The Mid Yorkshire Hospitals NHS Trust

RXF

Community dental services

Quality Report

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Date of inspection visit: 16 - 19 May 2017
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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)
RXFX2	Newstead House, Wakefield		
RXF	Castleford Health Centre, Castleford		
RXF	Dental Clinic, Pontefract		
RXF	Dental Clinic, South Kirby		

This report describes our judgement of the quality of care provided within this core service by The Mid Yorkshire Hospitals 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 The Mid Yorkshire Hospitals NHS Trust and these are brought together to inform our overall judgement of The Mid Yorkshire Hospitals 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 the trust overall as good because:

- The service was safe with systems in place to support staff to provide safe care to patients. Staff knew how to report incidents and learn from them. The service protected children and adults using the service by use of a safeguarding process and trained all staff in safeguarding. The environment was visibly clean, with monthly reviews of the risk of infection and regular checking and maintenance of equipment. The records of patients were detailed, legible and stored securely. Management and storage of medicines were safe. Staff were up-to-date with their mandatory training although some staff had to complete consent training.
- The service was effective in providing a referral based service for its local community. The service provided care and treatment in accordance with national guidance. It addressed patient outcomes through an active oral health promotion team, by collecting data for its commissioners, running audits and by acting on the results of audits to improve the service. Pain relief was available for patients and patients received information about nutrition and hydration. The service had an effective process in place to accept patients into the service. Patients were transferred appropriately to a local hospital and discharged safely back to the care of their general dental practitioner. Staff were competent and many staff had secured additional qualifications beyond their core role or were in the process of doing so. Staff had ready access to information they needed to do their job effectively and all staff had received Mental Capacity Act training to support staff in obtaining consent from patients who were unable to consent themselves.
- The service was caring. Patients, carers and parents we spoke with, in addition to feedback from patients that we reviewed, demonstrated staff were passionate about providing the best care for their patients. During our inspection, we observed staff providing compassionate care to patients with re-assurance given to patients who were anxious. All patients or parents/guardians/carers of patients who we spoke with were positive about their experience of the service and we saw confirmation of this from written feedback from patients that we reviewed. Staff took care to understand their patients. Staff demonstrated this by obtaining new skills to help them communicate with patients, by creating easy read picture leaflets, or in the way they arranged appointments, or by working with external agencies to create bespoke pathways for particular patients. Staff showed how they provided emotional support to their patients. For instance, at a home visit we observed, we saw how staff provided the patient with the time they needed to feel comfortable before proceeding with their assessment of the patient.
- The service was responsive to the needs of its patients. The service had created a dental prevention unit when the oral health promotion team had its funding withdrawn. It ensured extra training for nursing staff so they could provide fluoride varnishes. It also operated a general anaesthetic list for adults/children/those with special needs, at both Pinderfields and Pontefract hospitals. The service engaged with its commissioners to ensure that the service it provides met the needs of people in its local area. All staff were up-to-date with their equality and diversity training and we saw the service embraced equality and diversity in its built environment (where possible), its equipment, and by its use of interpretation services. The service was committed to meeting the needs of vulnerable people who otherwise would not receive appropriate dental care and tried to ensure that patients received the right care at the right time. The service learned from complaints and feedback from its patients, with compliments and complaints being a regular item for discussion at the six weekly team briefs.
- The service was well-led at a local level by an experienced clinical lead that oversaw the governance procedures and managed risks appropriately. We found adequate governance, risk management and quality measurement on inspection to support the delivery of a quality service. The wider dental team was motivated and the culture was generally positive in spite of uncertainty created by an ongoing procurement exercise. The service engaged with both the public and staff and was seeking to innovate and improve to make it sustainable for the future. Staff

Summary of findings

supported the clinical lead to help shape the service and provided a training opportunity for two dental foundation students. The service's focus was on putting the patient first although its vision and strategy was in development. We saw at each clinic the nine principles of the General Dental Council were displayed which put patient safety and care at its core.

Summary of findings

Background to the service

Information about the service

Community dental services are part of the Orofacial department of The Mid Yorkshire Hospitals NHS Trust ('the trust') which is located within the division of Surgery.

One of four dental clinics based in either Wakefield, Castleford, Pontefract or South Kirkby provided routine or urgent care. All clinics (apart from Castleford) have facilities downstairs and are wheelchair accessible. South Kirkby was also equipped to be able to see bariatric patients. Home visits were organised where this is suitable and necessary according to strict assessment criteria. The service also had a dedicated oral health promotion team. Care requiring general anaesthetic was carried out, for both adults and children (including those with special needs), at one of the trust's local hospitals. Dentists worked 8:30-12.15pm and 1.15-5pm, Monday to Friday. The trust supplied consultant cover when required. By calling the 111 service, patients could access emergency out of hours care.

The clinics accept patients according to whether the potential patient meets the referral criteria for the service. Generally the criteria is designed to accept patients who, whether because of their needs (such as anxiety) or vulnerability (such as substance misuse patients), are not suitable for treatment by a general dental practitioner. This includes patients with learning difficulties or challenging behaviour, those with mental health issues, or those with medical conditions that require facilities only the community dental service can offer.

The service had 27 staff members. This included a mixture of dental officers and dental nurses together with a clinical lead, an oral health promotion team, a therapist and administrative staff. An additional dentist was awaiting appointment and there was a vacancy for a band four dental nurse.

In the period 1 April 2016 to December 2016 the service had undertaken 5023 units of dental activity, consisting of 2304 courses of treatment, plus 75 domiciliary visits, and had taken on 396 new patients.

During our inspection we visited five community dental service locations:

- South Kirkby clinic
- Castleford clinic
- Pontefract clinic
- Wakefield clinic
- Pinderfields Hospital

We spoke with a range of individuals including the clinical lead, a clinical manager, three dental officers, seven dental nurses, a member of the oral health promotion team and administrative staff. We spoke with or observed the care for eight patients and/or their carers/parents and reviewed 14 patient records (four of which included details about the administration of a general anaesthetic). We held a listening event for the public and prior to and after the inspection, we reviewed data about the community dental service supplied to us by the trust.

In 2014 the service was inspected using a previous inspection methodology and was rated overall as good.

Our inspection team

Our inspection team was led by:

Chair: Carole Panteli, Nurse Director

Team Leader: Sandra Sutton, Inspection Manager, Care Quality Commission.

The team included a CQC assistant inspector, a dentist and a hygienist.

Good

Are services safe?

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 hold about the core service and asked other organisations to share what they knew. We carried out an announced visit on 16 and 19 May 2017. During the visit we held focus groups with a range of staff who worked within the service, such as nurses, doctors, and therapists. We talked with people who use services. We observed how people received care, talked with carers and/or family members, and reviewed care or treatment records of people who use services. We met with people who use services and carers, who shared their views and experiences of the core service.

What people who use the provider say

- All patients and/or parents/guardians/carers of patients that we spoke with described the service in a positive way.
- One said it was excellent and that they had never had any problems. A child patient told us that the dental officer made them feel good about coming to the dentist. The child's parent described the service as lovely.
- A carer we spoke to said the service saw them seen even though they were late.
- A child patient said to us that they did not feel under pressure and that the staff were alright and helpful.
- Another parent of a child patient said it was a good service.

Good

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We rated safe as good because:

- The service had systems and processes in place to keep its patients and staff safe. Staff knew how to report incidents and learn from them.
- The service used a safeguarding process to protect children and adults using the service and all staff had received safeguarding training.

Good

Are services safe?

- The environment was visibly clean, with monthly reviews of the risk of infection and regular checking and maintenance of equipment. The records of patients were detailed, legible and stored securely. The service managed and stored medicines safely.
- Staff were up-to-date with their mandatory training. Staffing levels were adequate although the service was recruiting an additional dentist.
- The service had systems and processes in place to assess and respond to risks in patients and manage risks to the service. It had a local risk plan in place to help it deal with and respond to major incidents.

However:

- In relation to mandatory training, for consent training for dental officers only, of the four eligible dental officers, none of them had completed the training.
- In 2014 the service considered the risk for Legionella at the South Kirkby clinic but this did not include the part of the building now used by the service. The trust had requested a more recent report.
- Currently there were no medicine related audits at the service. The trust was in the process of putting in place an audit plan for medicines with a plan to complete the first audit by the end of July 2017.

Detailed findings

Safety performance

- In the period March 2016 to March 2017 and while on inspection, we did not identify any concerns with the safety performance of the community dental service.
- The service measured its safety performance by operating a programme of audits (with action plans) and by maintaining a register of incidents and risks together with details of mitigating actions and lessons learned. The clinical lead oversaw a programme of audits that ran each year and staff confirmed that they were involved in the audits, such as, in 2016/17, a record cards audit or a failure to attend audit or a radiography file audit.
- The service discussed safety performance regularly. We saw this from our review of minutes of team brief meetings and business and clinical governance meetings, in addition to information obtained from discussions we had with staff.

Incident reporting, learning and improvement

- We identified a culture amongst staff of incident reporting, with systems in place to support staff to capture incidents, learn from them and improve.
- All staff we spoke with knew how to report incidents. For example, while at the South Kirkby clinic we noted that both the keypad lock to the dirty utility room and the lights in the bariatric surgery room were not working. One of the dental nurses reported this. When at the Wakefield clinic we noted that staff had reported a historic issue with the cancellation of the general anaesthetic list and an issue with one of the x-rays.
- In the period March 2016 to February 2017 there had been no never events. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- We reviewed a spreadsheet of incidents that had occurred and been reported within the service. This showed that in the period March 2016 to February 2017 there were 21 incidents. We identified no trends or themes from these incidents.
- The majority of the incidents (12) related to medical device/equipment; two each to environmental matters or patient's reaction to medication; and one each relating to: scans/x-ray images; incidents relating to sharps; the mouth; lack of or delayed availability of facilities/equipment/supplies and communication between staff.
- Of the 12 incidents, four were rated as 'Low (Minimal harm caused)' while the rest were rated as 'No Harm/ Near Miss'. Two incidents related to the Castleford clinic, five to the Wakefield clinic, and three to the Pontefract clinic, with the balance occurring at disparate varied locations.
- On the spreadsheet, each incident had a unique reference, a severity rating, a brief description, and set out brief details of the action taken, lessons learned and any investigation. For instance, following an allergic reaction a series of patients had to an acrylic medicine used, the service stopped using the type of medicine concerned and tried to source a different material.
- In order to improve the service for the benefit of patients and staff, staff discussed incidents and how to learn from them. This was clear from talking to staff and from our review of the minutes of the team brief.

For instance, following a recent incident on one of the general anaesthetic lists, to improve safety performance and as evidence of learning, the service introduced mandatory completion and use of the World Health Organisation (WHO) surgical checklist when undertaking operations involving general anaesthetic.

Duty of Candour

- We were satisfied, having spoken to a range of staff, that the service understood and applied the duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- Most staff we spoke with could not recall a time over the last year when they had used the duty, but the clinical lead told us about a patient who had an un-planned baby tooth extracted who was told about this and an apology given even though no harm was done.

Safeguarding

- We found that the service had a safeguarding policy and process in place to help protect patients at risk. Safeguarding training provided to staff meant that staff knew how to spot safeguarding issues and report them where necessary.
- The service followed the trust's safeguarding policy. While the clinical lead was the safeguarding lead for the service, on a day-to-day basis one of the dental officers led on safeguarding issues. To support patients in identifying who the staff members were, each clinic displayed a description of the staff in the service. We saw an example of the safeguarding referral form used by the service to refer any safeguarding concerns to the local authority safeguarding team. The review of records showed that staff at the service had the ability to flag a patient who was subject to a safeguarding concern, such as a child subject to a protection plan.
- In January 2017 the trust introduced a new 'do not attend' policy and the service carried out an audit of failure to attend the general anaesthetic procedure. This audit, completed in January 2017, was done to ensure the service was implementing the trust's new do not attend policy. The learning from this audit was that the service was to check that all patients who did not attend were followed-up with the new letter templates required by the new do not attend policy operated by the trust. This involved copying all healthcare professionals involved in the care of a vulnerable patient and escalating any safeguarding issues. We pointed out to the clinical lead that the dental officer we spoke to, contrary to the new policy, was not recording their decision about a patient not attending on that patient's clinical notes. The clinical lead explained that their computer systems did not presently allow them to record onto the notes and they were looking to resolve this with help from the trust.
- Mandatory training data supplied by the trust showed that between 95% and 96% of staff had been trained in adults safeguarding level one and two and children safeguarding level one and two (against a target of 95% for level one and 85% for level two). Two members of the oral health promotion team had completed level three children safeguarding training. Of the four dental officers, (including the clinical lead), 50% (two) had completed level three safeguarding training and 50% (two) were in the process of completing this training (against a target of 85%).
- Staff who had not completed the necessary training received a reminder to complete it from both the administrator employed by the service and the trust and at the annual appraisal training completion was covered.
- In the 12 months prior to the inspection the service had not made any safeguarding referrals. However, the staff we spoke with described how they had previously made a safeguarding referral using their training. For instance, one member of staff described how they and the dental officer referred a child patient to the local social services. Also, the oral health promotion team told us they made a presentation to the local authority safeguarding team about oral health awareness and dental neglect.

Medicines

- We were satisfied, across all locations, that the service safely managed and stored its medicines (including those used for an emergency or a home visit).

Emergency medicines, oxygen, and prescription pads (with their accompanying 'control' logbook) were stored in a lockable cupboard when not in use. Any controlled drugs were stored appropriately.

- Medicines not in use, across all locations, were stored in a locked room. All medicines seen were in date, and a named staff member at each location was responsible for checking stock rotation each month and we saw records for this.
- The medicines in the emergency kits and oxygen and automatic external defibrillators used at each location (plus those used on home visits) were readily available for use, were in date, and checked regularly. Emergency drugs were stored in sealed boxes and grouped according to whether the emergency was a cardiac episode or a blood sugar episode.
- Emergency drugs and oxygen were stored in accordance with the British National Formulary (BNF) and Resuscitation Council (UK) guidelines, with a variety of masks and airway tubing for children or adults.
- Each location used a separate home visit emergency drugs and equipment set with all items seen to be in date with records completed of regular checking. The service's home visit policy required that the airways kit was present in the home visit kits but we did not find it present but the service told us this would be rectified.
- At team briefs there was discussion of medicines and actions taken to check medicines and ensure that they were readily accessible to the dental team. For instance, in 2016 the service audited the use of the emergency drug trolley and decided to monitor the daily temperature of the drugs used on the trolley. Staff carried out daily checks on the emergency drugs trolley. If recommended temperatures were exceeded staff had access to a protocol that gave guidance on the reduction of expiry dates for drugs.
- Currently there were no medicine related audits at the service. The trust confirmed that it intended to put in place a medicine audit with a plan to complete the first audit by the end of July 2017.

Environment and equipment

- All locations visited, apart from the Castleford clinic that was upstairs with no lift, were wheelchair accessible. All apart from the South Kirkby clinic had their own reception desk. Signage to find the dental service was adequate across all locations. Lockable doors controlled access to all treatment areas. Every location had adequate seating for children and adults (including bariatric patients at the South Kirkby clinic).
- The service had a system in place to ensure maintenance of equipment used by the staff such as dental chairs, scavengers, air conditioning units and suction machines. For instance, we saw recent maintenance certificates for the dental chairs and suction machines. Staff we spoke with said they had access to equipment when needed. We saw that equipment had been safety checked and marked with a sticker to show the date of the next check. Monitoring took place of expiry dates of materials used.
- All locations had up-to-date risk assessments for risks of Legionella except the South Kirkby clinic. In 2014 at the South Kirkby clinic there was a risk assessment for Legionella but it did not include the part of the building now used by the service. The trust told us that, for this location, it had requested a more recent report.
- To support the safe movement of patients who required a wheelchair, foldable wheelchairs were present at all locations and staff we spoke with confirmed they had used the folding wheelchairs. In addition, fixed ceiling hoists were present at each location (including a fixed bariatric hoist at the South Kirkby clinic). All clinics had fire extinguishers and clear signage for fire exits and we saw that the building owner had checked that these were safe to use.
- Across all locations we saw that the service used safer sharps, disposable scalpels, ultra-safe needles, and disposable matrix bands with stainless steel burrs. All endontic files were single use. We saw that staff had appropriately assembled, dated and stored in the surgery out of reach of patients and off of the floor, all sharps bins.
- All locations had an intraoral x-ray machine and the clinics at South Kirkby, Castleford and Wakefield had an orthopantomogram (OPT) x-ray machine. Rooms that used x-rays had appropriate signage in place.
- To comply with Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R 2000), all x-ray machines were tested by a third party (the most recent report

was May 2016 and testing was carried out every three years). All machines were safe to use and we saw that any adjustments recommended by the report were actioned promptly.

- Each location maintained a radiation protection file that was well-organised and included confirmation that staff using x-ray equipment were up-to-date with their x-ray training. An audit of the radiation file in 2016/17 noted staff must ensure they enter all data. The service planned to re-audit this in July 2017. The service displayed local rules in any room where an x-ray machine was in use that named one of the staff as the radiation protection supervisor. X-rays taken were justified, graded and reported in detail, with x-rays taken at a frequency determined by the patient's risk.
- To maintain quality, each location quality assured the development of x-rays. This was done by completing logs for the chemicals used in fixing and developing the x-ray images and by retaining a reference film for comparison.

Quality of records

- We reviewed the records of 14 patients. Records were detailed, legible, and stored securely.
- Across all locations the paper elements of the records were stored in lockable filing cabinets. The electronic elements of the records were accessible across any of the locations by using a computer with a password.
- At the initial visit and subsequently at each attendance staff recorded medical histories. This included a full inspection of extra oral and intra oral structures. Where the patient allowed, periodontal screening took place. Staff recorded a firm diagnosis, noting options for treatment with a clear explanation of risks and benefits. We saw that referrals were detailed and a treatment plan was agreed which reflected the patient's ability to accept treatment.
- The records enabled staff to flag risks associated with the patient. For instance, staff ensured bariatric patients were booked in at the South Kirkby clinic because bariatric equipment is available there.
- All dentists recorded their observations in a way that conformed to Faculty of General Dental Practice guidelines.
- To maintain the quality of clinical record keeping and to ensure record keeping met standards set down by the General Dental Council, the service carried out a records audit. We saw that the last audit in July 2016 led to a series of recommendations around different storage arrangements for records of long-term patients and better recording of certain items of information. There was a plan to re-audit in September 2017.

Cleanliness, infection control and hygiene

- We found that the service operated systems and procedures across all clinics visited to promote cleanliness, reduce the scope for infections and maintain hygiene to comply with guidelines for decontamination and infection control in primary dental care: Health Technical Memorandum (HTM) 01-05.
- All clinics visited were visibly clean and tidy. Staff completed a Front Line Ownership (FLO) spreadsheet for each clinic each month. This recorded audit results for compliance with ten key elements, namely: general environment; patient's immediate area; dirty utility and waste disposal; linen; storage areas and clean utility/treatment room; patient equipment; sharps safety; hand hygiene facilities; isolation of infected patients; clinical practice; and ANTT (aseptic non touch technique) assessment compliance.
- For the months November and December 2016, the Castleford clinic scored 99% overall for its FLO score while the Wakefield clinic scored 100%, the South Kirkby clinic 99% and the Pontefract clinic 99% and 100%. The service used information from the audits to learn and improve. For instance, the service used results from the audit to justify purchasing enhanced waterproof keyboards for the computers used in the surgeries.
- Use of detailed checklists supported staff to set up surgeries each day following a strict routine. Staff flushed water lines and treated the water lines with disinfectant. A third party contractor carried out water line tests at each clinic location every six months. At the time of inspection the results for January 2017 were not available whereas the results for July 2016 showed each location passed its water line tests.
- Each surgery had an appropriate clean and dirty zone and the design of flooring and furnishings supported ease of cleaning. Staff explained that they would wipe down the surgery between patients but third party contractors carried out general cleaning. We saw a staff member cleaning the surgery after a patient consultation. We saw the service used 'I am clean' stickers to identify equipment that was clean.

Good

Are services safe?

- We saw appropriate segregation of clinical and other waste in colour coded pedal operated bins provided and stored in accordance with the Health Technical Memorandum (HTM) 07-01. We saw recent waste consignment notes showing that a third party contractor appropriately disposed of waste. We also saw that the service maintained risk assessments for the control of substances hazardous to health.
- The service used the trust's hospital sterilisation and decontamination unit (HSDU) to de-contaminate and sterilise all re-useable dental instruments. Each clinic followed the same process: a rigid container on the floor, marked by red tags, and collected daily was used to store 'used' instruments in sealed bags. A daily delivery of a rigid container kept on a raised bench and marked by green tags contained de-contaminated and sterilised dental instruments. Clean dental instruments were stored in a lockable clean cupboard away from the clinical areas and checked monthly to ensure they were safe to use. Staff reported there were issues with HSDU, such as missing dental instruments, and we saw that staff reported these issues on the service's incident system. To help trace items staff showed us the system they used to log despatched items.
- We saw each clinic had handwashing stations with gels, soap, paper towels and cream (all wall mounted) for use by staff together with posters displayed about handwashing technique. We saw staff following the correct handwashing procedure. Further, staff told us that they dis-infected dental impressions before being despatched to the laboratory. We saw a member of staff put on gloves, an apron and visor in order to carry out the dis-infection of an impression the dental officer had just taken.
- All staff were seen to be 'bare below the elbow' and when treating patients used equipment such as hand washing gels, aprons, gloves, and visors to provide personal protection.

Mandatory training

- The service had a system in place to ensure that staff attended and completed their mandatory training and all staff reported to us that they were up-to-date and had enough time to complete their training.
- All community dental staff must complete mandatory training. The service used the following modules: fire safety; health and safety (levels 1-3); infection control; information governance; Mental Capacity Act (level 1 and 2); moving and handling (level 1 and 2); safeguarding adults (level 1 and 2); safeguarding children (level 1 and 2); resuscitation training; patient safety; conflict resolution; diversity awareness; and aseptic non touch technique.
- Of the staff eligible to undergo this training, as at May 2017, all staff had completed the training in all modules, with the exception of information governance (which was an annual module and where 22 out of 29 staff were up-to-date).
- For dental officers, there was also consent training. Of four eligible staff, none were up-to-date.
- Staff reported that to ensure they completed their training when required they received reminder emails from the team's administrator and centrally from the trust. The training was a mixture of face to face and eLearning. All staff spoken with confirmed that they had enough time to undertake training and we saw that training was an item discussed at staff appraisals and one to one supervision.

Assessing and responding to patient risk

- The service assessed and responded to patient risk as shown by the records of patients that we saw and by the use of care pathways.
- The service assessed patients to address their individual needs. For instance, one such initial assessment identified that a patient was at risk of eating inanimate items. The service addressed this risk prior to the patient attending the surgery by removing all items that posed a risk to the patient.
- The service had recently introduced a modified version of the national early warning score (NEWS) to monitor the unwell patient in the dental surgery. At the time of inspection no audit results were available but the service planned to carry out an audit. To support this initiative the service bought new equipment and trained several dentists in paediatric immediate life support and immediate life support and dental nurses were due to undergo similar training. Staff showed us the equipment, such as pulse oximeters, and all staff we spoke with said they knew what to do with this equipment.

Good

Are services safe?

- To help staff manage an unwell patient, one of the dental officers led on skills and drills training for an emergency in the surgery. Staff confirmed that they had attended such training and we saw evidence of this in meeting minutes.
- The service had recently introduced the use of the WHO surgical safety checklist: five steps to safer surgery when using general anaesthetic in surgery. It was too early to audit its use because the practice was new. However, we saw this referenced in four of the records of patients that we reviewed. We also confirmed its use when we reviewed the clinical notes of a patient at Pinderfields General Hospital who had just returned from surgery under general anaesthetic.
- The service confirmed to us that all clinical staff had received (or were booked to receive) their Hepatitis B vaccination.
- Several dental officers had paediatric immediate life support and immediate life support training as well as basic life support training.

Staffing levels and caseload

- We saw that staffing levels at the service ensured that when patients were receiving treatment there was always another appropriately trained member of staff present in addition to the dental officer and all staff reported that they had enough time to treat patients. This was in accordance with the General Dental Council's publication 'Standards for the Dental Team'.
- The community service dental team consisted of: a clinical lead who was also a practising dentist; a senior dentist and two other dentists (with another dentist awaiting appointment); a team co-ordinator; an oral health promotion manager heading a team of three; five band five dental nurses; nine band four dental nurses; a therapist; and reception and administrative staff. In the period April 2016 to March 2017 the average absence rate was 4.43% that was lower than the year to date figure for the Surgery division of 4.62%.
- The service did not use a tool for matching staff numbers to service needs but the service reported that there were no issues with staffing numbers. It was able to loan out some of the dental nurses to the local hospital to assist there. However, staff we spoke with reported that the service needed more dental officers. The service was addressing this by the recruitment of another dental officer. While there was currently no Paediatric Consultant, the service planned to address this in the joint bid the service was planning with another provider as part of an ongoing procurement exercise.
- The four dentists and the therapist maintained data around caseloads. Data for the six months from October 2016 to March 2017 showed the caseload for dentists ranged from 777 (highest) to 361(lowest) and 363 for the therapist.
- The service did not use any agency or bank staff.

Managing anticipated risks

- We saw that the service managed anticipated risks by using strict selection criteria, for instance for home visits, by carrying out pre-assessments for general anaesthetic, by arranging for the service to respond to the dental health needs of its patients and by conducting environmental tests to protect staff and patients.
- The service carried out an initial risk assessment to see whether home care was safe for patients who requested a home visit. To mitigate risks associated with care in the home procedures were limited to simple restorations, construction of dentures, oral health promotion advice, and simple extractions.
- For patients referred to the service for a general anaesthetic, the service carried out an initial assessment appointment. This provided an opportunity to manage risks by taking a full medical history; explaining the risks of a general anaesthetic; discussing treatment options; taking x-rays; and by devising a treatment plan. The service would seek a referral and further advice if it were inappropriate to proceed with a patient.
- The service reported that it was seeing high levels of dental decay but the local authority had de-commissioned preventive dental advice which was provided by the oral health promotion team. It responded to this risk and managed it by taking over the preventive dental unit. It also trained nursing staff to apply fluoride varnishes to allow dental officers to focus on cases that were more complex. The service also responded to research done by the local authority by ensuring, through its oral health promotion team, that all care homes in the area receive oral healthcare advice.
- The service had identified on its risk register that levels of nitrous oxide in the surgery (used for inhalation

sedation) may be unsafe. The service managed this risk in the short term by restricting the number of inhalation sedation sessions. The long-term risks it managed by checking the environmental exposure levels at the most active locations. The locations were reported as safe.

Major incident awareness and training

- We saw that the clinical lead had created a local risk plan. This looked at risks to the service such as fire, flood or business disruption. It graded the identified risks, and set out the mitigating actions should one of the identified risks occur. The plan showed that, in order to maintain the service while addressing a risk, the service would re-route its services to one of the non-affected clinics.

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

We rated effective as good because:

- The service provided care and treatment in accordance with national guidance.
- The service addressed patient outcomes through an active oral health promotion team, by collecting data for its commissioners and by running audits and acting on the results of audits to improve the service. Pain relief was available for patients and information supplied about nutrition and hydration.
- Staff were competent with many staff we spoke with having undertaken, (or in the process of undertaking) additional training.
- To ensure that patients were transferred appropriately and discharged safely back to the care of their general dental practitioner, the service had an effective process in place to accept patients into the service and through multi-disciplinary working transfer them to one of the local hospitals.
- Staff had ready access to information they needed to do their job effectively and all staff had received Mental Capacity Act training to support staff in obtaining consent from patients who were unable to consent themselves.

Detailed findings

Evidence based care and treatment

- We identified that the service provided care which followed approved national guidance such as: National Institute for Health and Care Excellence (NICE); the British Society for Disability and Oral Health (BSDH); the Faculty of General Dental Practice; the Royal College of Surgeons and the Royal College of Anaesthetists Standards for Conscious Sedation in the Provision of Dental Care 2015; and the Delivering Better Oral Health Toolkit 2014.
- To ensure best practice was shared the community dental service clinical lead maintained a log of guidelines implemented in the period 2016/2017. The log identified the guideline concerned; the recommendations; the timescale for implementation and who was responsible for carrying out the recommendations by the timescale. This supported the service in ensuring that staff were up-to-date and followed best practice. For instance, in April 2017 all staff received updated revisions to national guidelines in order to support delivery of better oral health.
- We saw from team brief minutes that discussion of audit results took place at team briefs.
- Dental officers were following guidance and best practice published by the Faculty of General Dental Practice.
- The policy the service used to provide care at home followed the British Society for Disability and Oral Health (BSDH) guidelines and when we accompanied the dental team on a home visit assessment, we observed them following this guidance.
- The service did not provide general anaesthetic or intravenous sedation within the clinic environment. While we were not able to observe administration of inhalation sedationrelative analgesia (air and gas), when speaking with the dental officers we were assured that the dental team adopted the latest sedation guidelines from the Royal College of Surgeons and the Royal College of Anaesthetists Standards for Conscious Sedation in the Provision of Dental Care 2015.
- When we spoke with nurses who staffed the prevention dental unit or the team leader of the oral health promotion unit, we saw that staff referred to the Delivering Better Oral Health Toolkit 2014.
- The latest editions of the guidelines were available to staff on the service's intranet.

Pain relief

- When we spoke with patients or their carers or parents/guardian no one reported being in any pain while receiving treatment. It was clear that the service had various options to manage pain including local or general anaesthetic.
- A staff member explained how they had worked with another service to ensure that a child patient in extreme

pain was seen earlier at the service than they otherwise would have been seen had the child stayed on the other service's list. By taking this action the service was able to get that child out of pain as soon as possible.

Nutrition and hydration

- We saw that the service had taken steps to promote nutrition and hydration advice to patients.
- The service's oral health promotion team had promoted national smile month, a national campaign to promote oral health. This was one of the five campaigns that the oral health promotion team was contracted to deliver. We saw that, where available, displayed at each clinic, were promotional materials about national smile month.
- The service displayed posters and leaflets about healthy eating, where available.
- When we spoke with staff they were able to describe the fasting advice they gave to patients who were undergoing a general anaesthetic. When we spoke to the relative of a patient at Pinderfields General Hospital who had received a general anaesthetic, they confirmed that they had received advice about fasting.

Patient outcomes

- The service collected data about patient outcomes and used the information it collected to shape the service it provided to patients.
- In response to high incidents of dental decay within the local populace, the oral health promotion team ran a fluoride varnish programme. This involved two of the team qualifying to apply a fluoride varnish in a community setting to children who were two years old and supplying oral health advice to the parents of the children. It also ran a 'Just Brush' programme and at the end of the pilot, working with one of the service's dental officers, a report noted a reduction in plaque. The pilot led to a programme to support plaque reduction in school-aged children.
- The clinical lead oversaw a programme of audits that ran each year and staff confirmed that they were involved in the audits. In 2016/17, the service performed audits such as: a record card audit; OPT (x-ray film) audit; and an emergency drug trolley audit.
- The audit log recorded the action plan from each audit, a date for a re-audit (as necessary) and assigned the 'to do's' to a staff body. We saw that 'to do' actions were appropriately completed. For example, staff created a laminated map and directions following feedback received from the exodontia audit.
- We saw an audit programme for 2017. This included the following audits: prevention dental unit audit; exodontia list audit; anxiety and use of peripress intraligamental audit; surgery checklists audit; instrument rotation audit; consent forms audit; medical devices audit; uniform; and safeguarding – who attends with the patient audit.
- The oral health promotion team supplied the 'Brush Bus' brush storage system and training to selected schools in line with public health recommendations in order to support children at three years old in learning a new life skill and to promote plaque reduction.

Competent staff

- Data provided by the trust showed that community dental staff were up to date with their annual appraisal and staff we spoke with and a sample of personnel files we viewed confirmed this.
- We found that staff we spoke with were passionate about providing care to their patients. The service provided support by making it possible for staff to undertake continuing professional development, training over and above their mandatory training and by having regular appraisals and one to one supervision.
- The dental staff at the service were not required to complete a revalidation process. In order to maintain their registration with the General Dental Council (GDC), dental officers and dental nurses must supply evidence to the GDC annually that they have completed the necessary number of hours of continuing personal development (CPD). We reviewed a sample of staff files and saw that staff were up-to-date with their CPD.
- Three dental officers (including the clinical lead) had postgraduate qualifications in special care dentistry. Two dental officers had achieved specialist status, and three were trained in paediatric immediate life support and two in immediate life support. The clinical lead had qualifications in leadership. Two nurses were undertaking the intravenous sedation course. Two nurses were undertaking the fluoride application course and a qualification in oral health education.
- For dental officers, there was also consent training. Of four eligible staff, none were up-to-date.

Good

Are services effective?

Multi-disciplinary working and co-ordinated care pathways

- The staff at the service had experience of working as part of a multi-disciplinary team and used care pathways to co-ordinate patient care.
- The oral health promotion team worked closely with health visitors and school teachers as part of a multi-disciplinary team to promote good oral healthcare. For instance, the team ran the 'Brushing for Smiles' initiative which involved training health visitors to run the child health assessment for children at eight to 12 weeks after birth. The 'Just brush' programme involved training teachers at selected schools to help children develop a life skill. In addition, the team managed a 'school resource loan service'. This involved the team putting together a box of resources that school teachers could use following initial training from the team.
- When speaking to dental officers they told us that they liaised regularly with GP's, carers, welfare agencies, safeguarding boards, mental health advocates, and nursing homes in order to ensure that patients received the care they needed. We saw evidence in records of patients that we reviewed of liaison between the dental officer and the learning disability team, the independent mental health advocate, and taking part in best interest meetings.
- The service made use of care pathways. For instance, to decide which patients were suitable for sedation or general anaesthetic, the service used a care pathway for the second opinion assessment clinic. In addition, to encourage parents to become involved in decisions about their child's dental health and onward referral into the service, there was a care pathway for special schools.

Referral, transfer, discharge and transition

- The service had systems in place to accept referrals into the service that met its criteria, to transfer patients to one of the trust's hospitals where necessary, and safely discharge patients from the service.
- The service received referrals from general dental practitioners. To ensure the patient met the service's referral criteria and assess risks, when a referral arrived in the service it was date stamped and a series of checks made. The service contacted the referrer for further information where clarification was required before accepting a referral.
- The clinical manager assessed the referrals and decided which care list to put the patient on, urgent or routine, according to clinical need and any special needs. At the time of inspection the average waiting time for a consultation was between four to five months. To address this, subject to clinical need, the service offered first appointments to those waiting the longest. The service attempted to fill any cancellations by phoning patients waiting for treatment.
- For patients requiring a general anaesthetic, the service aimed to treat the patient within 18 weeks of referral and at the time of our inspection the service told us it was meeting this.
- The service followed the trust's 'do not attend' policy for patients who regularly failed to attend an appointment. We saw that the service used this process when patients did not attend their appointment.
- The service sent a discharge letter to the patient, hospital (where relevant) and the referring general dental practitioner. Staff we spoke with could describe how they followed the discharge protocol for patients who had received inhalation sedationrelative analgesia (air and gas).
- Patients we spoke with felt that the appointments were organised to suit them as far as possible and that clinics ran to time. When we spoke with a relative of a patient from the general anaesthetic list at Pinderfields General Hospital, they confirmed they had received appointment letters and pre-surgery advice and were awaiting the discharge advice before leaving the hospital.

Access to information

- The service had computer systems in place to ensure that staff had access to technical and patient information across all clinics and made efforts to display a range of information for the benefit of patients.
- Staff we spoke with were able to access the trust's intranet to source technical information where required and no staff reported any issues with gaining access.
- All clinics displayed (or had access to) leaflets about dental care and displayed dental charges information together with posters about oral health promotion.
- Staff were able to access electronic patient records from any clinic by using a password to access the computer system.
- Every location (apart from the South Kirkby clinic) displayed appropriate leaflets/posters about good oral

health care, complaints leaflets and feedback boxes, and a board promoting national smile month, which was being organised by the oral health promotion team. At the South Kirkby clinic the service told us the building owner did not allow posters and such like and so a folder was available on reception that had information and leaflets.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Mandatory training data supplied by the trust shows that 100% of community dental staff had completed Mental Capacity Act training level one and 94% for level 2 (against a target of 85%). All staff we spoke with confirmed that they were up-to-date with their Mental Capacity Act training.
- Staff we spoke with at each clinic knew about the importance of securing consent for treatment. Staff were aware how mental capacity could affect obtaining consent and the steps needed to obtain consent where mental capacity to consent was not present.
- Our review of records of patients showed that staff noted consent to treatment. For patients who may lack mental capacity to consent to treatment, the service used a Mental Capacity Act decisions flowchart and appropriate documentation. Staff described how the dental officer led on completion of the forms and attended a best interest meeting where required.

Good

Are services caring?

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

Summary

We rated caring as good because:

- During our inspection we observed staff providing compassionate care to patients with re-assurance given to patients who were anxious.
- All patients or parents/guardians/carers of patients who we spoke with were positive about their experience of the service and from written feedback from patients that we reviewed, we confirmed this.
- Staff took care to understand their patients. For instance, one staff member we spoke with had obtained new skills to help them communicate with their patient. Another had helped create an easy read picture leaflet. One patient told us reception staff showed this in the way they arranged their appointments. Another member of staff worked with external agencies to create bespoke pathways for particular patients.
- Staff showed how they provided emotional support to their patients, for instance, at a home visit we observed, we saw how staff provided the patient with the time they needed to feel comfortable before proceeding with their assessment of the patient.

Detailed findings

Compassionate care

- We observed a dental officer seeing a child patient with the parents/guardians present. We saw that the dental officer gave re-assurance to the child patient by allowing them to ride on the dental chair. We noted how gentle and caring the dental officer was. To re-inforce the positive experience the service gave the child patient a child appropriate sticker. When we saw the same patient receiving advice about prevention we noted how the staff member encouraged the child to sit on the child seat provided in the room and engaged with the child who had coloured in a picture for the staff member.
- At another clinic, we saw the dental officer interacting with a patient with special needs offering them re-assurance and checking whether they needed any help with their wheelchair.
- We saw an elderly patient being moved using a hoist from a wheelchair to a dental chair and back. Re-assurance was given to the patient throughout the process and the team worked seamlessly to ensure that this process was carried out safely while maintaining patient comfort.
- All patients and/or parents/guardians/carers of patients that we spoke with described the service in a positive way. One said it was excellent and that they had never had any problems. A child patient told us that the dental officer made them feel good about coming to the dentist. The child's parent described the service as lovely. A carer we spoke with said the service saw them even though they were late. A child patient said to us that they did not feel under pressure and that the staff were alright and helpful. Another parent of a child patient said it was a good service.
- The service's Friends and Family Test results for the period April 2016 to March 2017 show that patients consistently recommend the service, with two months scoring 100% and the rest of the months scoring not below 96%. The monthly results were consistently above of just below the totals for all community services. While the response rates for the service were below the 20% target, they were consistently above the national average for community services generally (3.6%) and were consistently above the totals for all community services.

Understanding and involvement of patients and those close to them

- A staff member attended a Makaton course (a language programme that uses signs and symbols) to help them communicate with a patient who was unable to communicate by using speech.
- The learning disability nurse showed us the leaflet the service used to help its patients with special needs understand and feel comfortable with their patient journey. This leaflet used pictures of the whole team involved, including the anaesthetist.
- One patient and their guardian we spoke with described how staff understood their family needs and made sure appointments were arranged in such a way that the maximum number of children could be seen at once.

Good

Are services caring?

The child patient we spoke with explained how staff were friendly and took care when removing their teeth. It was clear that staff had taken time to understand the needs of this family.

Emotional support

- During our inspection we observed how staff interacted with a child patient who was extremely anxious about entering the dental surgery. We saw how staff compassionately and patiently allowed the child and their parent/guardian to move, in a safe and supervised fashion, around the clinical areas, to help calm them down.
- We observed a home visit to a nursing home patient. While staff completed the detailed risk assessment staff treated the patient with care and kindness, maintaining their dignity at all times. When the patient was having difficulty in coping with their surroundings, the assessment was paused and the staff allowed the patient to return to the rest area until ready to continue.
- At the Wakefield clinic staff had used pictures to help patients find the surgery rooms as they found this made it more fun for children as opposed to simply giving each room a number. Each treatment room had a laminated card for children and those with special needs that described the dental journey in easy to follow pictures.
- Another staff member described how they let a child calm down and got down on their level to talk to them to calm them down. We saw care and patience demonstrated by staff when treating an autistic child.

Good

Are services responsive to people's needs?

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

Summary

We rated responsive as good because:

- The service engaged with its commissioners to ensure that the service it provides met the needs of people in its local area.
- All staff were up-to-date with their equality and diversity training and we saw the service embraced equality and diversity in its built environment (where possible), its equipment, and by its use of interpretation services.
- The service was committed to meeting the needs of vulnerable people who otherwise would not receive appropriate dental care and tried to ensure that patients received the right care at the right time.
- The service learned from complaints and feedback from its patients, with compliments and complaints being a regular item for discussion at the six weekly team briefs.

However:

- The average waiting time to be seen for routine treatment was four to five months. Whilst we noted the recruitment of an additional dentist would help address this, we did not see any formal action plan in place to address the waiting list flowing from a clinical assessment although we noted waiting lists were discussed at the regular team briefs.

Detailed findings

Planning and delivering services which meet people's needs

- The service worked with NHS England and the local authority (their commissioners) to plan and deliver services to meet the needs of local people by delivering against the contract that was in place.
- The clinical lead met with the commissioners quarterly and provided them with a report about activity. In response to the need for information from its commissioners, the service maintained a location specific scorecard. The scorecard measured a range of data. The scorecard showed that there had been an increase in the following between quarter one and quarter three: referral to treatment target breaches (zero to 11) patients on the waiting list (137 to 190); and the do not attend rate (10.8% to 13.9%). The units of dental activity had dropped in the same period from 2178 to 1219. The service responded to these changes by recruiting an additional dentist to help reduce the waiting list. Reporting provided the commissioners with information to give them assurance that the service was performing the contract and to help them shape the service going forward.
- The oral health promotion team met with the local authority and provided them with a quarterly and year-end report of activity. The oral health promotion team explained to us that they attended an oral health advisory group led by the local authority. At the meeting the group made decisions about the need for a programme and where the service would target its resources based on research done by the group.
- The service made use of a case mix tool that calculated the correct coding for a patient and helped the service demonstrate to its commissioners that it was seeing the right complexity of patients.
- The community dental service operated over four sites: Wakefield; Castleford; Pontefract; and South Kirkby. Most of the referrals occurred at the Wakefield location and so the service adjusted opening times for the other clinics to focus available staff at the Wakefield location that was open five days a week.
- The clinical lead explained that the decision to upskill staff so that nursing staff could apply fluoride varnishes was a response to the high number of cases of tooth decay the service was seeing. When the local authority stopped funding the prevention dental unit (within the oral health promotion team) the clinical lead upskilled existing nursing staff within the service to continue the service to meet the needs of local people.
- While the service did not provide an emergency out of hour's service, in order to reach hard to reach groups or those patients who were not mobile, it did provide home visits according to strict criteria and following a specific assessment.

Equality and diversity

- We saw a service that embraced equality and diversity as seen in the physical environment, equipment available, training provided to staff and the use of interpretation services.

Good

Are services responsive to people's needs?

- Apart from the Castleford clinic (which was upstairs with no lift), all clinics had ramps and were downstairs giving access to people in wheelchairs. Staff could avoid sending a patient with mobility issues to the Castleford clinic by carrying out a risk assessment. The South Kirkby clinic had a bariatric surgery and bariatric chairs in the waiting area so that it could provide services to that group of people making sure they had equal access to the service. We saw that all clinics had hoists to help make the service equal for people with mobility issues. All clinics had their own foldable wheelchairs so patients who were transported to the clinic (but left without a wheelchair) could be seen.
- All staff were up-to-date with their mandatory equality and diversity training.
- At each clinic there was a poster about language line printed in different languages. All staff we spoke with could give examples of when they had used language line within the surgery setting to help them give care to patients who could not speak or understand English so ensuring they received an equal service. Staff we spoke with confirmed there was no issue in obtaining interpretation services.
- If required clinics could obtain information leaflets used in the clinics in a different format.

Meeting the needs of people in vulnerable circumstances

- The service existed to meet the needs of people in vulnerable circumstances and we saw how the service demonstrated this.
- The service introduced a version of NEWS for the dental setting, involving purchase of new equipment to support better monitoring of the vulnerable patient. This had also involved scenario training at team briefings.
- To promote an effective response in an emergency situation when faced with a vulnerable patient, all medical emergency trolleys had been standardised across all sites and we saw this on inspection.
- Staff showed us examples of pathways that they used to help them manage the patient journey in the most effective way. In particular we saw evidence of the steps staff had taken to support patients with learning disabilities who may be anxious. Staff produced a picture leaflet to explain the patient journey of a general anaesthetic to help put the patient at ease.
- The nurse who led on special needs had undertaken a course in special care dentistry. The lead nurse for special needs dentistry described to us how they regularly liaised with the trust's acute liaison nurse for learning disability, the anaesthetist, and nurses as part of the special needs general anaesthetic pathway.
- Staff described how they had had trouble in the use of the hoist when positioning a double amputee. This led to the service commissioning a report from a hoist expert that led to the replacement of all cradles across the clinics to enable the service to provide a better service.
- We saw evidence of how the service worked with an external agency to complete a detailed risk assessment for a special needs patient that led to a bespoke plan for arrival, treatment and departure to protect staff and the patient.

Access to the right care at the right time

- The service had systems and processes in place to ensure that patients received care at the right time.
- For waiting lists, in period 1 April 2016 to December 2016 there were 448 new patients on the waiting list. One of the clinical managers assessed the referrals and decided which care list to put the patient on, urgent or routine, according to clinical need and any special needs. At the time of inspection the average waiting time for a consultation was between four to five months. To address this, subject to clinical need, the service offered first appointments to those waiting the longest. The service attempted to fill any cancellations by phoning patients waiting for treatment. The clinical lead explained that once the new dental officer started with the service then the waiting list should become shorter. In the interim, minutes of team briefs showed discussion and review of waiting lists took place.
- Whilst we noted the recruitment of an additional dentist would help address the waiting list, we did not see any formal action plan in place to address the waiting list flowing from a clinical assessment although we noted waiting lists were discussed at the regular team briefs.
- The referral to treatment target only applied to the general anaesthetic lists. In quarter one (April to June 2016) (for the 18 week pathway for general anaesthetic) there were no referral to treatment breaches, whereas in quarter two (July to September 2016) there were four,

Good

Are services responsive to people's needs?

rising to 11 in quarter three (October to December 2016). We saw no data for quarter four but we were told that the service was on track to meet the target for quarter one (April to June 2017).

- A clinical manager reviewed all new referrals and according to clinical need allocated the patient to either the routine or the urgent list. The service saw children who did not have a general dental practitioner but would not see an adult if they did not have a general dental practitioner.
- The service monitored the do not attend rate and each clinic we visited displayed the do not attend rates for that clinic. The service followed the trust's do not attend policy. Staff explained to us that whenever a patient did not attend the service, in addition to following its do not attend policy, they would phone the patient cohort to see if the slot could be used. For the third quarter (October to December 2016) the do not attend rate was 13.88%.
- The service did not offer an out of hour's service but patients in need of emergency care out of hours could phone the 111 service.
- During our inspection we noticed that clinics ran to time and patients we spoke with confirmed that their appointment ran to time.

Learning from complaints and concerns

- The service embraced feedback from its patients and had systems and processes in place at each clinic to support patients to provide feedback whether by complaining about or by complimenting, the service.
- At each clinic we saw that there were leaflets available to patients to support them in making a complaint and there were boxes and cards available to help patients leave feedback about the service.
- We saw from minutes of team briefs that the service discussed complaints and compliments and sought to learn from them. For instance, feedback about the lack of directions and map to find the hospital led the service to create a laminated map and directions for use by patients who requested it.
- In the period 1 April 2016 to 1 April 2017 the service had received two complaints arising out of its work in the prison (which it no longer provided a service to). Both complaints were about not being/a delay in being, seen. The service resolved the complaints by either sending an appointment or by establishing an appointment was not required. In the same period, the service recorded 27 compliments.
- When we spoke with staff they confirmed that the service did not receive many complaints but if a complaint did occur they would seek to resolve it locally and discuss it at the team brief to make sure they learned from it.
- According to the division of surgery dashboard for 2016/17, (which does not provide specific data for the community dental service) the division was meeting its target for handling complaints within timescales (97% against a target of 95%).

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

We rated well-led as good because:

- While the service's vision and strategy was in development it was clear that the service focussed on putting the patient first and we saw at each clinic the nine principles of the General Dental Council were displayed which put patient safety and care at its core.
- The service benefited from a strong and effective local leader who was qualified to lead the service and was visible to staff.
- Adequate governance, risk management and quality measurement was seen on inspection to support the delivery of a quality service.
- We found the culture within the service was generally positive even though there was uncertainty owing to the procurement exercise that was proceeding at the time of inspection.
- The service engaged with both the public and staff and to make it sustainable for the future was seeking to innovate and improve.

However:

- While we saw strong and effective leadership at a local level from the clinical lead, staff were unable to identify a senior management team at a trust wide level that oversaw and took an interest in the service.

Detailed findings

Leadership of this service

- We saw strong and effective leadership at a local level, but staff were unable to identify a senior management team at a trust wide level that oversaw and took an interest in the service.
- At a local level the clinical lead took responsibility for leading the service and they were line managed by an orofacial consultant. The clinical lead had many years of experience working across multiple community dental services, were qualified in special care dentistry, and we saw evidence that they had been on leadership courses.
- The community dental service operated within the Orofacial department of the Surgery division of the trust. When asked about whether there was a senior management team within the trust which had overall oversight of and took an interest in, the service, staff described a network of individuals within the wider trust which they relied on to help them address specific issues the service may face. For instance, staff at the service worked closely and successfully with trust staff to resolve cancellation issues around the general anaesthetic list.
- We saw evidence that the clinical lead devolved responsibility to a dental officer, the team co-ordinator or the dental nurses, as appropriate. For instance, the senior dental officer took the day-to-day lead on safeguarding issues; the team co-ordinator was responsible for the appraisals of all dental nursing staff; and certain dental nursing staff specialised in other areas, such as radiography or learning disability/special needs.
- We found that the clinical lead, based at the Wakefield clinic, was visible to staff because, although the clinics were widely dispersed, staff rotated into the Wakefield clinic.

Service vision and strategy

- At the time of inspection, the community dental service was going through a re-commissioning process with a new contract due to commence on 1 September 2017 and so the vision and strategy was in development. The service was clearly focussed on putting the patient first and we saw at each clinic the nine principles of the General Dental Council were displayed which put patient safety and care at its core.
- NHS England commissioned the service and so the vision and strategy for the service drew heavily on the proposals made by NHS England. We saw the latest documentation from NHS England about the current procurement exercise the service was undergoing.
- The clinical lead had shared key elements of the new contract with staff using email and we saw the topic discussed in the minutes of team briefs. However, staff we spoke with were unaware of any specific vision or strategy for the service but instead understood the service was seeking to change. All staff spoken with were

aware the service was undergoing a procurement exercise and explained that the additional training they were doing was taking place to help shape the service to make it sustainable for the future in accordance with the current procurement exercise.

Governance, risk management and quality measurement

- The service had governance procedures in place, managed risk and had measures in place to ensure it was supplying a quality service.
- In terms of governance, Orofacial business meetings took place each month and discussed business issues that required escalation. We saw minutes of these meetings and could see that the clinical lead attended. This escalation procedure successfully addressed the need for bariatric equipment at the South Kirby clinic. The Orofacial business meetings escalated any issues necessary to the trust's quality committee that has access to the trust's board.
- The Orofacial clinical governance meetings discussed Clinical governance issues that required escalation. The clinical lead explained to us that because these meetings took place on a Friday they had put in place temporary arrangements that the chair of the clinical governance meeting would represent the interests of the service at those meetings. The appointment of the new dentist would support the clinical lead be free to re-attend the clinical governance meetings. The clinical lead reviewed the minutes arising from the oral and facial clinical governance meetings. We reviewed minutes for December 2016 to March 2017. The minutes were detailed and standing items on the agenda included: mortality; morbidity; audit outcomes; patient experience; litigation; review of clinical audit activity; review of the risk register; updates to policies and research.
- Local governance arrangements consisted of six weekly team brief meetings. We reviewed minutes of meetings for October 2016, December 2016 and February 2017. Items discussed included: equipment issues; audits; service developments; staffing; comments/complaints and compliments; incidents; general anaesthetic lists; and radiography. At the February meeting, there was representation of all teams and bands. Staff spoke well of the team briefs and obtained governance information from this forum, supplemented by trust wide emails.
- Each clinic produced a quarterly activity summary report of that location's scorecard results. This included any incidents, any compliment/complaints, a review of local audit results, a note of audits in progress, and staffing issues (such as recruitment, maternity leave, and sick leave). The service discussed this with commissioners and shared it amongst its staff to ensure the service was providing an effective service to its patients.
- The service maintained a risk register. This register contained necessary information to identify, track and learn from resolution of risks. It did not include details of the risk owner. As at April 2017 the risk register had eight risks on it, of which four had a current rating of 'minor' and four of moderate.
- Two moderate risks concerned the lack of a portable bariatric hoist, chairs and commode for the South Kirkby clinic and the lack of suitable equipment to prevent falls across all clinics. The plan was to continue attempts to source portable hoists. On inspection we saw bariatric chairs and to address the risk of falls, the service had foldable wheelchairs.
- One moderate risk concerned support for the clinical lead because of the loss of full support of the team co-ordinator. The plan was to keep the risk under review while procurement within the service was taking place.
- The last moderate risk concerned continued use of interpreter services particularly for patients attending theatre at one of the trust's local hospitals. The plan was to liaise with the trust's interpretation services department to ensure interpretation cover was available.
- A comprehensive programme of audits assured quality. We saw the 2017 audit programme that planned audits for each month of the year up to July 2017. We saw and reviewed some audits for 2016 and saw action plans for these. When speaking to staff they confirmed how they had been involved in carrying out quality audits. The service used quarterly location activity summary reports to monitor the progress of audits.

Culture within this service

- In spite of the uncertainty generated by the ongoing procurement exercise, we found staff were generally positive about the culture within the service.

Good

Are services well-led?

- Staff gave examples of how they supported each other. This included by going out on social events; celebrating success on their noticeboard; and by talking to each other.
- Staff told us that they loved working in the service and that that they worked well as a team.
- Staff we spoke with felt supported by their manager and felt that the leaders were accessible and visible particularly because staff rotated between the clinics.

Public engagement

- The service ran an annual patient survey and used questionnaires. For instance, patients with special needs who had undergone a general anaesthetic received a patient questionnaire and the results of completed questionnaires were analysed in the quarterly location activity summary report.
- Each clinic maintained a Friends and Family comments folder that contained the comments collected from patients for the most recent month. All comments seen were positive. Minutes of team briefs showed discussion of the comments.
- The service's Friends and Family Test results for the period April 2016 to March 2017 show that patients consistently recommend the service, with two months scoring 100% and the rest of the months scoring not below 96%. The monthly results were consistently above of just below the totals for all community services. While the response rates for the service were below the 20% target, they were consistently above the national average for community services generally (3.6%) and were consistently above the totals for all community services.

Staff engagement

- We spoke with staff about how the service engaged with them and all staff reported that they felt engaged by the service through team briefs, receipt of trust wide emails, training that was provided (including access to additional training detailed above) and by being involved in quality audits. The clinical lead had shared with staff high-level details about the ongoing procurement exercise.

Innovation, improvement and sustainability

- We found the service was trying to innovate and made time to improve while at the same time staying focussed on making itself sustainable.
- It was clear from speaking to the clinical lead and staff that the service was seeking to innovate its practice by upskilling staff so that, in the future, the service could supply intravenous sedation in addition to inhalation sedationrelative analgesia.
- In terms of improvement, the service was looking into the future to recruit more dentists, and as part of the strategy to recruit more dentists to the service, it supplied training to two foundation dental trainees one day a week on rotation. While the service was not part of a managed clinical network for special care dentistry the clinical lead explained this might occur as part of the procurement process. In the meantime, the clinical lead stayed in contact with their peers in other local services.
- Looking at sustainability the service was starting to develop 'partnership working' with a neighbouring NHS service in anticipation of a new contract joint bid arising out of the upcoming procurement exercise.