

The Rotherham NHS Foundation Trust

Rotherham Community Health Centre, The Flying Scotsman, New Street Health Centre.

Community dental services

Quality Report

The Rotherham NHS Foundation Trust
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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RFRHC	Rotherham Community Health Centre	The dental department	S601RY
RFRCS	The Flying Scotsman Centre, Doncaster	The dental department	DN1 3AP
RFRX1	New Street Health Centre, Barnsley	The dental department	S70 1LP







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

Summary of findings

Ratings

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

Summary of this inspection

	Page
Background to the service	4
Our inspection team	4
How we carried out this inspection	4
What people who use the provider say	5

Detailed findings from this inspection

Findings by our five questions	7
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Summary of findings

Background to the service

The Rotherham NHS Foundation Trust provides community dental services at various clinics across the Rotherham, Doncaster and Barnsley districts. The Community Dental Service is a referral service providing dental advice and treatment for children and adults with specialised treatment needs who cannot use a general practice dentist. The service also includes a domiciliary service to those who are housebound in their own home or in residential and care homes.

A hospital-based general anaesthetic service is offered at Rotherham and Doncaster general hospitals.

Referrals to the Community Dental Service can be made by dentists, doctors, social workers and other healthcare professionals.

The Community Dental Service specialised treatment needs, include:

- Behaviour/anxiety management problems (children only)

- Learning/physical disabilities
- Medical problems
- Social issues (children only)
- Complex physical disabilities
- Severe mental health problems
- Older people who are housebound.

Dental students and hygiene therapy students from the University of Sheffield are an integral part of the Community Dental Service in Rotherham and the Dental Access Service in Doncaster, providing dental care for patients where appropriate. All students are supervised through every stage of their treatment provision.

The Community Dental Service also includes the Dental Access Centre based in Doncaster and co-located with the service. The Dental Access Centre operates seven days a week via the NHS 111 phone service for referrals. It covers the South Yorkshire and Bassetlaw region.

Our inspection team

Our inspection team was led by:

Chair: Dr Jane Barrett, Chair Thames Valley Clinical Senate

Head of Hospital Inspections: Carolyn Jenkinson, Head of Hospital Inspection, Care Quality Commission

The team included two CQC inspection managers, 12 CQC inspectors and a variety of specialists including: consultant surgeon, consultant in respiratory medicine, a consultant paediatrician, consultant intensivist, a GP, a

student nurse, two midwives, two executive director nurses, a governance expert, an occupational therapist, a speech and language therapist, a matron, two community adult specialist nurses, one health visitor, one school nurse, a physiotherapist, a head of children's nursing and a dentist. We were also supported by two experts by experience who had personal experience of using or caring for someone who used the type of services we were inspecting.

How we carried out this inspection

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

- Is it safe?
- Is it effective?

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

Summary of findings

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew.

As part of our inspection, we visited four of the main clinic sites providing the Community Dental Service at: Swallownest Dental Clinic; Aston Customer Service Centre, Sheffield; the Dental Department, New Street Health Centre, Barnsley; the Dental Department, Rotherham Community Health Centre; and the Dental Department, The Flying Scotsman Centre, Doncaster (including the Dental Access Centre).

All community dental clinics at Wath, Maltby, Mexborough, Thorne, The Opal Centre, Cudworth, Goldthorpe, and the Aston Customer Service Centre operate on a part time basis.

We spoke with patients who used the service, their relatives and carers who were supporting them during their visit. We spoke with staff at all sites including the clinical director, nurse service managers, dentists, dental nurses and reception staff. We observed treatment and looked at a range of records, policies and procedures.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment delivered by the trust.

What people who use the provider say

We spoke with over 40 people who attended our listening event. Some people were very positive about the care they had received at the trust. Other people were less positive about their care. We did not hear any comments about the dental services at the listening event.

The NHS Family and Friends (FFT) is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.

The trusts performance in all of the NHS Friends and Family tests in January 2015 was largely positive.

- The trust scored higher than the England average of 96% for the inpatient FFT, with 98% of patients recommending the inpatient services provided by the trust. a total of 361 patients responded to this question.
- The trust scored slightly lower (worse) than the England average of 87% for the A&E FFT, with 73% of patients recommending the service. A total of 997 patients responded to this question.
- The trust scored higher (better) than the England average of 96% for the antenatal question in the maternity NHS FFT, with 100% of women recommending this service.
- The trust scored higher (better) than the England average of 97% for the birth question in the maternity NHS FFT, with 99% of women recommending this service.

- The trust scored higher (better) than the England average of 93% for the post natal ward question in the maternity NHS FFT, with 100% of women recommending this service.
- The trust scored higher (better) than the England average of 97% for the post natal care in the community question in the maternity NHS FFT, with 100% of women recommending this service.

From April 2014, the staff NHS Friends and Family Test was introduced to allow staff feedback on NHS services based on recent experiences to be captured. Staff were asked to respond to two questions. The “care” question asks how likely staff are to recommend the NHS service they work in to friends and family. The “work” question, asks how likely staff would be to recommend the NHS service they work in as a place to work.

The trusts scores in this test were lower (worse) than the England average. Fifty seven per-cent of staff would recommend the trust for care and 43% would recommend as a place to work. The England averages were 77% for the care question and 61% for the work question.

The trust had a total of 29 reviews during 2013-14 on the NHS Choices web site. Fifty nine per cent of these were positive and 41% negative. On the Patient Opinion website there were 133 reviews, of which 70% were positive and 30% negative. In February 2015, the Patient

Summary of findings

Choices website gave the trust an overall rating of 3.5 stars out of a possible five which meant patients had rated this hospital as they would be “likely to recommend” it.

The CQC Adult Inpatient Survey was carried out between September 2013 and January 2014. A total of 367 patients responded to the survey. The overall score for the trust was about the same as other trusts. There were ten areas of questioning in this survey and nine out of the two areas were about the same as other trusts, but the questions relating to the hospital and wards scored worse than other hospitals. This was due to the response to the questions relating to food quality, food choice and single sex accommodation.

In the Survey of Women’s Experience of Maternity Care (CQC 2013), the trust performed about the same as other trusts in all of the four areas. The survey asked women a number of questions relating to their labour and birth, the staff who cared for them and the care they received in hospital following the birth.

The National Cancer Patient Experience Survey 2012/2013 was designed to monitor national process on cancer care. The trust was performing within the top 20% of trusts for 16 of the 34 areas, the middle 60% of trusts for 13 areas and in the bottom 20% of trusts for five areas. The areas where it was performing well better were:

- Patients not been given conflicting information
- Privacy when discussing condition/treatment
- Being able to discuss fear
- Treated with respect and dignity
- Given clear information
- Feeling they were given enough care
- Health got better or remained about the same while waiting for treatment

- Seen as soon as necessary
- Given a choice about the types of treatment
- Given the name of the nurse in charge of their care, given information of who to contact post discharge
- GP was given enough information
- Had confidence in the doctors treating them
- Did not feel doctors talked in front of them as if they were not there
- Had confidence in ward nurses
- Saw GP once or twice before being told they had to go to hospital.

The areas they scored in the bottom 20% were:

- Hospital staff told patient they could get free prescriptions
- All staff asked patient what name they preferred to be called
- Staff definitely did everything to control side effects of chemotherapy
- Hospital staff gave information about support groups
- Staff gave complete explanation of what would be done.

The patient-led assessment of the care environment (PLACE) programme are self-assessments undertaken by teams of NHS and private/independent healthcare providers and include at least 50% members of the public. They focus on the environment in which care is provided, as well as supporting non-clinical services, such as cleanliness, food, hydration, and the extent to which the provision of care with privacy and dignity is supported. The outcomes of the patient led assessments of the care environment for 2014 showed that the trust was rated worse than the England average for all areas.

The Rotherham NHS Foundation Trust

Community dental services

Detailed findings from this inspection

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

Good 

Are community dental services safe?

By safe, we mean that people are protected from abuse

The safety in the community dental service was good.

There were systems and processes in place to keep people safe. Staff knew how to report incidents and near misses and there was evidence of learning from these. There were good infection prevention and control procedures in the clinics, which were exceptionally clean. Staff demonstrated a good working

knowledge of decontamination best practice and had no concerns in this area.

Equipment was serviced regularly and was checked before use. Medicines were stored safely and audits were in place to monitor their usage.

Staff could fully describe their responsibilities towards safeguarding patients in their care and we found that, where concerns had been raised, the appropriate procedures had been followed. A comprehensive training programme was in place to support and maintain this knowledge.

Records were in very good order and consent was taken prior to procedures being carried out.

There were procedures in place to assess and respond to patients risks. Patients' medical history was routinely checked and obtained and individual risks were identified. Emergency equipment was available for the clinic and the home-visit service.

Incident reporting, learning and improvement

- All the staff we spoke with were aware of, and had access to, the trust's online incident reporting system. Staff told us there was an open culture for reporting incidents, including 'near misses' – incidents that had not occurred but potential risks had been identified. One dental nurse told us they reported a near miss when dental instruments went missing on return from the central sterilisation service as this had the potential to disrupt services, therefore affecting patient care.
- The clinical director told us they reviewed all incident reports and gave feedback to the staff on any learning required. The staff confirmed they received regular feedback by email, during staff meetings and team briefs.
- We looked at the incidents reported by the Community Dental Service from October to December 2014. We

found staff were aware of the learning that had been shared with them and had implemented the actions to improve practice where required. One incident in November 2014 involved the exposure of a patient to unnecessary radiation due to operator error. We saw that this had been reported through the correct procedure and no further action was required.

Cleanliness, infection control and hygiene

- All the locations we visited were exceptionally clean. Due to the various contract arrangements of each community location, the external cleaning contractors were all different. However, each clinic had a 'social' cleaning rota in place which meant it was the responsibility of staff to maintain cleanliness and hygiene on a regular and monitored basis.
- Hand gel dispensers were available throughout the clinic areas and the staff had plenty of access to personal protective equipment such as disposable gloves, aprons and masks. The trust's monthly Saving Lives infection control audit conducted in 2014 showed a 100% compliance rate in September and December for staff adhering to the 'bare below the elbows' dress code for best hygiene practice.
- The service at all sites used the trust's central sterile services department (CSSD) for the decontamination of reusable instruments. The CSSD was compliant with the Medical Devices Regulations 2002 and registered with the Medicines and Healthcare products Regulatory Agency (MHRA).
- Staff demonstrated the correct procedures for the transfer and processing of instruments using the CSSD service. We saw that instruments were all sealed in individual pouches and were correctly dated for stock control, in line with best practice. The staff explained how the instruments were rotated and monitored to ensure they were in date and safe to use.
- Dedicated hand-washing facilities were available in every clinical room.

Maintenance of environment and equipment

- Maintenance contracts were in place for the specialist equipment. Most of the equipment was maintained by the dental companies.
- Staff told us there were on-going issues with the x-ray equipment at the Doncaster clinic. They also said this had not affected patient care as the engineer was always quick to respond to a call out.

- Staff at the Barnsely clinic told us the building was maintained well by the trust and there were no on-going issues, apart from the heating which was centrally controlled. (The administration office was very warm.)
- Legionella testing was done by the trust's estates department or by the building maintenance contractor. All checks were in order and certificates were in place.
- We saw checklists and audits for water testing on the dental units. Each clinic was compliant with this testing and displayed a certificate. This meant the clinics met the recommended good practice guidelines issued by the Department of Health (Decontamination in primary care dental practices HTM 01-05)
- Staff cleaned treatment areas, work surfaces, dental chairs and other required equipment in between each patient use. We saw that a thorough cleaning regime was undertaken by the staff on each occasion we observed patient care.
- Emergency equipment was available at all the sites. The equipment included emergency drugs, oxygen and defibrillators. Portable kits were also available for any home visits. We saw that daily and weekly checks had been carried out on the equipment to ensure it was complete and ready for use.

Medicines management

- Medicines were stored correctly in locked cupboards in all the clinics. Emergency drugs were removed from the cupboard each day and placed on the emergency trolley. The drugs were locked away at the end of each day.
- We saw that regular checks had been done to check on the expiry dates of the medicines and equipment. We looked at a clinical audit for record-keeping of local anaesthetic administration. The audit demonstrated 100% compliance with recording batch numbers of the drugs used.
- Staff had access to the medicines management policies on the shared computer files. Staff knew how to access the medicines and where to locate the emergency medicines.
- Medical gases were stored safely and correctly and were all in date.
- We observed one patient receiving a local anaesthetic. The batch number and expiry date were correctly recorded and the instruments disposed of safely in the sharps bin.

- The clinical director told us the administration of medicines was closely audited to ensure best practice was followed by the dentists in relation to administration of antibiotics.
- One patient told us they had been given clear instructions about the use and dosage of their medicines.

Safeguarding

- All staff were aware of the safeguarding policies and procedures in place at the Community Dental Service and Dental Access Centre. Staff were able to correctly identify the lead member of staff with responsibility for safeguarding in all the clinics we visited.
- We saw the safeguarding policies and procedures were accessible to all staff on the shared computer files. All the staff we spoke with were happy to raise any safeguarding concerns with their line managers.
- We saw where staff had recently raised a safeguarding concern regarding a child using the service. Accurate records had been kept, the correct procedure had been followed and feedback was given to the staff for future learning.
- The trust provided safeguarding training via its mandatory training programme. All staff had completed safeguarding training at a level that was appropriate for the role.
- Staff were able to fully explain the process for best interest meetings which provided a time for the dentist, the patient, relatives and/or carers to discuss the best course of dental treatment. We saw that these meetings were recorded fully in the notes.
- One staff member told us they were soon to access an external training course on 'safeguarding young people at risk of child sexual exploitation,' which they felt would increase their knowledge around child safeguarding.

Records and management

- Patients' individual care records were maintained in both electronic and paper format. Paper-based records were used at two locations. The clinical director informed us there were plans to move these records to the electronic system.
- We found that the records included essential patient information, including treatment plans, consent forms, medical histories and evidence of any discussion between the dentist and the patient and/or carer. These were all signed and dated correctly.

- We observed a medical history being checked and signed by the patient.
- We saw the clinics used a front-page summary sheet for each patient visit which highlighted the patient details, any medical alerts, family information and the category of special need. This meant that the essential information was easy for the dental team to access.
- Paper records were stored in a safe area and in accordance with the trust information governance policy.
- Staff were aware of information governance and had attended the trust training. The computer records were password protected.

Assessing and responding to patient risk and managing anticipated risks

- The Community Dental Service offered a full range of NHS dental services to vulnerable adults and children who met the referral and acceptance criteria for the service. These included those with special needs, social care referrals and those with severe anxiety and phobias towards dental treatment.
- Inhaled sedation was available at the main clinics in Rotherham, all Barnsley clinics and all but one of the clinics in Doncaster. Intravenous sedation was available in the main Rotherham clinic only. The inhaled sedation could be titrated which meant the mix of nitrous oxide and oxygen could be adapted to meet patient need.
- Patients requiring a general anaesthetic were referred to either Doncaster or Rotherham hospital. The patient would undergo a paper based assessment to ensure the patient was suitable to be seen by the community dental service. The patient would be seen by an anaesthetist prior to the procedure taking place to assess the risks.
- When undertaking local surgical procedures, the service used a checklist for dental care under general anaesthesia.
- The service used a questionnaire to assess the risks of doing a home visit for patients and staff. This enabled the staff to be fully prepared and to minimise the risk of the home-visit treatment.
- The clinical director was aware of the risks the service had highlighted on the trust's risk register. The highest risk was the lack of equipment available to treat bariatric (obese) patients. They told us a bid had been submitted for the required equipment.

- We observed good practices for radiation safety. The local rules were displayed in each x-ray room. Each piece of x-ray equipment had an individual log book to record safety checks, which was accessible in the room. The records were all complete and up to date.
- The service monitored the quality of radiographs taken within the Community Dental Service and the Dental Access Centre. We looked at the results from the 2014 audit. The quality of radiographs met the minimum required standards as set by the National Radiological Protection Board. A calibration exercise was undertaken with all the dentists in the Community Dental Service to look at the variation in grading quality between an 'good quality' and an 'excellent' radiograph to ensure

consistency in grading. This meant the service reviewed the quality of the radiographs with the staff so that the risk of repeat radiation for poor radiographs was kept to a minimum.

Staffing levels and caseload

- The service told us they were fully staffed. The staffing levels were managed effectively to ensure there was no disruption to service delivery. Staff worked across sites when required to cover any planned or unplanned leave.
- Staff told us that teams had a good skills mix. Nurses were trained as x-ray operators under the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R).

Are community dental 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.

The effectiveness of the community dental service was good.

The service worked in partnership with other services, such as general practice dentists, specialist educational units (schools) and care homes to provide coordinated and timely care to meet the needs of patients. People had a comprehensive assessment of their clinical needs, including their mental and physical health and wellbeing. Mental capacity was well-documented in patient records.

We saw staff received on-going mandatory and specialised training to meet the needs of the service and to support their own learning and development. Any new staff received an induction to ensure that they were able to undertake their role safely and effectively.

Staff told us there were regular audits and peer reviews to monitor service performance. The service was effective at monitoring and improving patient outcomes. A number of audits had taken place and

the results had been used to improve the service.

Treatment was given according to national guidance and available evidence of best practice from organisations such as the British Dental Association, National Institute for Health and Care Excellence (NICE) and the General Dental Council. The service had a five-year audit plan.

Detailed findings

Evidence-based care and treatment

- National and local guidance documents were listed in a comprehensive database. This was accessible to all staff.
- The guidance in use was in accordance with national best practice such as that issued by the British Dental Association, NICE and the General Dental Council.

Pain management

- We spoke with two patients who were positive about the way their pain had been managed.
- Local, intravenous or inhaled pain relief was administered according to the needs in the treatment plan, and only when the correctly trained staff and

suitable facilities were in place. Intravenous pain relief was only used in the Rotherham clinic. We observed a procedure using localised anaesthesia. Time was given to allow the anaesthetic to take effect prior to proceeding with treatment. Information leaflets were available to give advice on suitable pain relief for patients once they were at home.

Approach to monitoring quality and people's outcomes of care and treatment

- Staff regularly undertook audits to monitor performance. We looked at audits on patient records, trust consent forms and emergency kits. The notes audit done in 2013/14 demonstrated 100% compliance with a clinician signature being recorded, the correct form being used and all the risks documented.
- Patient records contained detailed information relevant to the effective delivery of care and treatment. These records were updated during and following patient appointments to ensure that information was up to date.
- Staff undertook regular audits following the five-year audit plan. The results of these were reported at staff meetings to ensure shared learning and agree actions to make any required improvements. For example, following the audit of patient notes, it was agreed that patients should be given more information leaflets. We saw that there were many leaflets available for patients.

Competent staff

- The staff we spoke with had all completed their mandatory training, and we saw evidence of this. Staff told us their training needs had been identified and agreed at appraisal and these had been acted on, for example, training on oral health. Staff were satisfied with internal and external training opportunities and felt they were well-supported in this area.
- There was evidence that staff had the appropriate qualifications to safely deliver patient care. Clinical staff, such as dentists and dental nurses, were registered with the General Dental Council who regulate dental professionals in the UK.

Are community dental services effective?

- Staff told us they were actively encouraged to take part in audits and continuing professional development. The community dental service benefited from having two of the dentists being post graduate tutors for the Deanery. This meant there was active teaching and training.

Multidisciplinary working and coordination of care pathways

- There was an obvious mutual respect between all the members of the community dentistry team including the Dental Access Centre. The teams showed great pride in working closely together for the benefit of patients. Staff spoke positively of the team work and how they felt able to deliver effective care in their individual roles.
- Staff worked in partnership with other specialists to ensure a patient-focused service. For example, they liaised with the maxillo-facial teams and anaesthetists when patients needed more complex assessments and treatment.

- The service worked closely with general dental practitioners in the area to develop good referral pathways.

Use of equipment and facilities

- We saw that equipment was used appropriately. The centres we visited all had modern treatment rooms and x-ray facilities. The rooms were bright and spacious.
- All of the premises had good waiting areas and accessible toilet facilities.
- We saw records of regular maintenance and servicing of specialist equipment by the manufacturer to ensure it was fit for purpose and safe for use.
- Staff we spoke with were happy with the facilities. There was concern over the frequency of x-ray equipment issues at the Doncaster site. Any problems were always resolved with a good response from the maintenance engineer but was an on-going concern.

Are community dental services caring?

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

The caring afforded to patients in the community dental service was good.

People were extremely positive about the care and treatment received. We saw that people were involved in their care and they were given time to ask questions about any aspect of their treatment. Throughout our visit we saw consistently good interactions between staff, patients and relatives or carers. People we spoke with felt their particular needs and concerns were understood and respected by staff their permission was sought before any treatment was given.

Staff we spoke with demonstrated that they cared about their patients and felt they offered a very person-centred service. We found staff to be proud and committed to providing a specialised dental service for patients in the area.

The staff were familiar with the patients' fears and took time to reassure and relax the patient without the need to use medication. There were pictorial explanations available, for example, on having an x-ray taken. This was provided to help patients with learning disabilities understand what to expect and minimise their fears.

Detailed findings

Dignity, respect and compassionate care

- All of the patients we spoke with made positive comments about the service and the care and treatment they received.
- Patients told us they were treated with dignity and respect and that staff were caring.
- Information from the patient satisfaction survey showed that people were happy with their care. We saw comments such as, "The staff are very friendly and helpful – easy to approach", and "the dentist is fantastic ... as my son has high anxiety".
- We observed staff treating patients with dignity and respect at all the locations we visited. We witnessed a kind, caring and compassionate attitude taken by the staff of the community dentistry service. This was evident, both in the interactions we observed, and in talking with staff about the service.

- The staff were familiar with the patients' fears and took time to reassure and relax the patient without the need to use medication. There were pictorial explanations available, for example, on having an x-ray taken. This was provided to help patients with learning disabilities understand what to expect and minimise their fears.

Patient understanding and involvement and consent

- During the consultations, we observed staff checking the understanding of the treatment and procedures being undertaken. One patient we observed was given a full explanation of what was happening in a clear and understandable manner and they were able to ask questions. The treatment was not rushed and time was given for on-going explanations.
- Guidance was available to staff in relation to consent. The policies were up to date.
- The service provided treatment and support to a large number of vulnerable patients, including those who lacked capacity to make decisions about the treatment. The clinical records we viewed provided evidence that consent was correctly recorded and the capacity issues had been taken in to account when making any treatment decisions. Meetings were held to discuss the best interests of patients needing treatment. The dentist we spoke with was able to fully explain the process they went through to ensure a best interest decision was discussed and recorded.

Emotional support

- Staff ask patients if they would like their relative or carer to accompany them in the treatment room. During one observation, the dentist positioned the parent of a child so they could be seen throughout the treatment. The dental nurse held the patient's hand and gave reassurance and praise when required.
- We observed the discharge process for one parent and child. A good explanation was given and the parent told us they felt reassured about what care to give at home and how to contact the service again if they needed further help.

Promotion of self-care

Are community dental services caring?

- The staff regularly undertook teaching sessions in local schools to promote self-care.
- People were given health information and dental hygiene leaflets to take home.
- The waiting areas displayed posters promoting self-care.
- During the appointments we observed, the dentists asked questions about each patient's current oral hygiene practice and gave suggestions on how this could be improved to prevent further problems.

Are community dental services responsive to people's needs?

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

The responsiveness of the community dental service was good.

People were referred to the Service who had been assessed as having complex or special needs, including learning difficulties, where treatment with a general dental practitioner was not possible. Staff understood the special needs of their patients and provided a comprehensive service to meet those complex needs. The dental service also provided a domiciliary (home visiting) service for people who were not able to attend the clinic due to illness or disability. They also provided the Dental Access Centre for those people not yet registered with a local dentist or who could not get urgent treatment at a more suitable time with their own dentist.

Waiting times for appointments for the Community Dental Service at Doncaster were 24 weeks in December 2014 and 20 weeks in January 2015. Work had been done with the local general dental practitioners to look at referral patterns and acceptance criteria to try and manage the number of referrals. There were three patients waiting longer than 18 weeks for a Community Dental Service general anaesthetic appointment in February 2015.

Obtaining feedback from patients was actively promoted and we saw evidence that information was used to improve the service. We did not see any performance or feedback results displayed in public areas, which meant there was no outward display of information for patients, relatives and carers to see.

There were suitable arrangements in place to respond to and investigate comments, complaints and concerns in a timely manner. Staff were able to describe what actions they would take to deal with any complaints or concerns.

Staff had access to a language interpreting service and were able to fully describe how to use it if required.

Detailed findings

Planning and delivering services which meet people's needs

- People were referred to the Community Dental Service who had been assessed as having complex or special needs, including learning difficulties, where treatment

with a general dental practitioner was not possible. The service also met the needs of children under 16 years of age with behavioural or management problems and others who were under social services care where treatment at a local dentist was not possible or suitable. The service responded to varying needs, for example, for patients on the autistic spectrum were sent a pre-visit questionnaire to assess their needs, a leaflet on what to expect from the dental visit and a booklet with photos of the clinic to be visited.

- Although the service was fully staffed, waiting times at the Doncaster clinic were high. We spoke with the clinical director about this and measures had been put in place to further educate general dental practitioners about the referral criteria. Discussions were on-going with the commissioners of the service about the waiting times to see where improvements could be made.
- The Dental Access Centre offered open access appointments seven days a week via the NHS 111 telephone line. Appointments were offered in a timely manner but, due to the nature of the service, some of the callers had to wait several hours before a dental nurse could get back to them.
- Dentists and oral surgeons worked collaboratively, for example, for those patients whose medical condition required further support.
- Contingency plans were in place to meet unexpected leave or issues from fire or flooding. A list of all staff contact numbers was available to trust management.

Access to the right care at the right time

- The service offered appointments across a wide geographical area. Appointment waiting times at Barnsley and Rotherham were low. Patients were given a choice of location to attend.
- The service had arrangements to accommodate patients who needed to be seen urgently via the Dental Access Centre.

Complaints-handling and learning from feedback

- Staff were able to accurately describe the complaints process. They told us how they would manage the complaints and provided examples of how learning from these had improved practice. For example, staff at

Are community dental services responsive to people's needs?

main reception at the Doncaster clinic called the dentistry staff to inform them when a patient with specific access needs had arrived. This was following a complaint that the patient was no longer able to reach the call bell on the outside of the clinic entrance.

- Complaints were dealt with in line with the trust policy. We looked at the policy. The complaints from the community services at the trust for 2013/14 included four complaints about the dental service. These had been fully investigated and resolved to a satisfactory conclusion.

- Patient information leaflets were available in the waiting areas of the clinics detailing how to raise a concern, complaint or compliment.
- Before our inspection we looked at feedback posted on the NHS Choices website for the Community Dental Service and the Dental Access Centre. The majority of feedback for both services was very positive. The few complaints related mostly to the 111 call-handling service and the length of time it took to receive a call back.

Are community dental 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.

The leadership in the community dental service was good.

Staff were able to clearly describe the aims of both the Community Dentistry Service and Dental Access Centre.

There was evidently clear leadership and a strong teamwork ethos. A quality framework was in place to ensure delivery of safe care and effective use of resources across the centres. The service had a robust audit plan.

There were very few complaints within the dental service, but when they did arise, they were seen as a learning opportunity to improve the service. Staff used the incident reporting system to report issues and seek solutions to make improvements.

There was commitment from staff to obtain and learn from feedback from patients, including the use of audits to improve the quality of the service. We saw evidence of improvement initiatives.

Staff said that senior dental managers within the trust were supportive and responsive and they felt the service was now seen as an important part of the overall trust. Examples were given of supportive senior management interactions.

Staff had opportunities to meet with their line managers and other team members. Team briefings had recently been put in place which had helped support staff morale and team work.

Detailed findings

Service vision and strategy

- Staff were aware of the trust's vision and, although delivering services in the community, they felt part of the overall trust and were willing to ensure that the trust's strategy and plans to improve patient care were central to their work.
- The staff we spoke with had a forward-looking view and were aware of the issues that needed to be addressed to make the service of higher quality.

Governance, risk management and quality measurement

- The Community Dental Service had clear management and governance structures.
- We looked at service improvement initiatives and discussed examples of these, such as a strict uniform policy following a risk assessment.
- The audit results were available to review and all staff felt engaged in the audit process.
- Senior dental staff and managers had identified key risks. These included referral levels, paper records at some of the clinics, and the need for bariatric equipment. A risk assessment for treating patients weighing more than 22 stone (the weight capacity of the current dental chairs) had been submitted to the risk committee.
- There were regular meetings to discuss, monitor and agree actions. A clinical governance meeting took place every two months, senior dental nurses, dental nurse managers and the clinical director met every month. A special care audit group examined specific cases for support and learning.
- We looked at the results from the in-house quality assurance visits undertaken by the dental nurse managers. They looked at areas such as disposal of waste, risk assessments, patient records and health and safety. An action plan was developed after the visits, with recommendations for improvements.

Leadership of this service

- Staff spoke highly of the management team and felt they were approachable at all times. They felt supported in their work.

Culture within this service

- Staff said they felt valued and were able to contribute to service improvements.
- It was evident that staff who worked in the service were very passionate and proud of the work they did.
- Staff worked well together and this was very evident at Doncaster across the Community Dental Service and the Dental Access Centre.

Are community dental services well-led?

- The service had an open and inclusive approach. There was a culture of shared learning and a shared vision to take the service forward.
- Training and development was encouraged and staff spoke of many examples of continuing professional development opportunities