North Tees and Hartlepool NHS Foundation Trust

RVW

Community dental services

Quality Report

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Date of inspection visit: 7-10 July 2015
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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)
RVWAE	University Hospital of North Tees, Hardwick Rd, Stockton TS19 8PE RVWAE		
RVW	Guisborough Primary Care Hospital, Northgate, Guisborough TS14 6HZ		
RVW	Eston Clinic, Fabian Road, Middlesbrough TS6 9RQ		
RVW01	One Life Centre, Park Road, Hartlepool TS24 9PW		
RVW	North Ormesby Health Village, 8 Trinity Mews, Middlesbrough TS3 6AL		
RVW	Lawson Street Health Centre, Lawson Walk, Stockton TS18 1HY		

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

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

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

Summary of findings

Ratings

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

Summary of findings

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Summary of findings

Overall summary

Overall rating for this core service Good l

Overall we found that the community dental service at North Tees and Hartlepool NHS Foundation Trust provided safe and effective care. Patients were protected from abuse and avoidable harm and there were systems in place for identifying, investigating and learning from incidents, accidents and complaints. Overall we rated the service good.

At the time of the inspection, we judged that the service was safe and people were protected from abuse and physical harm.

We judged the service was effective and that people's care, treatment and support achieved good outcomes for them. Treatments were based on the best available evidence and the service provided good health promotion.

We judged that people were involved in their care, and were treated with compassion, kindness, dignity and respect. The service was responsive to people's needs, specifically meeting the needs of patients who were predominantly vulnerable and had complex needs. The service was well-led in that the leadership and management of the service provided a platform on which a holistic pattern of oral health care could be provided.

In coming to these judgements we spoke with patients and carers, staff who worked in the community dental clinics and the oral health promotion team. We inspected the facilities in five clinics (100% of the trusts dental locations) at Eston Clinic, Guisborough Primary Care Hospital, the One Life Centre in Hartlepool, North Ormesby Health Village and Lawson Street Health Centre. We spoke to 5 service users, 10 relatives or carers and observed 9 patients receiving dental treatments. We examined 20 clinical patient records and spoke to 14 members of staff.

Summary of findings

Background to the service

Information about the service

The community dental service provides a dental service for the people of Teeside out of six clinic bases. The clinics all provided parking for people using the service and were accessible to wheelchair users.

The service specialises in the care and treatment of adults and children who have additional needs of a physical, sensory, intellectual, emotional, psychological, medical or social nature. It also provides oral health promotion services to children and adults in the Teeside area.

The majority of general anaesthetic lists are provided at University Hospital of North Tees using community dental services staff.

Our inspection team

Our inspection team was led by:

Chair: Helen Bellairs, Non-Executive Director, 5 Boroughs Partnership Trust

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

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

Why we carried out this inspection

We inspected this core service as part of our comprehensive acute and community health services inspection programme.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

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

Before visiting, we reviewed a range of information we 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 organisation 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 July 2015.

What people who use the provider say

- One parent we spoke to had been attending for many years with two of her children, one of whom continued to attend as an adult, despite the fact that she now lived a distance away. She said: "[the staff] are so good, the care is so good. It's a fantastic service. Brilliant."

Summary of findings

- We spoke to one care worker who was escorting a service user. She explained that she had attended the clinic several times before with other people, and said: "[The staff] are fabulous, absolutely brilliant." She went on to say that she was very confident that if there were any problems or issues, they would do everything possible to try and help.
- One person, who was unable to communicate verbally, informed us that he liked coming to the clinic and he liked the way that the staff treated him. His carer said: "The staff are great, they always talk to him, not like at some other places."
- Another carer told us: "They are great here. You can always get appointments, and you always get seen on time. We have been coming here for years."
- One carer told us they worked at a care home for people with additional need, including those who have behaviour that challenges services. They said: "They are really good here, they speak to the person, not just to us."
- We asked a parent about their experience of the service, and they replied: "Really good. They gave us options and it was really helpful."
- One person told us that they thought the service was very good. Their parent said: "They are brilliant. It has really helped coming here."

Good practice

Outstanding Practice

- One of the senior dental officers made contact with the trust's learning disability lead nurse. They worked together to set up a pathway for people with a learning disability who were undergoing a general anaesthetic procedure. This meant that these patients were able to visit the day unit in advance and have additional planned support whilst they were having the procedure.
- We saw extremely kind, gentle and compassionate care being given to people, and the team-working between the dentists and the dental nurses was exceptional; all aimed at delivering a good outcome for the patient.

North Tees and Hartlepool NHS Foundation Trust

Community dental services

Detailed findings from this inspection

Good

Are services safe?

By safe, we mean that people are protected from abuse

Summary

At the time of the inspection we judged that the service was safe and people were protected from abuse and physical harm. There were systems in place for reporting and learning from incidents in order to improve service provision and safety. There was good management of records. Training records showed that staff had completed safeguarding training, and staff were knowledgeable about safeguarding procedures.

Detailed findings

Safety Performance

- The service protected people from abuse and avoidable harm because staff were confident about the recording and reporting of any concerns or incidents and took a service-wide approach to quality and safety assurance practices. Incidents were recorded on the organisations risk management system and there was an additional process of audit and follow up, developed by the team and the leader.
- Clinical records were kept securely and could be located promptly when required. We saw that they were current and updated at the time care was given. Information was shared appropriately with people and their carers.
- Medicines were stored safely and a comprehensive system was in place for the prescribing and recording of medicines. Medicines for emergency use were available, within date and were stored correctly.

Incident reporting, learning and improvement

- The community dental service reported no incidents between April 2014 and March 2015 to NHS England's national reporting and learning system (NRLS). One serious incident occurred in March 2014 when patient notes were lost. The incident caused the accidental disclosure of patient identifiable information. The investigation resulted in a new procedure being developed to improve the security and transfer of patient identifiable data. Throughout our visit we saw this procedure in operation.
- Incidents were reported on the trust intranet using an incident reporting form using a nationally recognised electronic system for the reporting of safety incidents. Untoward events and clinical audits were discussed at team meetings, which were held every quarter. We were told that a 'service learning memo' was also produced and circulated to staff to highlight any issues or changes in procedure.
- We observed staff displaying an open and honest approach to people using their service. Staff we spoke

with were aware of their duty to report any incidents which might affect patient and staff safety, and to ensure patients and their families were kept informed. We were told about one incident where unintended harm occurred and the staff took immediate and appropriate action as expected under the duty of candour. We saw evidence of this in the electronic patient record. The team subsequently reviewed the incident and made changes to their procedures to minimise the chances of a recurrence.

Safeguarding

- There was a child protection folder in every clinic and we were told that the service had just begun to audit against NICE guidelines on when to suspect child maltreatment. All staff we spoke with were aware of their responsibilities with regard to safeguarding issues, including how to recognise risks and what action to take. All staff were trained in the safeguarding of adults and children.
- All staff we spoke to were aware of the safeguarding policy and all staff had received safeguarding training at an appropriate level. Staff training records showed 100% of people had been trained in the safeguarding of adults and children, and there was a system in place for setting up reminders when refresher training was due.

Medicines

- Arrangements for storage of medicines, including those used in an emergency, and oxygen were appropriate. We observed that checklists were used to ensure they were within date. Staff told us about their system for ordering replacements to ensure that stock was refreshed when necessary. We were told that prescription pads were locked in the medicines cabinet and we saw that this was being done. We were told that there was a service wide system, managed centrally by one person, to track and check the use of prescriptions to ensure a consistent process.
- Whilst a patient was undergoing a procedure under sedation, we observed systems and policies for the safe administration of a sedative being followed.

Environment and equipment

- The clinics looked well-maintained and were well-equipped.
- Regular checks were made of the equipment used in the clinics. We were told that the testing of the equipment was subcontracted, and this process was managed by the estates department.
- The clinics contained emergency drugs, oxygen, an ambu bag and an automated electronic defibrillator (AED), suitable for both adults and children: an AED is an automated defibrillator which assists staff with recorded commands in order to shock patients in ventricular fibrillation back into a normal heart rhythm.
- There was a system in place to manage radiation protection. The clinical director was the nominated radiation protection supervisor. Each clinic had a radiation protection file and a nominated radiation protection advisor. The Trust had a radiation protection board and some of the minutes were available in the folder. We saw a trust document dated April 2015: "IRMER procedures for the protection of patients": "IRMER" means ionising radiation medical exposure regulations; which is the legislation to ensure the safety of patients who have procedures such as X-rays.
- There was a system in place to justify, report and grade every radiograph taken. There was a clear record of the discussion, options and choices for treatment and we saw examples of this in the electronic record.
- The department of health (DH) "health technical memorandum 02 – 01" (HTM 02 – 01) relates to standards for the operational management of medical gas pipelines. All staff had received appropriate training in the safe storage, operation and use of medical gases. All clinics had "scavenger" devices to assist with the removal of medical gases and the air in the surgeries was monitored.

Quality of records

- The clinics used an electronic patient database, 'software of excellence' (SoE), for entering information about patients' dental care and treatment. The records were stored securely and could be located promptly when required. The records were completed at the time of the appointment or immediately afterwards, and were also updated as required when new information was received, for example, when the opinion of another health professional had been sought.
- Time was taken to review patient records prior to treatment and instruments and materials were

prepared for the proposed treatment. The proposed treatment was explained to the patient, and they were asked if this is what was expected. This was in order to establish the accuracy of the treatment plan.

- We examined 20 sets of clinical records to assess that essential information was recorded. All records contained relevant medical history and had been updated at each visit. Treatment options were recorded with the benefits and risks, and the option chosen by the patient was noted. Records were clear, concise and accurate. A three part form was used which documented the treatment and the recall period. The person or their carer is given a copy that also has oral health advice on the reverse. One copy was returned to the referring dentist and one copy was retained for the patient record.

Cleanliness, infection control and hygiene

- The department of health (DH) "health technical memorandum 01 – 05" (HTM 01 – 05) relates to standards for decontamination in primary care dental practices. We were told that the 'infection prevention society decontamination audit tool' had been in use since 2010 and we saw that an audit against HTM01-05 was done in May 2015. Separate dedicated decontamination rooms were not available at Eston and Guisborough clinics due to estate issues but the options to resolve this were under discussion. Overall compliance with the HTM01-05 standards across the Community Dental Service was good. A short audit action plan which included the development of a local cleaning standards policy to formalise the recording of cleaning activities was in place. The clinical audit meeting reviewed the outcome of the audit in July and a re-audit was planned in six months' time.
- The decontamination of dental instruments was largely undertaken on-site at each clinic, with the exception of dental survey work instruments, which were sent to the trust 'clinical sterile services department' (CSSD).
- We saw a copy of a document "standard operating procedure – decontamination – infection control policy" which was approved in May 2015. The document contained clear procedures, including a flow chart and photographs to assist staff.
- We observed an appropriately performed 'dirty to clean' process in one clinic. The clinics were cleaned by general domestic cleaning staff with additional pre- and post-clinic cleaning by dental nurses. The dental nurses would also perform spot cleaning in the event of spillages and we were told that spillage kits were available for dealing with bodily fluids. We saw clinical staff observing hygiene precautions and using personal protective equipment, including gloves, masks and visors.
- The staff we spoke to were aware of and were observed to follow appropriate infection control practices such as: "bare below the elbow" attire; hand hygiene; use of personal protective equipment; and the use of schedules, checklists and visual guides for decontamination.
- There were systems in place for the safe removal of clinical waste, including amalgam, sharps and radiographic waste. The Domestic Team at each clinic site is responsible for collection, storage and disposal of household and clinical waste and this is collected by external contractors through annual contracts. We were told that the environment agency waste transfer notes were dealt with by NHS building property services, who managed the contracts at each clinic.

Mandatory training

- The provider had told us in advance of the inspection that 100% of dental staff had completed all of their mandatory training. We saw the training records for the service, which were held online and available for all staff to review. We were told that the service has an overarching system for ensuring that people are actively supported to attend refresher training when it is due; in that the training records were regularly reviewed by one person for the whole service. Any upcoming dates when training was due were highlighted and reminders were sent to staff.

Assessing and responding to patient risk

- We were told that patients who required dental procedures under general anaesthesia were assessed by the community dental service. If there were any risks or concerns identified, the person was referred to a consultant anaesthetist and additional opinions from the GP or specialist consultant would be requested as required to assist the process. A pre-op check would then be carried out by the community dental service at around five weeks before surgery. The general anaesthetic procedures were carried out at the North

Good

Are services safe?

Tees University Hospital and under the care of the consultant anaesthetist. This provided a safe clinical environment with access to critical care facilities if needed.

- The records showed that a similarly robust process was in place when staff identified the need for additional information or support from other health professionals for people who were referred to the service.
- The staff were able to describe instances where they had responded to specific risks. For example, someone who may exhibit behaviour that challenges services when they become frightened or upset. Staff were careful to record and mitigate any potential trigger factors using the electronic record. Staff told us about one person who was extremely noise intolerant. They had made sure in advance that the entire clinic entrance area was free from other people and the clinic was kept as quiet as possible during the person's visit.

Staffing levels and caseload

- Staff we spoke with felt that the staffing numbers were sufficient to provide a safe working environment for patients. In the five clinics we visited we found there were sufficient staff to run clinics safely.
- We were told that the service was in the process of recruiting one dental nurse and 0.8 wte (whole time equivalent) senior dental officer. The senior dental nurse told us she had some capacity to work flexibly and provide cover if required to ensure clinics were not cancelled.
- We noted that there were no reception or administrative staff at the clinics to welcome patients or answer the telephone. This role was undertaken by the dental nurses between appointments. We were told that this ran smoothly because the staff were aware of the attendance list in advance and remained vigilant and responded to the answering machine promptly.

Managing anticipated risks

- We found that all staff had undergone training in resuscitation procedures for the management of sudden medical emergencies.
- There was an appropriate system in place for checking the equipment and the drugs were available, useable and restocked when necessary. Daily checklists were in place and the ones we looked at had been completed appropriately. Systems and policies were in place for the safe management of general and sedative anaesthetics.

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 judged that services were effective in that people's care, treatment and support achieved good outcomes, provided a range of health promotion and was based on evidence. The service followed and audited their adherence to 'National Institute of Health and Social Care Excellence' (NICE) guidelines. Pain relief was provided in the form of local anaesthetic injections, whilst inhalational sedation and general anaesthesia were used when required. We found that the treatments we observed followed best clinical practice.

We found that staff received an appraisal every year, and their personal development was supported. We saw evidence of good staff engagement and team working. A system was in place to identify and support people who may lack the capacity to consent to treatment and staff were aware of their responsibilities under the Mental Capacity Act 2005. There were systems in place to gain valid consent.

Detailed findings

Evidence based care and treatment

- The service followed all relevant NICE (National Institute for Health and Care Excellence) guidelines and had a comprehensive system of audit, review and action planning against the guidelines. There was a process in place to check and raise awareness of related NICE guidance in order to be fully aware of best practice. We reviewed evidence of this in regard to NICE guidelines for antibiotic prophylaxis, when to suspect child maltreatment and risk assessments of patient recall periods. We found that the treatments we observed followed NICE guidelines where relevant, and best clinical practice. Staff we spoke to were aware of NICE guidelines.
- The oral health promotion team told us that they targeted all 2-7 year old children in schools between Hartlepool in the north and Loftus in the south. They said they were in contact with about 80% of these children. The team would visit a school and carry out a needs assessment, then carry out a second visit to train the staff to run a healthy brushing scheme and further visits every three months the monitor progress and offer advice if needed. We were told that the training of teachers was repeated annually in order to train new staff and to refresh the training of other staff. This followed guidance from NICE.
- The clinical director was involved in survey work using school population data of decayed, missing or filled teeth in order to set priorities in the allocation of resource to promote dental health. In addition, all primary and secondary special school pupils are screened twice a year at school to identify those who may benefit from the service.

Pain relief

- When required the dentists would use injections of local anaesthetic. In certain appropriate cases they would use a technique involving a combination of oxygen and nitrous oxide, called relative analgesia (RA), to sedate the patients and help them relax. When clinically indicated a general anaesthetic procedure could be used. Patients, who had difficulty with dental procedures in high street practices, including those who were nervous and had a low pain threshold, were treated using sedation techniques.
- Patients and family members we spoke to reported that they were comfortable during treatment and that pain was managed well.

Patient outcomes

- The service had a comprehensive system of audit to monitor the quality of service against NICE guidelines. We were told that there had been some quality audits completed in relation to infective endocarditis, consent, ionising radiation medical exposure regulations and third molar extractions. Outcomes were monitored at the quarterly audit meetings. An audit of wisdom teeth extraction confirmed that all were extracted in line with NICE guidelines. An audit of sedation in children and young people in 2014 found that time of last food and drink intake and fitness for discharge was recorded for 88% of patients. This was an area identified for continued monitoring and re-audit.

Good

Are services effective?

- We were told that the team often contacted patients or carers by telephone following the completion of significant or complex treatments, but this was not usually recorded. Basic periodontal examinations (BPE) are recorded but not audited. We understood that the team was looking at ways of developing outcome measures in line with the work that is taking place nationally. For example, the number of people returning to the service within 28 days of completion of treatment (CoT) may be one future measure.

Competent staff

- We were told that all staff received a formal annual appraisal as well as a review every six months. Staff we spoke to told us they received regular appraisal which included a personal development review.
- As part of their development, dental professionals must undertake continuing professional development (CPD) to maintain their professional registration. Staff told us they were supported with education and training to help them provide CPD evidence.
- We saw a regular schedule for clinical supervision for all staff every quarter. Staff we spoke with told us they received regular clinical supervision. Nurses who provide support for the use of relative analgesia have additional training.
- We observed treatment being conducted at each clinic. On each occasion, staff were skilled in engaging with people in a way that would support their understanding and put them at ease. For example, we saw an initial assessment of a young child with a history of failed sedation episodes elsewhere, who was reluctant to co-operate. The dentist quickly examined the patient where they stood and the nurse encouraged playful interaction with the equipment in the room as a diversion and to build confidence. A discussion about the different treatment options followed, and a programme of adjustment was proposed to see if co-operation could be improved sufficiently to use sedation.

Multi-disciplinary working and coordination of care pathways

- Staff in the service worked as part of a multi-disciplinary team. Patients were examined, assessed and treated by dentists and assisted by dental nurses who also carried out oral health promotion.
- For people requiring general anaesthesia there was a care pathway which involved both dental and anaesthetic assessments and possible liaison with other professionals before completion of the procedure. Further care and treatment was continued until the patient was discharged back to the care of their general dental practitioner (GDP).
- Staff had developed good working relationships with other services, such as general practitioners (GPs), care workers and school nurses in order to support their patients appropriately and give the best care. This close working also supported the effective use of safeguarding processes for people who may be vulnerable.

Referral, transfer, discharge and transition

- In all cases patients were accepted for treatment from referring GDPs, GPs or other health or social care professionals. A range of referrals were accepted, for example, people with a learning disability or behaviour which challenges services, people who had a severe physical disability, people with a mental health issue or people who were highly anxious.
- People requiring general anaesthesia were discharged back to their referring practitioners on completion of their treatment. People who had severe or complex continuing health or care needs remained under the care of the community dental service.
- The community dental service treated both children and adults and as a result there were no issues with transition from children to adult services.

Access to information

- Staff were observed to provide very clear verbal information to people using the service and their carers. They adapted their approach based on the needs of the person and took the time to ensure that there was good understanding.
- The service completed a “charting consent sheet” at each consultation. This recorded the consent and gave details of the treatment provided. A copy was given to each patient or carer, and this also contained oral health promotion advice.
- Additional information leaflets were given to patients or carers as required. The friends and family test was

consistently used. At each visit, people or their carers were asked to give feedback. Results of the most recent analysis was displayed on the notice board in some areas.

Consent, Mental Capacity Act and Deprivation of Liberty safeguards

- We looked at a document "community dental services consent to treatment protocol". It included guidance about mental capacity and details of the relevant trust policies and procedures for staff to follow. Staff were aware of the principles and procedures relating to the assessment of capacity and understood what action to take if the person had additional needs with regard to areas of decision-making and informed consent. We were able to view the records of one person for whom the service had involved an independent mental capacity advocate (IMCA) to provide support.
- We observed procedures undertaken by dentists where, following an examination, an explanation was given about what was required and why. Treatment options were explained to the patient and their decision was recorded before treatment commenced.
- The service routinely provided treatment plans and estimate forms to patients. These forms show patients what treatment they have received or are about to receive.
- Where general anaesthetic procedures were concerned a relevant written consent form was completed. The forms included sections covering details of the proposed procedure, and sections completed by the health professional explaining the risks and benefits of the procedure to the patient. Separate forms were used according to a person's age or their ability to give informed consent.

Good

Are services caring?

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

Summary

People who used the service were treated with compassion, kindness, dignity and respect. Staff took great care to ensure that patients, their carers and relatives understood and were involved in their care. People's emotional needs were met in a competent and highly skilled manner.

Detailed findings

Compassionate care

- The patients, relatives and carers we spoke with told us they were treated with dignity and respect, and received compassionate care. One parent we spoke to had been attending for many years with two of her children, one of whom continued to attend as an adult, despite the fact that she now lived a distance away. She said: "[the staff] are so good, the care is so good. It's a fantastic service. Brilliant."
- We saw a child that general dental practitioners had seen previously who was unable to sufficiently accept dental care. On the first visit, the staff in the clinic demonstrated a very calm and unhurried approach, asked the child's permission at each step in the process and built trust. This enabled an examination and x-rays to be completed, followed by a discussion of the treatment options and an agreed plan for further treatment.
- We spoke to one care worker who was escorting a service user. She explained that she had attended the clinic several times before with other people, and said: "[The staff] are fabulous, absolutely brilliant." She went on to say that she was very confident that if there were any problems or issues, they would do everything possible to try and help.
- We saw extremely kind, gentle and compassionate care being given to people, and the team working between the dentists and the dental nurses was exceptional; all aimed at delivering a good outcome for the person.

Understanding and involvement of patients and those close to them

- People were supported to be central to their care decisions and staff were very skilled in checking for understanding and altering their approach to support the person's understanding and involvement.
- We saw staff taking time with patients to help them to be involved in their care and maintain optimum oral health. Staff spoke directly to people, told them about treatment options using words that they could easily understand and helped them to design a treatment plan that they were happy with.
- At one clinic, the senior dental officer and dental nurse spent a great deal of time with one person explaining about the importance of minimising sugar intake and responding to questions from the service user, who was not able to vocalise independently. Knowing that the person had a real sense of fun, one staff member suggested a game they could play that would help to support understanding of the issues they had discussed. The person seemed genuinely delighted, and they and their carer left the clinic with a workable plan about how they may be able to improve the person's oral health.

Emotional support

- Staff were observed to be skilled in maintaining a calm and unthreatening environment, and took great care to ensure that the person was happy at each stage of the examination process, asking questions such as: "Is it OK for me to have a look with this mirror?"
- We observed one interaction when a child was treated with using relative analgesia (RA) and a staff member used a gentle verbal intervention to prompt and assist a positive and enjoyable experience by telling a story.
- We heard about the "acclimatisation" process where a person could be invited back several times to familiarise themselves with the clinic in order to reduce their anxiety, and on more than one occasion we witnessed this process being put into action very skilfully.
- Staff described how they observed for non-verbal signs of distress or agitation, particularly where people were known to have difficulty in expressing themselves verbally. They told us how they always ensured that they documented this to form part of the care plan.
- Several people and / or their carers told us how much they enjoyed their visits to the clinics.

Good

Are services caring?

Promotion of self-care

- Staff gave patients verbal advice about maintaining oral health, and where people had a particular problem with this, staff worked hard to try and suggest solutions. The majority of people received verbal advice from the dental team, often accompanied by visual learning aids. Written advice was given to everyone as part of the treatment plan.

Good

Are services responsive to people's needs?

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

Summary

Services were responsive and were organised to meet people's needs. There were systems and processes in place to plan and deliver services to meet the specific needs of people who had been referred to the service. Translation and interpretation services were available. The community dental service told us that they met the government's 18 week referral to treatment target for patients who required a general anaesthetic. There were systems in place for managing patient complaints.

Detailed findings

Planning and delivering services which meet people's needs

- For those who felt they needed to see a dentist urgently, systems were in place to enable patients to be seen on the same day. We saw one person attending a clinic in the morning whose carer had rung at the end of the previous day. The person had been experiencing some discomfort following the procedure and the staff told us that they always ensured a patient is seen as soon as possible under those circumstances.
- The general anaesthetic sessions were normally held within core hours but there were clinics with a 7am start and others with an 8pm finish. This addressed the need to provide services for people who would have difficulty attending within core hours.

Meeting the needs of people in vulnerable circumstances

- There was access to translation and interpretation services. We saw staff were able to engage with people who used hand signals by asking closed questions to prompt a yes or no answer. Staff were familiar with other tools and techniques that people used to aid communication. The friends and family test was available in an easy read format.
- All the clinics except Eston had equipment such as hoists that could be used to move and handle people who required assistance. At Eston the equipment was waiting to be installed. There was provision for bariatric patients.
- The service was set up so that there was continuity of staffing in the clinics, and this provided opportunities for the staff to get to know the patients very well. Staff told us that they checked the electronic record as part of their clinic preparation so they could be aware of any changes in people's needs.
- We were told that people were contacted in advance of the first appointment so that particular needs could be discussed and managed. We heard a staff member conducting this conversation with one person and giving detailed information, including about parking at the clinic.
- The electronic record contained a section for "pop-up" notes to be added which would remind staff about any particular needs, issues or changes to the management plan.

Access to the right care at the right time

- We were told that waiting times for routine treatments were about two weeks and that the service was meeting the government's 18 week referral to treatment target for patients who required a general anaesthetic. We are awaiting data to confirm this position.
- We heard that general anaesthetic referrals were received centrally at Guisborough and passed out to the clinic with the shortest waiting list for an assessment, and that the service participated actively in the trust's waiting list management process. On completion of the treatment, these people were referred back to their general dental practitioner.

Learning from complaints and concerns

- The community dental service told us that they adhered to the trust's policies on the management of complaints. Staff told us that they rarely had complaints and would always try to resolve concerns that were brought to their attention in the clinics. There was a system in place to learn any lessons that may arise as the result of complaints.

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 found that the service was well-led, in that the leadership, management and governance of the community dental service assured the delivery of high quality person centred care.

The culture was built around providing an excellent service to people who were vulnerable or may have additional support needs that could not easily be met within a general dental practice. There was an ethos of always doing the right thing for people. The community dental services leadership actively supported this culture and helped staff develop. The dedication of staff and their desire to continually improve their service was evident throughout.

Detailed findings

Service vision and strategy

- The trust had a vision and strategy which staff were aware of, and was displayed in several places. The values of the organisation ("responsive, compassionate, listening, respectful, team working, professional, caring, courteous") were demonstrated by all community dental service staff.
- The strategy for the community dental service was based on a continual improvement model and staff participated actively in this.

Governance, risk management and quality measurement

- Clinical governance was informed by the audit process and action plans were developed as necessary. We saw a number of specific community dental services protocols and were told that all the staff participated in the development of these. This approach also helped them to achieve a consistent implementation, and the regular audits and calendar of meetings ensured that there was a forum for shared learning and continual service improvement.

Leadership of this service

- There was a clinical director for the service, who had previously worked as a senior dental officer and had maintained a clear focus on seeking to provide the best service for people. The service had been appropriately supported through some major changes such as moving to new premises and transferring and integrating into a new trust.
- Staff we spoke with felt well supported and considered themselves to be part of a team. There was evidence of leadership behaviours being exhibited across the team, particularly with regard to improving systems, processes and therefore the care delivered.

Culture within this service

- The view we gained about the culture of the service through talking with staff, patients, carers and relatives, was one of a positive, caring environment. Staff were aware their core role included providing specialist dental care to vulnerable people and the practice we saw reflected this.

Public Engagement

- The friends and family test was consistently used. At each visit, people or their carers were asked to give feedback. Results of the most recent analysis were displayed on the notice board in some areas.

Staff engagement

- The staff we met were caring, positive and demonstrably engaged with the people they treated and the service they worked in. There was evidence that they would always strive to do their best for people and that meant they were always looking for ways to improve the service. Rates of sickness and staff turnover were low, and people we spoke to told us that they loved their jobs. Completion of mandatory training was 100% and people described an active participation in the supervision and appraisal process. Some people told us about additional training they were interested in, and they believed that this would be supported by the service.

Innovation, improvement and sustainability

- The service had a focus on continuous learning and improvement and had set up systems to support this.

Good

Are services well-led?

The clinical director had taken an active role in using epidemiology and using this to inform commissioners about the types of services that would benefit the communities. As a result, a fluoride varnish scheme was in place.

- The community dental service had recently won an "unsung hero" award from the Hartlepool Mail, after an anonymous nomination.
- One of the senior dental officers told us she made contact with the trust's learning disability lead nurse. They had worked together to set up a pathway for people with a learning disability who were undergoing a general anaesthetic procedure. This meant that people were able to visit the day unit in advance, and have additional planned support whilst they were having the procedure.
- At one clinic, the staff had developed a picture booklet using photographs of the clinic that began at the front door and enabled the person to see the actual clinic and look at the equipment. This could be personalised with their name and was used to help familiarise people and reduce their anxiety about attending.