Shropshire Community Health NHS Trust

R1D

Community dental services

Quality Report

Shropshire Community Health NHS Trust
William Farr House
Mytton Oak Road
Shrewsbury
Shropshire
SY3 8XL
Tel: 01743 277500
Website: www.shropscommunityhealth.nhs.uk

Date of inspection visit: March 2016
Date of publication: 07/09/2016

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)
R1DHQ	Shropshire Community Health NHS Trust - HQ	Community Dental Services	SY3 8XL

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

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

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

Summary of findings

Ratings

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

Summary of findings

Contents

Summary of this inspection

Page

Overall summary 5

Background to the service 6

Our inspection team 6

Why we carried out this inspection 6

How we carried out this inspection 7

What people who use the provider say 7

Detailed findings from this inspection

The five questions we ask about core services and what we found 8

Summary of findings

Overall summary

We have rated this service as good. This is because:

- Services were effective, evidence based and focused on patients' needs.
- The continuing development of staff was seen as integral to providing high quality care and all staff received professional development appropriate to their role and learning needs.
- The service was responsive to patients' needs; people could access services in a timely way that suited them.
- Effective multidisciplinary team working and links between clinics ensured patients received appropriate care at the right times and without avoidable delays.
- Patients from all communities could access treatment if they met the service's criteria.
- The local management team were visible and the culture was seen as open and transparent.
- Systems for identifying, investigating and learning from patient safety incidents were in place.
- Infection control procedures were in place, equipment was clean and well maintained.
- We saw good examples of staff providing compassionate and effective care.

Summary of findings

Background to the service

The core clinical services of Shropshire Community Dental Services are special care and children's dentistry services who need specialised dental care approaches that are not available in general dental practices. These services included oral health care and dental treatment provision for patients with impairments, disabilities and/or complex medical conditions, it also included those patients suffering spinal injuries. This provision extended to patients with physical, sensory, intellectual, mental, medical, emotional or social impairments or disabilities including those who are housebound.

Shropshire Community Dental Service uses the standard NHS dental contract currency of Units of Dental Activity (UDA) to measure the outputs of the service. When a patient accesses the service, the dentist determines the amount of dental work required. The patient then starts a course of treatment. Depending on the complexity of the treatment, each course of treatment represents a given number of UDA. These are monitored through the year to ensure delivery of the contracted activity. We saw end of year data that showed that overall the service delivered 103% of its contracted activity for the year 2014-15.

Shropshire Community Dental Service also provides urgent care dental services through the dental access centres, community dental practices providing a range of continuing care dental services, and the out of hours emergency dental services. The service also undertook domiciliary visits for those patients who were house bound. At the time of our visit the service had delivered around 434 domiciliary courses of treatment for the year 2014-15.

The service offered inhalation conscious sedation in selected clinics when treatment under local anaesthetic alone was not feasible. The service also provided general anaesthesia as necessary for the very young, the extremely nervous, patients with special needs and patients who need multiple extractions.

At the time of our visit the service had delivered 332 sedation courses of treatment for the year 2014-15.

During our inspection we visited two community dental service locations; Dawley Dental Clinic and Shrewsbury Dental Access Centre.

Our inspection team

Our inspection team was led by:

Chair: Dr Timothy Ho, Medical Director, Frimley Health NHS Foundation Trust

Head of Hospital Inspections: Tim Cooper, Care Quality Commission

The team included CQC inspectors and a variety of specialists, including: Community matrons; physiotherapists; occupational therapists; senior community nurses; community children's nurses; school nurses; health visitors; consultant clinical psychologist; palliative care consultant; nurse practitioner; head of quality; deputy director of nursing; palliative care nurse; substance misuse consultant, substance misuse nurse, CAMHS practitioner and senior dental practitioners.

The team also included other experts called Experts by Experience as members of the inspection team. These were people who had experience as patients or users of some of the types of services provided by the trust.

Why we carried out this inspection

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

Summary of findings

How we carried out this inspection

We inspected this service in March 2016 as part of the comprehensive inspection programme.

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

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

Before visiting, we reviewed a range of information we hold about the service provider and asked other organisations to share what they knew. We carried out an announced visit from 7 to 11 March 2016.

We did not hold a public listening event prior to this inspection as we were looking to assess changes and progress over a very defined period of time, however we did contact Shropshire Healthwatch and Telford Healthwatch to seek the views that they had recently formed on the trust. Additionally, number of people contacted CQC directly to share their views and opinions of services.

We met with the trust executive team both collectively and on an individual basis, we also met with service managers and leaders and clinical staff of all grades.

Prior to the visit we held six focus groups with a range of staff across Shropshire who worked within the service. Around 20 staff attended those meetings and shared their views.

We visited many clinical areas and observed direct patient care and treatment. We talked with people who use services. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records of people who use services. We met with people who use services and carers, who shared their views and experiences of the core service.

What people who use the provider say

We saw the collated results of the patient satisfaction survey of the three special care and children's dentistry sites at Dawley, Oswestry and Shrewsbury between December 2015 and February 2016. This revealed a high degree of satisfaction of the service. Comments included, 'from a terrified person, thank you for terrific treatment', 'we are so grateful to have been sent to this clinic, the service is excellent, staff pleasant, caring and efficient. My daughter has no fears of coming to the dentist', 'Couldn't ask for a more friendly, helpful and accommodating staff, a visit to the dentist to enjoy'.

Shropshire Community Health NHS Trust

Community dental services

Detailed findings from this inspection

Good

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We have rated this service as good for safe. This is because:

- The dental service used the trust electronic incident reporting system to identify, investigate and learn from patient safety incidents.
- Staffing levels ensured patients were kept safe at all times during their care and treatment.
- Radiography and infection prevention control equipment was maintained at each of the locations we visited, by specialised technicians from the Trust or external companies.
- Dental service staff received adult and child safeguarding training and were confident in their knowledge of how to escalate concerns.
- Systems and processes were in place to protect people from the risk of infection.

Incident reporting, learning and improvement

- The service reported 17 patient incidents in the 12 months up to December 2015. Two were categorised as low harm and 15 were no harm. The service did not report any serious incidents in the same period.
- Safety was managed through the effective reporting of incidents. The trust had an incident reporting and investigation policy and this was embedded within the service. The trust used an electronic reporting system to record all incidents.
- Every member of staff we spoke with, at all levels and grades, could explain the reporting process and felt confident incidents were dealt with robustly and in a timely way.
- The dental service reported incidents using the trust electronic reporting system. Staff we spoke with demonstrated to us how the system worked. Staff reported that the system would always acknowledge the receipt of the particular incident reported. We were told by staff that the service managers or the Clinical Director would always follow up issues resulting from reported incidents.
- Staff meeting minutes we saw showed that incidents were discussed to facilitate shared learning. There were also standing agenda items relating to infection control, safety alerts, risk management issues and clinical audit.

Good

Are services safe?

Duty of Candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- Staff were aware of their responsibilities under Duty of Candour regulations. The staff we spoke with described a culture which encouraged candour, openness and honesty.

Safeguarding

- Dental staff we spoke with were aware of the trust's safeguarding policy and received training in child and adult safeguarding to a level dependant on their grade. Data provided by the trust during the inspection showed that 98% of staff had completed safeguarding training for adults to level 1 and 100% had completed child protection training to level 1. Locally held data showed that the relevant staff, such as dentists who specialise in paediatric dentistry, had completed level 3 training.
- The staff we spoke to were able to demonstrate knowledge and an awareness about safeguarding issues in relation to the community they served.
- All of the dentists we spoke to were aware of how safeguarding concerns could impact upon the delivery of dental care. This included children who presented with high levels of dental decay which could indicate that a child was suffering from neglect and patients who did not attend for treatment.
- The service had an information sharing system where they would alert and share information with other professionals such as social workers, health visitors, school nurses and learning disability teams. Sharing information occurred when children presented with possible signs of neglect and poor clinic attendance.

Medicines

- A comprehensive recording system was available for the prescribing and recording of medicines. Local anaesthetics, antibiotics and high concentrate fluoride toothpaste when prescribed were clinically justified. A sample of six clinical records we saw showed the details of the prescription were recorded in full.
- We found medicines for emergency use were available, in date and stored correctly.
- The emergency medicines were all in date and stored securely, with emergency oxygen, in a central location known to all staff. A dental nurse monitored the expiry dates of the emergency medicines using a checklist at each location we visited. This checklist was signed by the responsible dental nurse on a weekly basis.
- Dental nurses used a checklist for monitoring the expiry dates of the emergency medicines. We saw that this was signed by the responsible dental nurse at each location we visited. This was carried out on a weekly basis.

Environment and equipment

- We noted that the dental clinics we visited were in a good state of repair and suitable for the provision of dental care to all of the patient groups seen by the service.
- We observed that dental equipment was visibly clean and well maintained. We noted that at each clinic we visited there was enough dental equipment and materials to provide the appropriate level of care.
- The service had a named Radiation Protection Adviser and Radiation Protection Supervisors ensuring that the service complied with legal obligations under IRR 99 and IRMER 2000 radiation regulations. The ionising regulations require periodic examination and testing of all radiation equipment, a radiological risk assessment, contingency plans, staff training and the quality assurance programme. The named Radiation Protection Supervisor at each location was responsible for maintaining compliance with Ionising Radiation Regulations 99 and IRMER 2000 regulation. This involved supervising the arrangements set out in the local rules which were drawn up by the Radiation Protection Adviser.
- The service maintained records in accordance with national radiological guidelines. We saw necessary documentation pertaining to the maintenance of the X-ray equipment. The records contained the critical examination packs for each X-ray set along with the regular maintenance logs in accordance with a copy of

the local rules. The records were maintained on the trust's intranet. These measures were in accordance with national regulations pertaining to ionising radiation.

- Dental X-rays when prescribed were justified, reported on, and quality assured every time. We saw dental records that confirmed that this was the case. This ensured that the service was acting in accordance with national radiological guidelines and protected staff and patients from receiving unnecessary exposure to radiation.
- Each location had a well maintained control of substances hazardous to health (COSHH) file in accordance with the COSHH regulations.

Quality of records

- The service maintained patient clinical records in electronic and paper based formats.
- Electronic records were password protected and paper clinical records were kept securely so that confidential information was properly protected. Information such as written medical histories and referral letters were collated in individual patient files and archived in locked and secured cabinets not accessible to the general public in accordance with data protection requirements.
- We reviewed six sets of records at Shrewsbury Dental Access Centre and two sets of records at Dawley Dental Clinic. The records were well-maintained by each dentist and provided comprehensive information on the individual needs of patients such as; oral examinations; medical history; consent and agreement for treatment; treatment plans and estimates and treatment records.
- Clinical records viewed were clear, concise and accurate and provided a detailed account of the treatment patients received. Patient safety and safeguarding alerts were recorded by dental staff, for example allergies and reactions to medication such as antibiotics.

Cleanliness, infection control and hygiene

- The service used a system of local decontamination and central hospital decontamination units for the processing of contaminated instruments. The systems in place ensured that the service were exceeding HTM 01 05 (guidelines for decontamination and infection control in primary dental care) Essential Quality Requirements for infection control.
- Staff at the clinics we visited where local decontamination took place showed us and demonstrated the arrangements for infection control and decontamination procedures. They were able to demonstrate and explain in detail the procedures for the cleaning of dental equipment.
- Staff described the process for the transfer and processing of dirty instruments through designated on-site decontamination rooms. We saw safe storage of clean instruments and equipment. Sterilised instruments were used within the timescales stipulated in HTM 01 05, the current time scales are that instruments must be used within the expiry date of one year. The service utilised a stock rotation system to ensure that instruments were not used after their expiry date.
- We observed good infection prevention and control practices. Hand washing facilities and alcohol hand gel were available throughout the clinic areas.
- We observed staff following hand hygiene and 'bare below the elbow' guidance. Staff wore personal protective equipment (PPE), such as gloves and aprons, whilst delivering care and treatment. We observed appropriate disposal of PPE.
- There were suitable arrangements for the handling, storage and disposal of clinical waste, including sharps. Safer sharps use was in accordance with the EU Directive for the safer use of sharps.
- Daily and weekly cleaning schedules were in place and displayed for each individual treatment room. Each schedule was signed off by the responsible dental nurse at each clinic. We saw records going back over several months that demonstrated that cleaning schedules were adhered to.
- We observed that the dental nurses at each clinic maintained the daily, weekly and quarterly test sheets for the equipment used in decontamination of dental

equipment. This included autoclaves, ultrasonic cleaning baths and where applicable washer disinfectors. The dental nurses also kept records of the maintenance schedules for this equipment.

- We saw that the dental nurses carried out infection prevention and control audits at six monthly intervals in 2015 and 2016 as recommended by HTM 01 05. The results of the audits we saw showed high levels of compliance in infection control processes across the whole of the end to end decontamination process. Audits revealed minor deficiencies and these had been addressed by the service in the action plans we saw.

Mandatory training

- Staff across the service told us there was good access to mandatory training study days.
- Mandatory training for staff included infection prevention and control, safeguarding for vulnerable adults and children, information governance and the management of emergencies in the dental chair.
- The central log for mandatory training we saw confirmed that all staff working in the clinics across the service had either attended the required mandatory training or were booked to do so. The service managers were diligent in their management of staff in relation to mandatory training.
- All staff undertook yearly training in CPR appropriate to the clinical grade of the member staff. For example staff involved in providing relative analgesia sedation or general anaesthetic services undertook training in Intermediate Life Support Techniques. This was in accordance with the new guidelines recently published by the Royal College of Surgeons and Royal College of Anaesthetists in April 2015.
- We saw that external dental bank and out of hours staff were required to provide evidence that they had completed update training in the core mandatory areas and the service maintained records showing this training had been carried out.

Assessing and responding to patient risk

- We were told that prior to carrying out domiciliary visits the service assessed the risk to patients and staff adopting the principles of the British Society for Disability and Oral Health guidelines for domiciliary care. This involved assessing the patient's medical and social needs in relation to dental treatment and the condition of the home environment before carrying out invasive dental procedures.
- At the two sites we visited there was a range of equipment to enable staff to respond to a medical emergency. This included an Automated External Defibrillator, emergency medicines and oxygen. The emergency medicines were all in date and stored securely, with emergency oxygen, in a central location known to all staff. This was in line with the Resuscitation UK and British National Formulary (BNF) guidelines.
- In the event of a patient's condition deteriorating during surgery, the patient would be managed by the anaesthetist in theatre. In the dental clinic setting, the dentist would call for assistance from the emergency services if a patient's medical condition deteriorated in line with published guidance from the Resuscitation Council UK and the British National Formulary and the annual update training staff received in life support techniques.
- Dentists carried out important checks before patients received inhalation conscious sedation. We saw records showed that the dentist had checked the medical history, ability to breathe through the nose, time of last meal and the availability of an escort. These checks were carried out by the dentist to determine if the patient was suitable to undergo this type of procedure.
- Throughout our inspection visits we looked at a sample of eight dental treatment records across the service. Dental staff always recorded patient safety and safeguarding alerts. For example medical histories were always taken by dentists and updated when patients attended for dental treatment. These histories included any allergies and reactions to medication such as antibiotics.

Staffing levels and caseload

- There were sufficient staff to meet the needs of the service with 34.57 whole time equivalent staff in post (as at 30 September 2015). The service had a vacancy rate of 5% and a sickness rate of 10.6% (as at 30 September 2015). However on the day of our visit we saw that the sickness rate had fallen to 2.01%.

Good

Are services safe?

- There were 18 dentists across the clinics, who were supported by 23 dental nurses. Some of the dental nurses had further training in conscious sedation and general anaesthesia in relation to dentistry. Staff worked across the dental clinics to ensure clinics had appropriate staff grades at all times.
- Two dentists we spoke with felt that they had adequate time to carry out clinical care of the patient. They had sufficient clinical freedom within the service to adjust time slots to take into account the complexities of the patient's medical, physical, psychological and social needs.
- The appointment diaries at each location showed that appropriate appointment slots were allocated for both patient assessment and treatment sessions.

Managing anticipated risks

- There were systems and processes in place to identify and plan for patient safety issues in advance and these included any potential staffing and clinic capacity issues.

Major incident awareness and training

- We were told that staff were aware of the way in which major incidents would be managed through the normal fire and health and safety mandatory training programme.

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 have rated this service as good for effective. This is because:

- Services were evidence based and focused on patients' needs.
- We saw examples of effective collaborative and team working.
- All staff received professional development appropriate to their role and learning needs.
- Staff, registered with the General Dental Council had frequent continuing professional development and met their professional registration requirements.

Evidence based care and treatment

- Clinical dental leads were assigned across the service to ensure that best practice guidelines were implemented and maintained. This included clinical leads in special care dentistry, prison dentistry and children's dentistry. Because these dentists held a special interest in these specialisms they were able to cascade the most recent best practice to other members of the dental team.
- Shropshire Community Dental Service delivered dental general anaesthesia (GA) and conscious sedation services according to the standards set out by the dental faculties of the Royal Colleges of Surgeons and the Royal College of Anaesthetists 'Standards for Conscious Sedation in the Provision of Dental Care 2015'.
- We saw that the service had in place a written protocol for delivering safe and effective conscious inhalation sedation to patients in line with current professional standards. This protocol detailed the services criteria for accepting patients and the clinical governance processes and procedures that underpinned the delivery of safe care.
- The dentists, therapist and dental nurses used national guidelines to ensure patients received the most appropriate care. This included the guidance produced by the British Society for Disability and Oral Health and the Faculty of General Dental Practice. Dentists, the therapist and dental nurses we spoke with were fully conversant with these guidelines and the standards which underpinned them.
- The service used the Department of Health's 'Delivering Better Oral Health Toolkit 2013' when providing preventative advice to patients on how to maintain a healthy mouth. This is an evidence based tool kit used for the prevention of the common dental diseases.

Pain relief

- Dentists assessed patients appropriately for causes of pain and other urgent symptoms.
- For example, very young children in pain received general anaesthesia under the care of a hospital anaesthetist for the removal of multiple decayed teeth. The patient records we saw confirmed that this was the case.
- Patients were appropriately prescribed local anaesthesia by dentists for the relief of pain during dental procedures such as dental fillings and extractions.

Nutrition and hydration

- Children and adults having procedures under general anaesthetic were advised by dentists, doctors and dental nurses tonot eat for six hours before surgery but were able to have sips of water up to two hours before surgery. Patients undergoing conscious sedation also received appropriate advice from dentists and dental nurses.
- We saw examples of patient information leaflets detailing nutrition and hydration advice that had been developed by dental staff.
- We observed dentists providing this advice about healthy diets during consultations.

Patient outcomes

- We saw evidence of a rolling programme of local audits to monitor safety performance including safe site

surgery compliance, infection control, radiographs, and adult patient satisfaction following care received at Shrewsbury Dental Access Centre. There were no areas of concern identified by the audit outcomes. The infection control audits used the Infection Prevention Society audit tool for primary dental care. These audits showed over 90% compliance. The audits for radiography showed the quality of X-ray films were within the national recommended thresholds.

- The six monthly infection control audits we saw using the audit tool of the Infection Prevention Society (a national society) showed that although the locations we visited at Dawley and Castleforgate were not at best practice, they were meeting Essential Quality Requirements set out in HTM 01 05. Although these two locations were not at best practice requirements the standards of cleanliness was high and the processes for decontamination were robust.
- There were no incidents of wrong tooth extraction during the removal of teeth under general anaesthesia.
- The radiographic audits we saw showed that the levels of radiographic quality were good and were within the nationally agreed tolerances described in the Faculty of General Dental Practice Selection Criteria for Dental Radiography guidelines which were published in 2013. This prevented patients from unnecessary exposure to radiation.

Competent staff

- The Clinical Director of the service told us they encouraged dentists within the service to undertake additional professional training to provide services to an ever-increasing complexity of patient. In gaining extra qualifications and experience in special care and paediatric dentistry this enabled patients to receive care and treatment closer to home rather than the service referring patients to the nearest dental hospital which is 50 miles away.
- Several dentists were on the specialist list of the General Dental Council for Special Care Dentistry. These dentists could then provide care and treatment to patients who were at the severe end of the disability spectrum or who had very complex medical needs which could impact on the delivery of dental care. These specialist dentists also provided treatment planning advice to other dentists working in the service who were less experienced in dealing with patients at the more severe end of the disability or medically compromised spectrum.
- All dental nurses employed by the service had passed the National Examining Board for Dental Nurses Certificate in Dental Nursing.
- Other dental nurses had taken post qualification courses in General Anaesthesia and sedation, dental radiography, fluoride varnish applications and oral health education.
- All staff had received regular annual appraisal. The Clinical Director and senior dentists appraised the dentists and the senior dental nurses in turn appraised the basic grade dental nurses. We saw examples of the process that dental nurses go through as part of the appraisal system and found that the end-to-end process was completed in full.
- One dentist we spoke with explained the appraisal process from the dentist's point of view. Each dentist maintained their file with evidence of a current appraisal of clinical competencies and evidence of communication, management and leadership, professionalism and teaching and training commitments. The dentist's appraisal file also contained a professional development plan, details of continuing professional development.

Multi-disciplinary working and coordinated care pathways

- When patients presenting with a spectrum of special needs were referred into the service for continuing care they entered a pathway. This pathway progressed from very intensive one to one compassionate care, often termed tender loving care (TLC), through to a combination of TLC and inhalation sedation for patients who do not respond to TLC and finally treatment under general anaesthesia for those patients whose treatment cannot be provided in the normal way.
- There was effective and collaborative working across disciplines involved in patient's care and treatment. For example, patients would often present with complex medical conditions requiring consultation with the patient's GP and or consultant physician or surgeon.

Good

Are services effective?

- The service maintained close working relationships with health visiting and learning disability teams to ensure that vulnerable groups requiring dental care can secure ready access to treatment and care as the needs arise.

Referral, transfer, discharge and transition

- There were clear referral systems and processes in place to refer patients into the service. The dental service and commissioners of services had developed this approach to ensure efficient use of NHS resources.
- Patients were seen by the dental service for single courses of treatment for sedation services or general anaesthesia. Patients were then discharged by the service to their referring general dental practitioner with a discharge letter detailing the treatment carried out by the service.
- Patients attending for urgent care treatment could be offered continuing care in one of the salaried dental practices to ensure that their oral health needs were met on an ongoing basis, if they met the acceptance criteria of the service.

Access to information

- Staff used paper records for the clinical notes and electronic records for patient generic information that were aligned with the trust's systems.
- Paper records would be used on domiciliary visits and any information that was required in an electronic format would be transferred to the computer system when the dental team returned to their base clinic.
- Although we were told that improvements could be made in the IT system in relation to the ability to share digital X-ray images, the dental computer software system used enabled clinical treatment records to be maintained and could be accessed easily by all members of staff when required.
- All staff had access to best practice and evidence based guidance in relation to information governance through mandatory training and trust policy that was available on the trust intranet.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- There was a system for obtaining consent for patients undergoing general anaesthesia, relative analgesia sedation and routine dental treatment.
- The consent documentation used in each case of general anaesthesia and relative analgesia sedation consisted of the referral letter from the general dental practitioner or other health care professional, the clinical assessment including a complete written medical, drug and social history. NHS consent forms were used by each dentist as appropriate during the consent process for each patient.
- We observed six treatment records that demonstrated that the systems and processes for obtaining consent by dentists were carried out.
- Arrangements were in place to ensure staff understood the requirements of the Mental Capacity Act 2005 and applied these requirements when delivering care. Data provided by the trust during the inspection showed that 96% of staff had completed training on the Mental Capacity Act 2005.
- Staff we spoke with understood the legal requirements of the Mental Capacity Act 2005 and had access to social workers and staff trained in working with vulnerable patients, such as their safeguarding lead.
- Where adults or children lacked the capacity to make their own decisions, staff sought consent from their family members or representatives. Where this was not possible, staff made decisions about care and treatment in the best interests of the patient and involved the patient's representatives and other healthcare professionals.
- Staff we spoke with were familiar with the concept of Gillick competence in respect of the dental care and treatment of children under 16. Gillick competence was used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Good

Are services caring?

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

Summary

We have rated this service as good for caring. This is because:

- We observed that patients and their carers were supported and involved with their treatment plans.
- Staff displayed compassion, kindness and respect at all times.
- Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were with dentists. Conversations between patients and dentists could not be heard from outside the treatment rooms which protected patients' privacy.

Compassionate care

- NHS Friends and Family Test (FFT) data provided by the trust showed that 97% of respondents were positive about dental services.
- During our inspection observed a patient's treatment session. We saw staff treating patients with dignity and respect. Staff treated patients in a sensitive and supportive manner. We heard and observed staff using language that was appropriate to the patients' age or level of understanding.
- Staff were compassionate and considerate of people's anxieties and provided them with reassurance and were clear about the treatment. They allowed the patient time to respond if they were not happy or in pain.

Understanding and involvement of patients and those close to them

- Patients and their families were appropriately involved in and central to making decisions about their care and the support needed. To facilitate this aim, the dentists were able to determine the most appropriate length of the appointment dependent upon the complexity of the patients disability or medical condition so that extra time could be given to discuss with the patient and their carers the prescribed treatment.
- We observed one treatment session where a patient with special needs who was at the more severe end of the spectrum was being treated. We saw that the dentist and the dental nurse were providing caring and gentle support enabling the patient to get through their dental appointment as comfortably as possible. The dentist also involved the patient's parent during treatment and in the decision making for the follow-up appointments for the completion of the course of treatment. We also saw that the parent made a contribution in helping the dentist to understand what the patient was trying to communicate about the treatment that was being proposed.
- With respect to patient satisfaction we saw survey results detailing the comments of 155 patients who were seen at the Shrewsbury Dental Access Centre. The comments revealed that the patients had received good outcomes in relation to the friendly approach of the staff, the reassurance given when patients were undergoing difficult procedures and the painlessness of the treatment provided.

Emotional support

- Staff were clear on the importance of emotional support needed when delivering care.
- We observed positive interactions between staff and patients, where staff knew the patients very well and had built up a good rapport.
- Through our discussions with staff, it was apparent that they adopted an holistic approach to care.

Good

Are services responsive to people's needs?

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

Summary

We have rated this service as good for responsive to people's needs. This is because:

- People could access services in a timely way that suited them.
- The service had met waiting times targets for an initial assessment for general anaesthesia and for special needs adults treatment and children under general anaesthesia.
- Patients from all communities could access treatment if they met the service's criteria.
- The service had a proactive approach to understanding the needs of different groups of people.

Planning and delivering services which meet people's needs

- To assist with the national planning of dental services the service carried out dental epidemiological survey's on children and some adult groups as part of the national epidemiology programme undertaken under the auspices of the national public health observatory.
- Information from these surveys can then be used by the local Consultant in Dental Public Health in conjunction with NHS England and local authority Health and Wellbeing Boards to plan and prioritise local dental services.
- Also involved in the planning of local services are the Local Professional Network for dentistry. These work closely with local authorities and Public Health England to deliver and develop cohesive Oral Health strategies and associated commissioning plans
- One of the senior dentists we spoke and the Clinical Director liaised with the Local Dental Committee and Local Professional Network for dentistry. This enabled them to influence these bodies with respect to the needs of the community dental service and the important role that they play in the delivery of patient care.
- We saw the dental service specification for Shropshire Community Dental Service which reflected the commissioning intentions of the local commissioners of services through the core clinical services that the Community Dental Service provides; special care and children's dental services, urgent services through the dental access centres, community dental practices and the out of hours emergency dental services.
- The facilities we observed at Shrewsbury Dental Access Centre were safe and appropriate for the delivery of urgent and out of hours care and the facilities at Dawley Dental Clinic were appropriate for the delivery of special care and children's dental services.

Equality and diversity

- At each location we visited, the trust had made adjustments to buildings to enable patients with various disabilities to access the service easily.
- This was facilitated for example by ground floor access to services for wheel chair user patients and other patients with mobility difficulties.
- The service had access to telephone interpreter for patients whose first language was not English.
- The training records we looked at indicated that 96% of staff had up to date training in equality, diversity and human rights as part of the rolling programme of mandatory training. This was against a trust target of 85%.

Meeting the needs of people in vulnerable circumstances

- To meet the needs of vulnerable people in society the service provided a number of services, including:
  - Special care and children's dentistry services for patients who needed specialised dental care approaches that were not available in general dental practice
  - Patients suffering from spinal injuries at the Robert Jones and Agnes Hunt Orthopaedic Hospital.
  - Service provision extended to patients with physical, sensory, intellectual, mental, medical, emotional or social impairments or disabilities including those who are housebound.

Good

Are services responsive to people's needs?

- Shropshire Community Dental Service offered inhalation conscious sedation in selected clinics when treatment under local anaesthetic alone was not feasible because of dental anxiety and phobia.
- The service also provided general anaesthesia as necessary for the very young, the extremely nervous, patients with special needs such as severe learning disabilities and patients who need multiple extractions. These services were provided through three hospitals in Shropshire.
- Dental services were provided for patients at HM Stoke Heath Prison and Young Offenders Institute.

Access to the right care at the right time

- Patients who were in need of urgent dental treatment and did not have access to an NHS dentist could access the service Monday to Friday 9.00am to 5.00pm.
- Patients could also access treatment on Saturday, Sunday and Bank holidays between 9.00am and 12 noon.
- Patients requiring advice or treatment outside of these hours could access the out of hours service between 7.00pm and 9.00pm.
- The service had an on call dentist available between 7.00pm and 9.00pm Saturday, Sunday and Bank holidays.
- Access to domiciliary care was determined by assessing the patients ability to access a clinic in the normal way using a domiciliary dental care request form which patients can access from the services web site.
- The service monitored waiting times for patients undergoing treatment under general anaesthesia.
- Service waiting times for an initial assessment for general anaesthesia at each hospital were within two and a half to eight weeks dependant on the hospital. The waiting times for special needs adults' treatment under general anaesthesia were eight weeks or less. This is against a target of 18 weeks. Following their initial assessment, patients were then seen promptly for their active treatment.
- Patients were referred to the community dental service by general dental practitioners and other health professionals for short-term specialised treatment. A set of acceptance and discharge criteria had been developed by the service and commissioners so that only the most appropriate patients were seen by the service.
- On completion of treatment, dentists discharged the patient back to their own dentist so that ongoing treatment could be resumed by the referring dentist. A discharge letter was always sent by the service to the referring practitioner following completion of treatment.
- Internal referral systems were in place, should the dental service decide to refer a patient on to other external services such as the salaried dental practices, local maxillofacial services and the local dental hospital.
- Protocols were in place describing how patients were discharged from the service following general anaesthesia or relative analgesia conscious sedation. Protocols we saw described how patients were discharged in an appropriate, safe and timely manner.
- During the discharge process staff made sure the patient or responsible adult had a set of written post-operative instructions and understand them fully. Patients and their carers were given contact details if they require urgent advice and or treatment. The service had developed bespoke patient information leaflets that detailed these instructions.
- At each location we visited, we observed clinics that ran to time and were not overbooked; this minimised delays for patients. Patients were kept informed of any delays by dental staff and were offered the opportunity to rebook appointments if clinics overran.

Learning from complaints and concerns

- Written information in the form of posters were displayed in every clinic informing people how to raise concerns and complaints.
- We saw minutes from staff meetings that showed both formal and informal complaints were discussed to allow learning and reflection to take place.
- The service had received six complaints between October 2014 and October 2015. Three complaints related to treatment and advice, two related to staff

Good

Are services responsive to people's needs?

attitude and one complaint was about a delay in treatment. We saw that the complaints had been responded to appropriately and action taken where required.

- During the same period the service received nine compliments.

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 have rated this service as good for well-led. This is because:

- Governance arrangements were proactively reviewed and reflected best practice.
- There was effective leadership of the service, with an emphasis on driving continuous improvement.
- The local management team were visible and the culture was seen as open and transparent.
- There was strong collaboration and support across all of the service with a strong emphasis on improving the quality of care.
- Staff were aware of the way forward and vision for the organisation and said that they felt well supported and could raise any concerns with their line manager.
- Staff at all levels were actively encouraged to raise concerns.
- There were high levels of staff satisfaction across all staff groups.
- Team meetings and staff surveys demonstrated that the service engaged all staff.
- Staff members told us the service was a good place to work and that they would recommend it to family members or friends.

Service vision and strategy

- The service had in place a service specification which described the service, the expected outcomes and the range of services the service was expected to provide.
- The service had in place a standard NHS Personal Dental Services contract which reflected the aims and objectives of the commissioners in terms of improving access to NHS dental services and the delivery of their contracted UDA activity target. The data we saw for 2014-15 indicated that the service was very efficient in the delivery of services, and were providing more activity than their target required.
- The trust had a clearly articulated vision and set of values which staff within the service were aware of and understood.

Governance, risk management and quality measurement

- The dental service had in place a set of governance procedures that aimed to satisfy all relevant UK and European legislation. Policies and procedures satisfying these criteria were available to all staff on the services'.
- All locations had in place protocols and procedures dealing with the main areas of clinical practice pertinent to the delivery of dental care. This included the provision of general anaesthesia and conscious sedation, radiation, infection prevention control, medicines management and dealing with common medical emergencies during dental treatment and reducing the risk of contracting Legionella during dental care.
- The dental management team were responsible for sharing information upwards to the trust managers and downwards to the clinicians and dental nurses on the front line. The structure in place appeared to be effective which was confirmed when we spoke to various members of staff and the examples of the minutes of staff meeting we observed. They were responsible for the safe implementation of policies and procedures in relation to infection control, dealing with medical emergencies and incident reporting.
- We found that the systems for monitoring the quality of care were always complete and up to date. This included the daily, weekly, quarterly and annual maintenance schedules and checks of equipment, medicines and materials used for the provision of dental care. For example the were shown the systems in place to ensure that the autoclaves used in the decontamination process were working effectively at Shrewsbury Dental Access Centre. It was observed that the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were always complete and up to date.

Good

Are services well-led?

- The community health divisional risk register includes six risks that are related to dental services. One risk is rated as "low" risk, this relates to Practices at Market Drayton, Craven Arms, Dawley Bridgnorth, Castle Foregate being non-compliant with decontamination best practice. The other six risks are rated as "medium" risks. These risks related mostly to staffing and IT issues.

Leadership of this service

- The Clinical Director and Dental Service Manager maintained overall responsibility and accountability for the running of the service.
- The Clinical Director told us that to improve accountability and engender a culture of individual responsibility they had devolved responsibility to other members of the team. For example, two of the senior dental officers had been given responsibility for delivering the prison dental services and domiciliary care. This also enabled the work load to be evenly distributed. The relevant staff we spoke to welcomed this approach.
- We spoke to dentists, therapist, dental nurses and administrative staff who said they felt they had a forward thinking and proactive professional lead who was well supported by senior managers within the trust.
- Staff confirmed that they felt valued in their roles within the service and the local management team were approachable, supportive and visible at all times.
- Clinicians stated that there was an open door policy to the Clinical Director for professional support and advice at all times.

Culture within this service

- The culture of the service demonstrated to be that of continuous learning and improvement. This was facilitated by clinical staff being encouraged by the Clinical Director to undertake additional training and taking post graduate clinical qualifications. For example, one of the senior dental officers was undertaking a post graduate diploma in conscious sedation. When this individual has finished their training the service will be in a position again to undertake intravenous conscious sedation for patients.
- Staff were committed to provide the best care possible for every patient. This was demonstrated to us when we observed the patient treatment session at Dawley Dental Clinic and speaking to a senior dentist at Shrewsbury Dental Access Centre.
- We observed staff who were passionate and proud about working within the service and providing good quality care for patients.
- The NHS staff survey for 2015 did not identify results for community dental services. However, the results for children and family services (which includes dental services) were very positive. Scores relating to motivation at work and recommending the trust as a place to work were better than the national average. Scores relating to staff feeling recognition and value were also positive.
- 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 their dedication to what they did. Staff knew about the organisation's values and beliefs, including the organisation's commitment to patients and their representatives.

Public engagement

- The service undertook regular patient satisfaction surveys. We saw the collated patient experience survey for Dawley, Oswestry and Shrewsbury clinics based on 143 completed forms that patients were satisfied with the cleanliness of the locations, helpfulness of the staff and the involvement in the decisions about treatment.
- The latest Family and Friends Test analysis showed that 97% of patients were extremely likely or likely to recommend the service to family or friends.

Staff engagement

- We saw that team meetings were an opportunity where the staff could come together to discuss the performance of the service.
- The open door policy of the Clinical Director and their 'hands on' approach providing practical clinical advice, help and guidance to clinical colleagues provided a collegiate atmosphere for all members of the dental team and in turn meant good clinical outcomes for patients.

Good

Are services well-led?

- The NHS staff survey for 2015 demonstrated a high engagement score of 3.89 compared to the national average of 3.82 for children and family services (which includes dental services) were very positive.

Innovation, improvement and sustainability

- All staff had the opportunity to take further qualifications to enhance the patient experience dependent on the outcome of their appraisal and subsequent PDP. The nurse manager described how the dental nurses had undergone additional training in dental radiography, fluoride varnish applications and oral health promotion which enabled the service to provide enhanced care for patients.
- A number of the dentists had additional post graduate degrees and diplomas which enabled the service to provide increasingly complex care to an increasingly complex and diverse patient base. Staff were supported in accessing and attending training, ensuring they had the appropriate skills and training to make effective clinical decisions and treat patients in a prompt and timely manner.