by plaster.

### Mandatory training

- Staff told us they had access to mandatory training (for example fire, health & safety, life support, information governance, moving and handling) and all those spoken with confirmed they were up to date or had scheduled their training.
- Individual staff records seen confirmed this, and those staff identified as requiring updates had dates for training booked.
- Divisional records showed over 98% of staff in the division had completed all elements of their mandatory training.
- Staff told us they were notified approximately three months before training was due to be updated and sessions were advertised on the trust intranet.

### Assessing and responding to patient risk

- Emergency equipment for airway management and an Automatic External Defibrillator was available in all clinics. Records showed the equipment was checked daily when the clinic was in use and all staff were trained in intermediate life support (ILS) .
- Staff confirmed risk assessments were completed for individual patients. Moving and handling risk assessments were seen for patients who use wheelchairs.
- Clinics had patient hoists available, wheelchair ramps and tilting equipment for those patients unable to move unaided into a dental chair. Staff gave examples of setting small goals and providing additional time to encourage and enable patients with learning disabilities to access and use the dental services.
- Dental referrals to the service included a request for details of the person's medical history including their medication. Staff confirmed this was checked at every attendance. Patients also completed a medical history questionnaire on their first appointment which was used by the dental professional as part of the consultation.
- The WHO checklist was used in the day care unit for dental treatment provided under General Anaesthetic (GA). Audits of the WHO checklist demonstrated high levels of compliance.

### Staffing levels and caseload

- There were sufficient staff to meet the needs of the service, Nurse managers reported all vacancies had been filled and the Clinical Business Unit (CBU) manager reported there were no vacancies for dentists. She reported a good response to any adverts for dental positions and the service had established a bank of staff to cover short and longer term absences.
- Dental nurses worked Monday – Friday covering core hours 8-5pm, there were no shift changes.
- There was a bank for nursing staff and agency staff received an induction the first time they worked in a clinic. Nurse managers confirmed temporary or agency staff would not work unsupervised and a record was kept of their induction to the service.
- The dental care professional (DCP) checklist was used to orientate and to check staff competence with trust IPC policies, emergency equipment and procedures and undertaking of administration duties.

### Managing anticipated risks

- Risks were identified in each service and documented on the CBU risk register, these were discussed at managers meetings and minutes of divisional meetings showed high-rated risks were escalated and discussed at senior managers meetings.

### Major incident awareness and training

- Staff were aware of contingency plans to address specific issues such as IT failure (revert to paper records), fire – each clinic carried out regular fire alarm tests and periodic evacuation practices.

Good

# 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

The service used National Institute of Health and Care Excellence (NICE) and best practice guidelines to support the care and treatment provided for patients. Treatment plans were produced for each patient taking into account their personal needs and consent gained for all aspects of the treatment provided from the patient and/or their parent/ appropriate person. Clinical audits were undertaken regularly to monitor and improve performance. Staff were appropriately trained for their jobs and professional development was actively supported and encouraged. Multi-disciplinary working was evident in the co-ordination of patient care.

## Detailed findings

### Evidence based care and treatment

- The service used National Institute of Health and Care Excellence (NICE) and best practice guidelines to support the care and treatment provided for patients.
- A dental recall audit (NICE Guideline CG19) in 2013/14 showed only one clinic failed to meet the 80% target set to see patients – (2012 audit showed 51% of patients were seen). The service has subsequently recruited more dental practitioners to address shortfalls and will re-audit.
- National guidance is followed regarding the use of rubber dams for root canal treatments
- Patients had a plan of care documented in their dental record with goals and milestones identified for people with learning disabilities.

### 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
- Post GA dental surgery patients were given analgesia IV by the anaesthetist and local anaesthetic by the dentist.

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

### Patient outcomes

- There were four patient outcome audits identified for the period April 2015/ March 2016:
- Lower Third Molar Post-Operative Numbness Clinical Outcome – 25 patients received treatment to date (Jan – April 2015) no reported numbness – 100% successful treatments.
- Treatment Planning Comprehension Clinical Outcome (Restorative) – 17 responses, possible score 255 actual score 253. Questions - My dental problem has been explained to me and I understand why this has happened: The treatment options have been explained to me, including the risks involved: I have been given the opportunity to ask questions about my treatment and I have been given the chance to choose my preferred treatment option. Treatment Planning Comprehension Clinical Outcome (Paediatric) – 11 responses – possible score 165, actual score 165
- Plaque Score Reduction in Specialist Periodontal Patients: Looking at the reduction in plaque scores of Periodontal patients between their first and second appointments with the Periodontal Specialist. This demonstrated good patient outcomes.
- Post GA "quality of life." This demonstrated good patient outcomes.

Good

# Are services effective?

- The Managers and staff meetings minutes recorded details of patient outcome data/ audits and were shared amongst staff groups and the rationale for making changes in practice explained. Staff were aware of the audits and their role in supporting the collection of data.

### Competent staff

- Staff skills and qualifications are checked as part of recruitment process.
- An annual appraisal process is in place and staff reported they were able to identify additional qualifications/skills training they would like to achieve/ undertake. Staff reported they were actively supported to develop – nurses were supported to develop as dental practitioners, others were completing university based courses including Intra-venous (IV)/ inhalational sedation training.
- Staff had access to clinical supervision/peer review and one to one meetings with their manager.
- Processes in place to manage staff performance included regular formal appraisals and clinical audits. All staff had received an appraisal between 2014 and 2015.

### Multi-disciplinary working and coordinated care pathways

- There was effective and collaborative working across disciplines involved in patient's care and treatment.
- We were given examples of disciplines working together to coordinate a person's treatment by two or more involved Health Care Professionals to reduce numbers of visits for the patient and to reduce anxiety and stress for the individual.
- This included dental and ear operations being done under the same GA and podiatry and dental treatments being carried out at the same visit.
- The General Anaesthetic pathway was not streamlined. Children and their carers reported to the Barnet General Hospital Day Surgery Unit (DSU) and were then directed to the inpatient children's ward where they were admitted, seen by the dentist and anaesthetist and had access to a play therapist whilst waiting for their procedure. They were then escorted down to the DSU for their procedure with a relative/carer and were recovered on the DSU before returning to the ward to fully recover and then be discharged. The recovery area was not a designated paediatric area; however only children were operated on during the session. One relative/carer was able to stay on the DSU and be with the child in recovery post procedure.

### Referral, transfer, discharge and transition

- There were clear referral systems and processes in place to refer patients to the service. Referral forms were seen for specialist dental (oral surgery, endodontics, prosthodontics, periodontal and paediatrics); domiciliary visits and community dental services.
- Centralised referral management centres were based at Soho Centre for Health and Care for inner London and Vale Drive Primary Care Centre for outer London. Administration staff registered the referral onto the electronic patient record system, referrals were then triaged by an appropriate dentist. The dental service had established a safe remote triaging system.
- Arrangements were in place to ensure information is shared with GP's and other professionals involved in the patient's care and treatment.
- Patients were discharged from the service at the end of their course of treatment back to their General Dental Practitioner (GDP) if appropriate. Children referred and treated in the service were discharged at the age of 14 to GDP in inner London.

### Access to information

- The electronic patient record allowed dental professionals to access patient's dental records across almost all of the Trust's dental sites.
- Staff did not have access to the electronic patient record at Barnet General Hospital and had to rely on paper records at the Hospital and their notes of the procedure which were transcribed into the system back at their base clinic at the end of the day. There was a potential risk that patient notes are not transcribed in full, however the Trust advised that this was being implemented

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

Good

# Are services effective?

- Parents confirmed they were provided with written and verbal information to assist in their understanding of any dental procedures their child required before they signed the consent form agreeing to treatment.
- Staff were knowledgeable about consent processes and the need to hold best interest meetings for patients with limited capacity to consent to their treatment. Staff told us they received MCA 2005 updates as part of their safeguarding training.
- GA consent was re-checked at the hospital by the dentist before the procedure was undertaken.
- Staff told us of best interest meetings for patients without the capacity to consent. They reported working with patients, families, carers and other healthcare professionals to ensure people had access to care and treatment.

Good

# Are services caring?

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

## Summary

The care provided by all the staff for patient that we observed during our visit was provided to a very high standard. Patients told us they were treated with dignity and respect when accessing and receiving treatment. Patients and their representatives spoke highly of the care provided and that care was delivered by staff who were compassionate and understanding of their needs.

## Detailed findings

### Compassionate care

- Staff were knowledgeable about their patient groups and the services provided. They were professional, polite and compassionate in their dealings with patients and relatives. They were friendly and supportive with children and it was apparent they worked hard to establish trust with their patients.
- Appointments were arranged to enable staff to spend time with patients and relatives to ensure they were put at ease and comfortable before commencing treatments. Appointments ranged from 30 minutes to 90 minutes dependent on the treatment planned.
- Patient's privacy and dignity were generally maintained; however at several clinics windows were not sufficiently screened and there was a possible risk that people passing by or in buildings opposite the surgeries could observe activity in the clinics.
- PREMS (patient reported experience measures survey) for dental services in January 2015 showed: Friends & Family Test (FFT) 3.9% response rate (63 returns) - 70% of respondents were positive about their experiences of care, 80% were likely to recommend the dental services; 100% rated their care as excellent or good; 90% were involved in the planning of their care; 100% said they were treated with dignity and respect; 90% said care and treatment was 'definitely' explained in a way that they could understand and 90% were definitely satisfied with how quickly they were seen.

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

- Staff used a bank of patient information which was available on the Electronic Records System, recently shared across inner and outer London clinics to aid the integration of the services.
- We also saw that staff used dental models, written information and pictorial leaflets to explain treatments.
- Staff reported they sent text reminders and telephoned patients the day before their appointment to remind them of their appointment time and any instructions to reduce the numbers of patients not attending their appointment.

### Emotional support

- Staff gave people time and personal support and never forced treatment on patients.
- They told us of many examples of patients with learning disabilities visiting the service multiple times before any care or treatment would be attempted, working at a very slow pace to ensure the patient was involved and supported until they participated in their care.
- Staff worked with the family, carers and others involved in the person's care to ensure all patients referred to the service had access to dental care.

Good

# 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 able to meet the needs of specific groups of the community who cannot access the dental care they need elsewhere and staff were very aware of this. Access to treatment was generally satisfactory. Patient feedback surveys and complaints processes were in place to gather information to maintain and improve the service. There was good collaborative working between the service and other healthcare services to improve the quality of care for patients.

## Detailed findings

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

- The Clinical Business Unit (CBU) manager reported that she liaised with local commissioners to try to coordinate services better and to establish common quality indicators.
- The trust had an oral health promotion service providing information to local authorities, schools and hard to reach groups.
- The dental service provided emergency dental service for nine Boroughs in London.
- Staff reported domiciliary visits were arranged if patients could not attend the clinic or the facilities were not suitable.
- The dental service was participating in the collection of data for BASCD (British Association for Special care Dentistry) audits to support NHS England survey of children under 5 years of age with dental caries, Westminster had established an enhanced survey and all under 5's were being examined.

### Equality and diversity

- There was equal access for anyone meeting the referral criteria for the services.
- Facilities at each clinic enabled patients with limited mobility to access dental care and treatment. Staff reported patients with additional specialist needs could be redirected to other clinics where specialist facilities were available.
- All staff had received training in equality and diversity

### Meeting the needs of people in vulnerable circumstances

- Services were provided to people who cannot be seen by a General Dental Practitioner (GDP). The service sees all vulnerable patients.
- The CBU manager identified that her main challenge was to maintain the quality of the service whilst treating increasing numbers of patients. The service has started to collect data on the numbers of appointments available at every clinic including the numbers of patient not attending their appointment.
- The service treated patients with a diagnosis of dementia and gave examples of carrying out dental examinations in three nursing homes in Barnet. Staff reported they had received dementia awareness training.
- Staff told us they could arrange for an interpreter to attend an appointment or they could access a telephone based translation service. Staff also told us they used British sign language translators to ensure patients were involved in and enabled to understand their care and treatment.

### Access to the right care at the right time

- The March 2015 CBU quality and performance dashboard showed waiting times were monitored for time to assessment and additional time to first treatment appointment:
  - **Community dental services**: days to assessment ranged from 42 (Kensington & Chelsea) – 64 days (Barnet): additional days to first treatment appointment ranged from 30 (Barnet & Hammersmith & Fulham) to 49 days (Westminster).
  - **Specialist dental services:** The waiting time for assessment ranged between 28 – 347days.The waiting time for a first treatment appointment ranged between 21 days to 105 days.
- Hammersmith & Fulham (restorative) was the highest at 347 days to first assessment & (Periodontal) 215 days to first assessment;

Good

# Are services responsive to people's needs?

- Westminster Periodontal service had the longest waiting time for a first treatment appointment (105) and the Endodontic & Prosthetic service had an 85 day waiting time.
- Staff told us patients were provided with the earliest appointment time, staff maintained a 'standby list' for those with more urgent needs to call at short notice in the event of a cancellation.
- The service monitored the numbers of patients who did not attend appointments (DNA's). Rates ranged from 11% - 15% of booked appointments in Community Dental Service (CDS) and 3%-15% in specialist dental services. The average number of patients attending every session ranged between 2 to 5 across CDS & specialist services.
- Staff told us patients could change appointments or make enquiries through the central referral team rather than telephoning individual clinics which had reduced the numbers of patients complaining they were unable to make contact with the clinics.
- March 2015 data provided by the dental services showed appointments had not been cancelled by the service for Barnet minor surgery; Hammersmith & Fulham restorative and periodontal services and Westminster paediatric service; however other specialist services had cancelled between 1 & 10 patients and CDS data showed between 11 & 78 had been cancelled across the Boroughs.
- There was no consistent approach to patients who repeatedly did not attend for appointments. Staff told us there were plans to implement a policy but they appeared to tolerate a high number due to the specialised needs of their client group.
- We observed clinics ran to time, 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 reported at every staff meeting and the number of complaints and compliments received were reported in the service dashboard. None were recorded as received in the March 2015 dashboard.
- The dental services CBU had received five formal complaints between January 2014 and January 2015 and there were 12 reported PALS contacts. Staff provided responses that were open and honest and met the requirements of duty of candour. Staff reported contacting patients to discuss concerns and ensure concerns were addressed to a timely and appropriate conclusion.
- The patient engagement team collected patient stories to highlight patient experiences of care and these were shared at Board, Divisional and CBU meetings. Staff reported several dental patient stories had been reported

Good

# 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 aware of the trust's vision and strategy.

The service had a risk management policy in place and it maintained a risk register. The register was reviewed regularly and staff were aware of the risks in their service area, and of the action taken to mitigate risks.

Patient Reported Experience Measures (PREMS) were used to show the effectiveness of the service.

Initiatives had been established to improve the service and use the resources effectively. Staff we spoke with felt supported in their roles and that their managers were approachable and accessible. The service appeared to be led effectively at local level.

## Detailed findings

### Service vision and strategy

- The dental service CBU service was restructured in July 2014 and the management team reported their priorities were to harmonise and standardise services and working practices across the CBU.
- All staff spoken with identified with the Trust's mission "Working together to give children a better start and adults greater independence" and vision "Great care closer to home".
- Staff told us they had attended an 'away day' in late 2014 with the wider team and told us they had worked with colleagues across the dental services CBU to identify key priorities and develop working relationships.
- They all talked of providing excellent care and treatment to patients and facilitating access to very specialist dental services for some of the most vulnerable people.

### Governance, risk management and quality measurement

- The CBU had a risk register with current risks listed, the assessed level of risk and the mitigation in place to reduce the level of risk and who was responsible for managing the actions.
- There was evidence of regular updates, for example we saw works were not progressed as the managers of the buildings changed and decisions taken to address security and building issues were not carried out as agreed and within timescale. Risks remained on the register that should have been addressed; however staff recorded escalation of concerns to senior managers and these were seen to be discussed at the divisional meeting.
- Quality and risk data was documented as discussed at CBU staff and management meetings and at divisional meetings. There were standard agenda items which were mirrored at staff, manager and senior manager meetings to ensure information was shared across the services to front line staff and back to the executive and Trust Board.
- Senior managers in the service identified the standardisation of practice and ways of working as being the key risk to the overall success of the CBU.
- Quality performance data was disseminated to all staff and to the senior management team. Staff were aware of waiting times for services, the numbers of patients seen and the numbers of patients not attending. Board minutes showed performance and quality data from dental service was part the divisional report.

### Leadership of this service

- Staff told us they felt valued and respected.
- They reported clear line management support, told communication had improved since the restructure and they felt empowered to raise any issues at any level.
- The CBU manager was also a clinical lead for dentists working in the service and staff felt she understood their concerns and issues and was able to actively represent and promote dental services to senior managers.
- Management were reported as visible or contactable at all times although the geographical spread of services necessitated the manager to frequently travel across the patch. The manager attended all staff meetings to ensure staff had an opportunity to discuss concerns/ issues directly with her. All staff knew the divisional managers for their service and we saw minutes of divisional meetings at which the dental service CBU manager attended and risks and quality information about the service was discussed.

Good

# Are services well-led?

- Staff told us executive leadership team members had visited services and attended the CBU away days.

### Culture within this service

- Staff were proud to work in the service – used words such as 'amazing service' and ' really good supportive managers' and 'no-one is better than anyone else – we all have an equal voice' and 'there is no hierarchy'.
- They reported visible, approachable managers and knew the names of their divisional managers and the executive team and gave examples of them visiting clinics.
- The trust was in the process of rolling out lone worker devices based on risk assessment. Staff told us they did not attend domiciliary visits unaccompanied and managers always knew where they were visiting.

### 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 the treatment and care.
- PREMS (patient reported experience measures survey) for dental services in January 2015 showed: Friends & Family Test (FFT) 3.9% response rate (63 returns) - 70% of respondents were positive about their experiences of care, 80% were likely to recommend the dental services; 100% rated their care as excellent or good; 90% were involved in the planning of their care; 100% said they were treated with dignity and respect; 90% said care and treatment was 'definitely' explained in a way that they could understand and 90% were definitely satisfied with how quickly they were seen.

### Staff engagement

- Team meetings, away days, and staff surveys engage all staff. The Trust does 'pulse checks' to monitor local staff though we saw no evidence that dental staff had participated.
- 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

- Patient stories are used to help identify where services can be improved for patients.