

Torbay and South Devon NHS Foundation Trust

RA9

# Community dental services

## Quality Report

Lawes Bridge

Torquay

Devon

TQ2 7AA

Tel: 01803614567

Website: [www.torbayandsouthdevon.nhs.uk](http://www.torbayandsouthdevon.nhs.uk)

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# Summary of findings

## Locations inspected

<b>Location ID</b>	<b>Name of CQC registered location</b>	<b>Name of service (e.g. ward/unit/team)</b>	<b>Postcode of service (ward/unit/team)</b>
RA90J	Castle Circus Health Centre	Community Dental services	TQ2 5YH
RA9W1	Brunel Dental Centre	Community Dental Services	TQ12 4XX

This report describes our judgement of the quality of care provided within this core service by Torbay and South Devon 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 Torbay and South Devon NHS Foundation Trust and these are brought together to inform our overall judgement of Torbay and South Devon NHS Foundation Trust

# Summary of findings

## Ratings

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

# Summary of findings

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# Summary of findings

## Overall summary

The service was outstanding in providing caring and responsive services and good for providing safe, effective and well led services.

Torbay and Southern Devon Health and Care NHS Trust provides health services from 11 community hospitals and community services. During our inspection we visited three locations which provided a dental service:

Castle Circus Health Centre – (also known as the Community Dental Service) provides NHS dental treatment for patients with complex medical histories and patients with learning disabilities. It also provides dental treatment to looked after children.

Brunel Dental Centre – Special care dental service (also known as the Community Dental Service) provides NHS dental treatment for patients with complex medical histories and patients with learning disabilities. It also provides dental treatment to looked after children

Torbay Hospital – Speciality Care Dental Service for the treatment of complex dental problems.

Overall we found dental services provided safe, effective, caring, and responsive and well led care. We observed and heard practitioners were providing an excellent service in the locations with exceptionally responsive, caring compassionate and respectful staff.

Dental services were effective and focussed on the needs of patients and their oral health care. We observed good examples of effective collaborative working practices and sufficient staff available to meet the needs of the patients who visited the clinics for care and treatment.

All the patients we spoke with, their relatives or carers, said they had positive experiences of their care. We saw good examples of care being provided with compassion; and effective interactions between staff and patients. We found staff to be hard working, caring and committed to the care and treatment they provided. Staff spoke with passion about their work and conveyed how dedicated they were in what they did.

At each of the locations we visited staff responded to patient's needs. We found the organisation actively sought the views of patients, their families and carers. People from all communities, who fit the criteria, could access the service. Effective multidisciplinary team working ensured patients were provided with care that met their needs, at the right time and without delay.

There were elements of outstanding practice at all the locations visited.

# Summary of findings

## Background to the service

Torbay and Southern Devon Health and Care NHS Trust provides a specialised dental service for adults and children with complex needs who find it difficult to obtain dental treatment from primary care dental services. The services provided includes NHS treatment for people with mental and or physical health problems.

NHS treatment for individuals with special needs such as wheelchair users, bariatric patients and housebound people and NHS treatment for groups of people with special needs such as special schools and people with learning disabilities.

People are usually referred to the Special Care Dental Service from other services.

The care provided includes urgent treatment, examination, diagnosis & advice, preventive care, education for carers, periodontal treatment, conservative treatment, minor surgical treatment, supply & repair of dental appliances, taking of radiographs, supply of listed drugs & listed appliances, issue of prescriptions, sedation care, and domiciliary dental care.

## Our inspection team

Our inspection team was led by:

Chair: Tony Berendt, Medical Director, Oxford University Hospitals

Head of Hospital Inspections: Mary Cridge, Care Quality Commission

The team included one CQC dental inspector and one dental specialist advisor

## Why we carried out this inspection

We inspected this core service as part of our comprehensive dental services inspection programme.

## How we carried out this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the center was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out across the three service locations over two days

8-9 February 2016 by a lead inspector and a dental specialist advisor.

Before the inspection we reviewed information we held about the provider and information we asked them to

send us in advance of the inspection. This included their statement of purpose, a record of complaints within the last 12 months and information about staff working at the trust.

During the inspection we spoke with senior management team, dentists, dental nurses and receptionists. We looked around the premises and the treatment rooms. We reviewed a range of policies and procedures and other documents including clinical records.

During the inspection we spoke with patients who were attending the locations for treatment and they told us they were satisfied with the care and treatment received. The patients spoke very positively regarding the care and

# Summary of findings

treatment received and about the caring nature of all the staff in the trust. Common themes were patients felt they received excellent care and were provided with a personal and compassionate service.

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

- Is it safe?

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

These questions therefore formed the framework for the areas we looked at during the inspection.

## What people who use the provider say

All the patients we spoke with across the locations were very complimentary about the service. They told us they found the locations and staff provided an excellent and highly professional service; and staff were extremely friendly and welcoming. All patients felt they were treated with dignity and respect.

Patients said they felt the locations offered an excellent service and staff were efficient, friendly, helpful, caring and knowledgeable. Patients stated they felt the dentists took a lot of time to explain care and treatment options in a way they understood.

We observed patients were dealt with in a kind, friendly, compassionate and professional manner. We heard staff being polite, welcoming patients by their preferred name, being professional and sensitive to the different needs of patients.

Young patients and parents particularly noted staff were sympathetic and reassuring when they were nervous and this helped to put them at ease.

## Good practice

Staff in all the locations were passionate about working within the service and providing good quality care for patients.

Patients reported an excellent service. We evidenced highly trained and experienced staff with excellent application of knowledge and skills in practice to meet the needs of this very vulnerable group in a high risk setting.

The dentists and support staff were skilled at building and maintaining respectful and trusting relationships with patients and their carers. The dentists sought the views of patients and carers regarding the proposed treatment and communicated in a way which ensured people with learning disabilities were not discriminated against.

- The development of the Brush and Bus scheme taking oral health prevention advice to local schools.
- The development of a mobile dental service taking treatment to isolated areas and special schools in order to provide timely intervention in a safe manner.
- The development of a sedation service that is not reliant on waiting list admission therefore providing care on site in a timely manner as required by the patient.
- The provision of a bariatric chair for the treatment of obese patients.
- The provision of a hydraulic lift for patients who use a wheelchair to be treated in their chair.

# Summary of findings

## Areas for improvement

**Action the provider MUST or SHOULD take to improve**

**Action the provider SHOULD take to improve**

- Fire evacuation drills take place on a regular basis to ensure staff fully understand the procedure.
- GDC registration to be up to date and available in all relevant staff recruitment files



# Torbay and South Devon 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

Safety within the service was rated as good.

We saw the trust had robust recruitment practices and the staff recruitment records contained all of the relevant checks with the exception of a small number did not contain details of GDC registration.

A legionella risk assessment had been carried out and action taken to reduce the risk of legionella to patients and staff.

Systems, processes and practices were in place to ensure all care and treatment was carried out safely. Lessons were learned and improvements were made when things went wrong.

The locations had systems in place to assess and manage risks to patients and staff. They had robust processes in place including infection prevention and control, training and the management of medical emergencies. Medicines were stored safely for the protection of patients.

Systems, processes and practices were in place to keep people safe and safeguard them from abuse. Risks to individual patients were assessed and their safety monitored and maintained.

All locations kept clinical records in accordance with data protection regulations and confidential information was properly protected.

### Incident reporting, learning and improvement

- The trust had a system in place for the reporting and recording of incidents and standard reporting forms for staff to complete when something went wrong. Records seen demonstrated staff had acted upon incidents that had occurred. The reporting system enabled all relevant staff to monitor the actions and progress of the incident investigations.
- We saw evidence there was recognition of the value of shared learning when things went wrong. Staff meetings were held monthly and learning from incidents was a standing item on the agenda. This was where the wider learning points from an incident were disseminated and any necessary change in protocol discussed and passed to all staff.
- Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had been no accidents or incidents which had required notification under the RIDDOR guidance in the last 12 months.

# Are services safe?

## Safeguarding

- All staff had a good knowledge about safeguarding issues affecting vulnerable people. A trust policy was in place for staff to refer to in relation to safeguarding children and vulnerable adults who may be the victim of suspected abuse.
- Records demonstrated staff had been appropriately trained in line with national guidance (Child Protection and the Dental team 2013). The lead clinician had been trained to level 3 and dental nurses to level 2. Staff were able to describe what might be signs of abuse or neglect and how they would raise concerns with the safeguarding lead professional. A system for recording staff training was in place to enable the provider to identify the last time staff had received training in the subject.
- Staff were aware of the policy about raising concerns about another member of staff's performance (a process sometimes referred to as 'whistleblowing'). Staff told us they knew they could raise such issues with one of the dentists or location manager. They also knew they could contact the Care Quality Commission (CQC) if any concerns remained unaddressed.
- A system was in place to track patients that did not attend (DNA) their appointment, Receptionists followed up these patients with a phone call. Staff were well aware that for children who did not attend there may be safeguarding issues and took the relevant steps to ensure children were protected from potential abuse through dental neglect by non-attendance at appointments.

## Medicines and Medical Emergencies

- An effective system was in place for the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice such as local anaesthetics and drugs used for sedation purposes. The systems we viewed were complete, provided an account of medicines used and prescribed which demonstrated patients were given medicines only when necessary.
- Dentists recorded the batch numbers and expiry dates for local anaesthetic cartridges and these were recorded in the clinical notes. Medicines and prescription pads were stored securely and NHS prescriptions were

stamped with an official centre stamp at point of use. Medicines stored in the locations were reviewed regularly to ensure they were not kept or used beyond their expiry date.

- Medicines which needed to be stored in a fridge were in line with the manufacturer's guidance. We saw routine checking of the fridge temperature ensured storage of these items remained within the recommended range.

## Environment and equipment

- There were clear guidelines for staff about how to respond to a sharps injury (needles and sharp instruments). The service used dental safety syringes which meant needles were not resheathed and disposed of safely reducing the possibility of a needle stick injury. This process complied with the Safe Sharps Act 2013. The dentists took responsibility for the safe disposal of sharps.
- Single use equipment was used during root canal treatment in line with national guidance and appropriately disposed of following use. There was an extensive stock of materials and equipment used for root canal treatments, kept in each surgery including rubber dam. This was always used for root treatment and we noted it was latex free to avoid the possibility of a latex allergy reaction in staff or patients. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. This followed the guidance on the use of the rubber dam from the British Endodontic Society.
- The service had carried out risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. This included: the safe use of X-ray equipment; disposal of waste; legionella testing and the safe use of sharps (needles and sharp instruments). Where risks were identified actions to address them had been put into place.
- The risk register was held centrally by the Trust with the practice manager holding a copy and there were processes in place to ensure actions were followed up.
- There were sufficient quantities of instruments and equipment to cater for each clinical session which took into account the decontamination process.

## Are services safe?

- There were systems in place to check and record equipment was in working order. These included annual checks of portable appliance testing (PAT) of electrical equipment carried out by the Trust Estates Team who maintained a database of all testing (next due in April 2016). The trust had contracts in place with external companies to carry out annual servicing and routine maintenance work of other equipment in the premises in a timely manner. This helped to ensure there was no disruption in the safe delivery of care and treatment to patients. The checks were also carried out on the mobile dental unit.
- The trust was working in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). An external Radiation Protection Advisor (RPA) had been appointed and was based at Torbay Hospital and the clinical director of the service was the Radiation Protection Supervisor (RPS) for the service.
- We found there were suitable arrangements in place to ensure the safety of the equipment and we saw local rules relating to each X-ray machine were displayed in each surgery. We saw documentary evidence to demonstrate the X-ray equipment in use had been serviced at recommended intervals.
- X-ray audits were carried out at the locations regularly to ensure they were of a satisfactory quality. We saw evidence the dentists recorded the reasons for taking X-rays (justification) and the images were checked for quality assurance (graded) and fully reported in the clinical records which demonstrated compliance with current best practice as defined by the faculty of General Dental Practitioners (FGDP).
- There were arrangements in place to meet the Control of Substances Hazardous to Health Regulations 2002 (COSHH). COSHH is the legislation that requires employers to control substances which are hazardous to health. There was a COSHH on line tool where risks to patients, staff and visitors associated with hazardous substances were identified and this was maintained regularly by a nurse and a dental therapist.
- Checks of fire extinguishers and emergency lighting had taken place at regular intervals. We noted fire drills had not been routinely carried out however we were told that a new system was being implemented and there

would be a fire drill within the next month. The Fire Safety officer for the trust showed us their plans and the timeframe for implementation across both sites. There were two fire wardens in place at the time of the inspection who had received the appropriate in-house training however it was recognised that a total of six were required. We saw the fire evacuation procedure was clearly posted on the walls throughout the locations. Fire risk assessments had been carried out which indicated identified risks had been partly addressed.

- There was a business continuity plan in place, which provided guidance for staff in certain emergencies, such as, inadequate staffing levels and total loss of access to the building and staff were aware of the plan.

### Quality of records

- Patients individual care records were written and managed in a way that keeps them safe. Patients' clinical records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage with paper records stored in lockable metal filing cabinets. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality.
- All patient records were stored at the location from which care and treatment was provided. For patients receiving domiciliary dental care the paper records collected by the dentist or hygienist prior to the domiciliary visits. During visits they were kept in folders which remained with the dental practitioners at all times. Records were completed fully following the treatment and prior to continuing to the next patient. Clear advice and written information was provided to the patient, care home and relatives as appropriate.
- Patient records demonstrated that dental general anaesthesia (GA) and conscious sedation was delivered according to the standards set out by Intercollegiate Royal Colleges Guidelines for Conscious Sedation 2015 and those developed by the Society for the Advancement of Anaesthesia in Dentistry (SAAD). The records demonstrated an approved care pathway approach had been followed for the safety of patients. These records were accurate in that they detailed the

## Are services safe?

treatments carried out and all required information relating to the sedation and local anaesthetic used as required by best practice guidelines. They were complete, legible, up-to-date and stored appropriately.

- Each patient contact with a dentist was recorded in the patient's care records. We observed and were told records were completed at the time of treatment. They were legible, accurate and up-to-date. New patients were asked to complete a comprehensive medical history and a dental questionnaire. This questionnaire enabled the clinicians to gather important information about their previous dental, medical and relevant social history. They also aimed to capture details of the patient's expectations in relation to their needs and concerns. This helped to direct the dentists in providing the most effective form of care and treatment for them. These aspects of information were seen to inform treatment options and ensure comprehensive records for the safety and well-being of patients.
- The service had a programme of clinical audit in place. We saw clinical record keeping was one of the audits undertaken as part of a regular annual rolling programme of audit. The results seen demonstrated a high standard of work and documentation which met the record-keeping requirements. We were told should improvements be needed following an audit these would be discussed with the clinician.

### Cleanliness, infection control and hygiene

- Locations appeared clean and well maintained. Staff in the locations were unable to supply us with a cleaning plan, schedule and checklists to demonstrate appropriate cleaning was being undertaken in line with National Patient Safety Association (NPSA) guidance on cleaning dental premises.
- The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM 01-05) published by the Department of Health, sets out the processes and practices which are essential to prevent the transmission of infections. We observed processes at the locations which demonstrated that the HTM 01-05 best practice for decontamination had been met. The locations had an infection control lead and infection control policy and a set of procedures which included hand hygiene, managing waste products and decontamination guidance.
- There were effective systems in place to reduce the risk and spread of infection within the locations. Decontamination was carried out in a dedicated local decontamination room or the local hospital sterilisation service was used, which we found met best practice requirements of HTM01-05. We saw a clear separation of dirty and clean areas. There were adequate supplies of personal protective equipment such as face visors, aprons and gloves. Posters about good hand hygiene and decontamination procedures were displayed to support staff in following practice procedures.
- It was noted the dental treatment rooms, waiting areas, reception and toilets were clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including liquid soap and paper towels in each of the treatment rooms and toilets. Hand washing protocols were also displayed appropriately in various areas of the trust and bare below the elbow working was observed.
- Staff described the end to end process of infection control procedures at the locations which met the requirements of HTM01-05. Staff explained the decontamination of the dental surgery room environment following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental unit water lines (DUWL's).
- The drawers in the treatment rooms were inspected in the presence of a dental nurse. These were well stocked, clean, well ordered and free from clutter. All of the instruments were pouched and it was obvious which items were single use and these items were clearly new. Each treatment room had the appropriate routine personal protective equipment (PPE) available for staff and patient use.
- The DUWL's were maintained to prevent the growth and spread of legionella bacteria (legionella is a bacteria which can contaminate water systems in buildings). The dental nurse described the method they used which was in line with current HTM 01-05 guidelines. The recommended procedures contained in the report were being carried out and logged appropriately. These measures ensured patients and staff were protected from the risk of contracting Legionellosis or Legionnaire's disease which can be fatal.

## Are services safe?

- The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines.

### Mandatory training

- Staff told us they received appropriate professional development and training and felt supported by the Trust. The assistant practice manager together with the deputy clinical director kept a record of staffs continuing professional development which was reviewed six monthly at supervision and appraisal meetings to monitor dentists' and dental nurses' progression. Professional registration was also reviewed and highlighted to staff when they were due for review by the General Dental Council.
- Training records showed that in the main staff were up to date with their training. The training covered all of the mandatory requirements for registration issued by the General Dental Council. This included responding to medical emergencies, safeguarding, consent and infection control. There was an induction programme for new staff to follow to ensure they understood the protocols and systems in place within the trust.

### Assessing and responding to patient risk

- The locations carried out consultations, assessments and treatment in line with recognised general professional guidelines. A review of a sample of dental treatment records and discussions with the senior clinician on duty confirmed this. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence the medical history was updated at subsequent visits. An examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer was recorded in patient records. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was discussed with the patient and treatment options explained in detail.
- Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene

procedures such as brushing techniques or recommended tooth care products in line with the Public Health England (PHE) document 'Delivering Better Oral Health'. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and or carer and this included the cost involved in line with FGDP guidance. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements. A review of a sample of dental care records showed the records were clear and contemporaneous in line with FGDP guidance and General Dental Council (GDC) requirements. The findings of the assessment, dietary advice, tooth brushing; recommended tooth care products and details of the treatment carried out were recorded appropriately.

- Dental general anaesthesia and conscious sedation was delivered according to the standards set out by Intercollegiate Royal Colleges Guidelines for Conscious Sedation 2015 and SAAD. The general anaesthetic and sedation care was prescribed using an approved care pathway approach. Patients entered a nationally recognised pathway of: 'tender loving care'; and inhalation sedation; and finally general anaesthesia. Details of the treatments carried out were documented; local anaesthetic details including type, site of administration, batch number and expiry date were recorded.

### Staffing levels and caseload

- Staff told us that there were usually enough staff to maintain the smooth running of the locations and there were always enough staff on duty to keep patients safe. We saw records that demonstrated staffing levels and skill mix were in line with planned staffing requirements for the reduced service provision. A system was in place to assess staffing levels against service demands.
- Staff we spoke with told us they were clear about their roles and responsibilities and had access to the trust policies and procedures. The location managers ensured there were sufficient numbers of staff to meet patients' needs.

### Managing anticipated risks

## Are services safe?

- The service had arrangements in place to deal with medical emergencies. These were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Appropriate emergency equipment and an automated external defibrillator (AED) were available. An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Oxygen and medicines for use in an emergency were available and were stored securely in a central location. We saw the emergency kit contained the correct emergency drugs and was regularly checked to ensure all drugs were in date.
- Records showed checks were made to ensure the equipment and emergency medicine was safe to use. The expiry dates of medicines and equipment were monitored using a daily check sheet which was signed by a member of staff. Therefore, staff were familiar with the content and were able to replace out of date or used medicines and equipment promptly. The emergency medicines and equipment were stored in a central location known to all staff.

- Staff had completed annual training in emergency resuscitation and basic life support

### **Staff recruitment**

- There were recruitment and selection procedures in place which were managed through the human resources department of the trust. We were assured by the provider that effective recruitment procedures were in place for all new starters.
- We reviewed 14 staff recruitment files and saw information obtained and recorded was in the main compliant with the relevant legislation. Evidence of professional registration with the General Dental Council (where required) was not available in all files. Checks with the Disclosure and Barring Service (DBS) had been carried out in all records seen. References were present and had been signed and gaps in employment had been explored and recorded. Also, the person's immunisation status was recorded.

## 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 the effectiveness of the service as good.

Patients' needs were assessed and care and treatment was delivered in line with current legislation, standards and evidence based guidance. The dental care records seen were clear and complied with current best practice in dental clinical record keeping.

Staff had the skills, knowledge and experience to deliver effective care and treatment. The locations monitored patients' oral health and gave appropriate health promotion advice. There were effective arrangements in place for working with other health professionals to ensure effective quality of treatment and care for the patient.

Patients consent to care and treatment was always sought in line with legislation and guidance and they were given time to consider their options to make informed decisions about the preferred treatment option. Staff engaged in continuing professional development and were meeting the training requirements of the General Dental Council.

### Evidence based care and treatment

- Dental general anaesthesia and conscious sedation was delivered according to the standards set out by Intercollegiate Royal Colleges Guidelines for Conscious Sedation 2015 and SAAD.
- Consultations, assessments and treatment were carried out in line with recognised general professional guidelines. A review of a sample of dental treatment records and discussions with the clinicians on duty in each location visited confirmed this.

### Health promotion & prevention

- Preventive care across the service was delivered using the PHE 'Delivering Better Oral Health Toolkit 3rd edition 2014'. Adults and their carers attending services were advised during their consultation of steps to take to maintain oral health. Tooth brushing techniques and oral hygiene were explained to them in a way they

understood. Across the sample of dental care records reviewed we observed all demonstrated the dentist had given advice to patients to maintain general and oral health-for example smoking cessation advice.

- The service benefits from an outstanding oral health promotion team that provide oral health information to service users and the local communities. The brush and bus scheme visited 14 schools and the rationale was to improve the oral health of the children by educating teachers how to monitor and support oral health improvement in their pupils by for example supervising tooth brushing after school lunches.
- Patients' dental recall intervals were determined by the dentists using a risk based approach based on current National Institute for Health and Care Excellence (NICE) guidelines.
- The dentists worked according to the NICE guidelines and the Faculty of General Dental Practice (FGDP) guidance, in relation to prescribing antibiotics wisdom teeth extraction and patient recalls. The dentists were also aware of the publication 'Delivering Better Oral Health Toolkit' when considering care and advice for patients. 'Delivering Better Oral Health' is an evidence-based toolkit to support dental teams in improving their patients' oral and general health.
- The dentists followed guidance from the FGDP regarding the prescribing of X-rays to ensure they were required and necessary. Justification for the taking of an X-ray, grading and reporting was all recorded in the patient's dental care records and these were reviewed in the location's programme of audits.
- A mobile dental unit was available to support an excellent domiciliary service. This we observed was, well used and visited various areas including special schools and remote areas.
- And house bound patients. We observed this unit fully complied with national guidance on providing domiciliary visits. It also fulfilled a dental health promotion role and was available for the screening of oral cancers.

# Are services effective?

## Patient outcomes

- The service had an effective system to regularly assess and monitor the quality of service patients received. To facilitate this there was evidence the service carried out clinical audit and risk assessments. This included auditing of clinical recording keeping standards, dental X-rays. Infection control, sedation and oral surgery. The results of these seen demonstrated a high standard of work.
- Information about the outcomes of patients' care and treatment is routinely collected through clinical audit, peer reviews and patient surveys. We saw minutes of meetings where patient outcomes and ways for improvement were discussed.
- Records and audits showed intended outcomes for patients were being achieved. Patients' dental recall intervals were determined by the dentists using a risk based approach based on current National Institute for Health and Care Excellence (NICE) guidelines. The recall interval for each patient was set following discussion of these risks with them.
- We saw clinical audits and patient comments supported good outcomes for patients.
- The dentists worked according to the NICE guidelines in relation to prescribing antibiotics, dental recall and wisdom teeth extraction. The dentists were also aware of the 'Delivering Better Oral Health Toolkit' when considering care and advice for patients. 'Delivering Better Oral Health' is an evidence-based toolkit to support dental teams in improving their patients' oral and general health.
- The service gathered feedback from staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in activities to improve outcomes for both staff and patients.

## Competent staff

- Staff told us they mostly received appropriate professional development and training across the area of service provision and training was actively encouraged and monitored.

- We reviewed training records for all dentists, dental nurses and reception staff and saw they were up to date with their training. The training covered all of the mandatory requirements for registration issued by the General Dental Council. This included responding to medical emergencies, safeguarding, consent and infection control. There was an induction programme for new staff to follow to ensure they understood the protocols and systems in place with the Trust and locations.
- Staff we spoke with told us they were clear about their roles and responsibilities, had access to the trust policies and procedures, and were supported to attend training courses appropriate to the work they performed. We observed some dental nurses had attended extended duty dental nurses training in sedation and radiography.
- Appraisals were completed annually for all staff. Staff were encouraged to develop their role and were supported to complete additional training enabling the service to provide enhanced care for patients.

## Multi-disciplinary working and coordinated care pathways

- The service was relatively self-contained as the locations contained a diverse mix of well trained and experienced dental staff. However, the nature of the patients, and their special needs, required multidisciplinary working. There were suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. There was effective collaboration and communication amongst all members of the multidisciplinary team to support the planning and delivery of patient centred care.
- Details of all treatment patients had received were communicated back to their referring dentist when they were discharged from the service at the end of their course of treatment.
- The majority of patients were referred to the service from general dental practices within the local area. Referrals were assessed and monitored by the trust and inappropriate referrals rejected on a case by case basis.
- Referrals when required were made to other dental specialists such as oral surgery.



# Are services effective?

## Access to information

- Patients were provided with information about the services offered in leaflets and on the waiting room notice boards. leaflets described the range of treatments which were available and their costs outlined. There were leaflets for specific treatments such as oral hygiene. NHS charges were clearly displayed in the waiting area.
- Preventative dental information was given during consultations in order to improve the outcome for patients. This included dietary advice and general dental hygiene procedures such as brushing techniques or recommended tooth care products. There was a patient information leaflet with pre-operative and post-operative instructions for the patient to follow when having sedation. These patient instructions were reinforced verbally at the assessment appointment and again at the point of discharge following surgery.
- Patients reported they had access to and received information in the manner that best suited them and that they understood. Information for patients about how to raise a concern or complaint was available in the waiting room, in leaflet form and on the provider's website.

## Consent and Mental Capacity Act

- Staff described the methods they used to ensure patients had the information they needed to be able to make an informed decision about treatment. We saw treatment options; risks, benefits and costs were discussed with each patient and documented in a written treatment plan. Staff explained to us how valid consent was obtained from patients at the locations. We reviewed a random sample of patient records which confirmed valid consent had been obtained.
- Dentists had a clear understanding of consent issues. They stressed the importance of communication skills when explaining care and treatment to children and the adults responsible for their care. The dentists felt that responsible adults and older children should be given time to think about the treatment options presented to them. This ensured that a parent or older children could withdraw consent at any time.

- Patients told us they were given time to consider their options and make informed decisions about which option they wanted.
- There was a system for obtaining consent for patients undergoing general anaesthesia, inhalation sedation and other operative dental treatment. Staff discussed treatment options, including risks and benefits, with each patient their parents, guardians or carers. Responsible adults were asked to read and sign these before starting a course of treatment.
- The documentation used in each case to inform consent consisted of: the referral letter from the general dental practitioner, the patient assessment including a completed written medical, drug and social history. Patients' parents or guardians were also required to complete the appropriate NHS consent form.
- There were pre-operative and post-operative check lists and a patient information leaflet of pre-operative and post-operative instructions for the patient to follow. The dentists involved in the provision of general anaesthesia undertook a series of checks immediately prior to the removal of teeth to prevent the occurrence of a 'never event' i.e. wrong tooth extraction.
- In situations where people lack capacity to make decisions through illness or disability, health care providers must work in line with the Mental Capacity Act 2005. This is to ensure decisions about care and treatment are made in the patient's best interests. Staff explained how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met. The trust had an electronic checklist to ensure they covered all the key points of the Mental Capacity Act 2005 when treating patients who lacked capacity to consent to care and treatment. Staff had received specific Mental Capacity Act 2005 training and had a good working knowledge of its application in practice.



## Are services caring?

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

### Summary

We rated caring in the service as outstanding.

We observed and heard from patients they were truly respected and valued as individuals and are empowered as partners in their care.

Feedback from patients, those who are close to them and stakeholders was positive about the way staff treated them. People think staff go the extra mile and the care they received exceeds their expectations.

There was a strong, visible person-centered culture. Staff recognised and respected the totality of patient's needs. They were highly motivated and inspired to offer care which was kind and promoted patient's dignity. We observed relationships between staff and patients were strong, caring and supportive.

Staff demonstrated they were fully committed to working in partnership with patients and worked to meet individual preferences and needs in care delivery.

We found patient records were stored securely and patient confidentiality was well maintained. We observed privacy and confidentiality was maintained for patients using the service on the day of our inspections.

### Compassionate care

- We spoke with 20 patients and received 30 CQC comment cards. All patients we spoke with and the comments received reflected patients were very satisfied with the assessments, explanations, the quality of the dentistry and the outcomes of the treatment provided.
- Patients told us they were treated with compassion, kindness, dignity and respect. They were very positive about the services they experienced. Patients said they felt it was an excellent service and staff were efficient, friendly, helpful, caring and knowledgeable. They told us health issues and medicines were discussed with them and they felt involved in decision making about the treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive.
- We observed patients were dealt with in a kind, friendly, compassionate and professional manner. We observed staff being polite, welcoming patients by their preferred name, being professional and sensitive to the different needs of patients. Parents particularly noted staff were sympathetic and reassuring when they were nervous and this helped to put them at ease.
- Staff and patients told us all consultations and treatments were carried out in the privacy of treatment rooms to maintain patients' dignity and privacy. We observed treatment room doors were closed at all times whilst patients were with dentists. Conversations between patients and their carers and dentists could not be heard from outside the rooms which protected patients' privacy. Staff were aware of the importance of providing patients with privacy and maintaining confidentiality.
- We saw before treatment commenced, patients signed their treatment plan to confirm that they understood and agreed to the planned treatment. Staff told us they involved relatives and carers to support patients in decision making when required.
- We observed the dentists and the dental nurses treating patients and carers with dignity and respect. They took extra time with patients who did not have full capacity to understand the advice being given. The dentists and support staff were skilled at building and maintaining respectful and trusting relationships with patients and their carers. The dentists sought the views of patients and carers regarding the proposed treatment and communicated in a way which ensured people with learning disabilities were not discriminated against. For example, patients and carers were given choices and options about their dental treatment in language they could understand.
- The service obtained regular feedback from patients via the friends and family test however the take up by patients was limited. There was also a comments book available for patients and their carers to leave comments about their care. The results from these were discussed at staff meetings and actions taken when required.



## Are services caring?

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

- Patients and their parent or guardian received a detailed explanation of the type of treatment required, including the risks, benefits and options. Dental care records we observed contained extensive notes with respect to treatment options and the risks and benefits of the proposed treatment.
- Patients and families we spoke with confirmed they felt appropriately involved in the planning of their, or their, family member's treatment.
- Patients told us health issues and medicines were discussed with them and they felt involved in decision making about the treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive.
- Patients were given a copy of their treatment plan and for non-exempt patients the associated costs of the treatment planned. We found planned care was consistent with best practice as set down by national guidelines. Patients were informed of the range of treatments available and their cost in information leaflets. We saw NHS charges were clearly displayed in the waiting area.

### Emotional Support

- Staff demonstrated a good understanding of the emotional impact dental treatment can have on patients' well-being. We saw staff were passionate about working within the service and providing good quality care for patients. They demonstrated a good understanding of individual needs of patients and a breadth of experience in ensuring the emotional impact of dental treatment was minimised.
- Staff demonstrated patience and understanding when interacting and treating patients. We observed and were told they provided timely support and information to patients to cope emotionally with their care and treatment.
- Young patients and parents particularly noted staff were sympathetic and reassuring when they were nervous and this helped to put them at ease.
- Patients who used services were empowered and supported to manage their own dental care with advice and education about good tooth brushing techniques and other dental advice to enhance their dental well-being and maximise their independence.



# 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 the responsiveness of the service as outstanding.

Sedation services were provided on an as required basis without the restriction of a set list of patients. This ensured that the service was able to respond to the patients requiring sedation as and when required without having to wait to book them into a specialist service or waiting list.

Services were planned and delivered to meet the needs of patients and the available resources were meeting the demand for service. Patients had good access to appointments, including emergency appointments, which were available on the same day. The needs of patients' with disabilities had been considered and arrangements had been made to ensure level access to the waiting area and treatment rooms on the ground floor. Patients were invited to provide feedback via a satisfaction survey. We observed a good rapport between staff and patients attending appointments on the day of the inspection.

There was a complaint policy which was available to patients and carers. The location managers told us a majority of complaints were dealt with immediately by the staff with the patient or carer and following the complaint policy. Formal complaints were sent to trust headquarters where a full investigation was carried out, and records kept of the investigations undertaken and the outcome for the complainant.

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

- Sedation services were provided on an as required basis without the restriction of a set list of patients. This ensured that the service was able to respond to the patients requiring sedation as and when required without having to wait to book them into a specialist service or waiting list. As a result the service was able to respond to patient need in a timely manner.
- We found services were planned and delivered to meet the needs of patients. Staff had a clear understanding of who their population group were and understood their needs including, making appointments long enough to provide thorough investigations and treatment.
- There was an efficient appointment system in place to respond to patients' needs. There were vacant appointment slots for the dentists to accommodate urgent or emergency appointments. The patients we spoke with told us they were seen in a timely manner in the event of a dental emergency. Staff told us the appointment system gave them sufficient time to meet the requirements of high need patients.
- Domiciliary care was available for those that needed it and a mobile dental unit visited isolated areas and special schools. This ensured that where patients needed dental care but were unable to get to the centres care could be delivered at home or nearer to where they live.

## Equality and diversity

- The special care dentistry service is commissioned to specifically provide access to dental services for vulnerable adults and children. In order to improve the oral health of this vulnerable group of patients we observed plenty of time was allowed for patient appointments.
- The service had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. Reception staff told us they had access to a translation service should it be required. Details of how to access translation services were available.
- The trust had also considered the needs of patients with mobility issues. All locations visited had adapted the premises to enable wheelchair access for patients with mobility difficulties. They all had disabled toilet facilities. Car parking was available at the locations; however, places were limited at some of the locations but there was parking close by.
- Staff described to us how they had supported patients with additional needs such as a learning disability. They ensured that patients were supported by their carer or a relative and that there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.



## Are services responsive to people's needs?

- An Oral Health promotion team was provided by the service including the Brush and Bus service that visits local schools to promote good oral health..

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

- The locations were open on Monday to Friday between 8.45am – 4.30pm and closed for an hour at lunchtime. The locations were closed on Saturdays and Sundays
- Information regarding the opening hours was available in all the premises. There was an answer phone message which provided information about opening hours as well as how to access out of hours treatment. Some emergency appointments were kept free each day so the locations could respond to patients in pain.
- The service had a well-defined acceptance criteria with senior clinicians triaging all of the referrals sent to them. This ensured only those patients falling within the acceptance criteria were able to access the service.

### Learning from complaints and concerns

- The trust had a complaint policy and procedure in place for handling complaints which provided staff with relevant guidance and described how the locations handled formal and informal complaints from patients.
- Information about how to make a complaint was available on the provider's website and explained in the dental service leaflet which could be downloaded from the site. Patients told us if they needed to complain they would approach staff for the information. Managers told us most complaints were dealt with swiftly and in a timely manner locally thus avoiding the need to escalate to a formal written complaint.
- We looked at the trust's complaints log for the 12 months prior to our inspection and examined the seven complaints received across the whole service. The trust had responded to the complaints appropriately and in a timely way.
- We observed it was the trust policy to offer an apology when things went wrong. We were told of examples of how the staff had exercised their Duty of Candour with an apology that had been offered following a patient's complaint and a record made in their notes.

## 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 the service was providing well-led care in accordance with the relevant regulations.

The leadership, governance and culture supported the delivery of high quality person-centered care.

Governance of the service was consistent across the geographical areas with clearly designated responsibilities and performance was regularly considered. Risks were identified and effectively managed to ensure recommendations were addressed promptly.

The leadership and culture encouraged openness and transparency and promoted the delivery of high quality care and treatment, staff felt listened to and involved in the service vision and strategy of delivery. Feedback from staff and patients was used to monitor and drive improvement in standards of care.

### Service vision and strategy

- Staff told us they were aware of the Trust Vision to be the best provider of healthcare services delivering excellence in all that they do and how this related to their role and that the Trust had an ethos of a community where we are all supported and empowered to be as well and as independent as possible, able to manage our own health and wellbeing, in our own homes. When we need care we have choice about how our needs are met, only having to tell our story once

### Governance, risk management and quality measurement

- Governance and performance management arrangements were proactively reviewed and reflected best practice, and were consistent across the service. Detailed risk assessments had been carried out and the control measures were in place to manage those risks.
- Across the service we saw risk assessments were used to minimise the identified risks. For example the system for monitoring annual servicing was effective as there were checks in place to ensure all equipment at the locations were serviced at the required intervals and records held.

- The trust had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the locations. These were updated regularly and reflected current guidance and legislation. Senior dental staff met regularly to discuss best practice and make decisions about updating relevant policies according to newly published guidance.

### Leadership of the service

- There were clearly defined leadership roles within the locations. There was a trust administration team that ensured human resource and clinical policies and procedures were reviewed and updated to support the safe running of the service. These included guidance about confidentiality, record keeping, incident reporting and consent to treatment. We reviewed a number of policies which were in place to support staff. We were shown information was available to all staff which included equal opportunities, confidentiality and staff employment policies. For example whistleblowing, harassment and bullying at work. Staff we spoke with knew where to find these policies if required.
- There was a clear leadership structure with named members of staff in lead roles to oversee and direct the service provision. Staff told us they felt supported, informed and consulted about changes to the service at both a local and Trust level.

### Culture of this service

- Staff described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with any of the dentists, their line manager and senior management. They felt they were listened to and the senior management team responded when they raised issues of concern or suggestions for improvement.
- All staff spoken with described a culture which encouraged candour and openness in the individual locations with local managers being available and

## Are services well-led?

responding to and involving staff in the service vision and delivery staff. Staff also told us they found this was also the case with the organisation's managers and trust leadership.

- We saw from minutes of team meetings that they were held regularly. Each meeting had an agenda that was variable but included updates and information about subjects such as infection prevention and control, clinical audits and health and safety and incident reporting. We saw completed audits which included aspects of health and safety, radiography and infection control.

### Public and staff engagement

- Patients expressed their views and were involved in making decisions about their care and treatment. The trust used the friends and family test to monitor patient satisfaction. The data was captured and analysed by the practice manager and clinical director for all locations across the area of service provision. Patients were also offered the opportunity to write comments into a comment book held in the waiting room area.

- The service had gathered feedback from staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the locations to improve outcomes for both staff and patients.

### Innovation, improvement and sustainability

- All staff spoken with said they enjoyed their work and were well supported by the trust, dentists and management. Staff were regularly appraised and received regular supervision to aid their learning and improvement.
- We saw examples of innovative practice with the implementation of the mobile dental unit delivering care to remote areas and special schools. There was also the Oral Health promotions team and the Brush and Bus service which delivered preventive advice to local schools.