

Good

Central and North West London NHS Foundation Trust

Community dental services

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RV3EE	Community dental services		

This report describes our judgement of the quality of care provided within this core service by Central and North West London 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 Central and North West London NHS Foundation Trust and these are brought together to inform our overall judgement of Central and North West London NHS Foundation Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

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Summary of findings

Overall summary

We gave an overall rating for community dental services of **good** because:

Overall we found dental services provided safe and effective care. Patients' were protected from abuse and avoidable harm. Systems for identifying, investigating and learning from patient safety incidents were in place.

Dental services were focussed on the needs of patients and their oral health care. We observed good examples of effective collaborative working practices within the service. There have been some difficulties recruiting staff to all posts however the service has been able to meet the needs of the patients who visited the clinics for care and treatment because of the flexible attitude of all members of the service.

The patients we spoke with, their relatives or representatives said they had very positive experiences of their care. We saw good examples of care being provided with compassion as well as sensitive and empathetic interactions between staff and patients. We found staff to

be hard working and committed to the care and treatment they provided. Staff spoke with passion about their work and conveyed how dedicated they were in what they did.

At each of the clinics we visited the staff responded to patient's needs. We found the service sought the views of patients using a variety of means. People from all communities, who fit the criteria, could access the service. Effective multidisciplinary team working ensured patients were provided with care that met their needs and at the right time. Through effective management of resources, delays to treatment are kept to reasonable limits.

The service was well-led. Organisational, governance and risk management structures were in place. The operational management team of the service were visible and the culture was seen as open and transparent. Staff were aware of the vision and way forward for the organisation and said that they generally felt well supported and that they could raise any concerns.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

We rated safe as **good** because:

There were systems for identifying, investigating and learning from patient safety incidents and an emphasis in the organisation to reduce harm or prevent harm from occurring. Staffing levels were safe in the clinics with a good staff skill mix across the whole service.

Good



Are services effective?

We rated effective as **good** because:

Services were evidence based and focussed on the needs of the patients. We saw examples of very good collaborative and team working.

The staff were up-to-date with mandatory training and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) had frequent continuing professional development (CPD) and were meeting the requirements of their professional registration.

Good



Are services caring?

We rated caring as **outstanding** because:

Patients told us they had very positive experiences of care at each of the clinics we inspected. Patients, families and carers felt well supported and involved with their treatment plans and staff displayed compassion, kindness and respect at all times.

We found staff to be very hard working, empathetic, dedicated and committed to the work they did. All staff spoke with passion about their work and were proud of what they did. Staff knew about the organisation's commitment to patients and their representatives and the values and beliefs of the organisation they worked for. There were examples of staff going 'above and beyond' the level of care and support expected.

Outstanding



Are services responsive to people's needs?

We rated responsive as **good** because:

The services assessed people's needs and people from all communities could access treatment if they met the service's criteria. We found good collaborative and multidisciplinary team working and effective links between the different clinics in both Buckinghamshire PDS and Hillingdon PDS. This ensured people were provided with care that met their needs, at the right time and without avoidable delay in Buckinghamshire PDS.

Good



Summary of findings

Patients within Hillingdon PDS did not have access to care and treatment needed in a timely manner due to waiting times of greater than 18 weeks for specialist services. They also did not have access to out of hours emergency care or an effective GA referral pathway. The trust had raised this with the commissioners and were aiming to mitigate this through the use of the existing staff trying to see additional patients

Are services well-led?

We rated well-led as **good** because;

The services had good organisational, governance and risk management structures in place. The senior management teams were visible and the culture was seen as open and transparent. Staff were aware of the way forward and vision for the organisation and said they felt well supported and could raise any concerns with their line manager. Many staff told us it was a good place to work and would recommend to a family member or friends.

Good



Summary of findings

Information about the service

CNWL NHS Foundation Trust provides a priority dental service (PDS) for patients who require a specialised approach to their dental care and are unable to receive this in a general dental practice. This service is provided in ten dental clinics across Milton Keynes and the wider Buckinghamshire area (Buckinghamshire PDS) and in two dental clinics in Hillingdon and Uxbridge (Hillingdon PDS).

The service provides oral health care and dental treatment for children and adults that have an impairment, disability and/or complex medical condition. Patients who may be included in this category are those with a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability, including those who are housebound or have a severe or abnormal fear of dental treatment.

Additional services provided are a sedation service providing inhalational sedation (gas and air) and in selected clinics intravenous and/or intranasal sedation where treatment under a local anaesthetic alone is not feasible. A domiciliary service is also provided for people who are housebound.

General anaesthetic (GA) services are provided for children in pain where extractions under a local anaesthetic would not be feasible or appropriate such as in the very young, the extremely nervous, those requiring several extractions and for children and adults with special needs.

Dental care under General Anaesthesia is delivered at:

- Stoke Mandeville Hospital
- Wycombe Hospital
- Eaglestone Dental Clinic

Our inspection team

The inspection team for Community Dental Services included a CQC inspector (who is also a specialist advisor) and a specialist dental advisor.

Why we carried out this inspection

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

How we carried out this inspection

To fully understand the experience of people who use services, 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 the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- Visited four priority dental service clinics in Buckinghamshire Priority Dental Service (PDS) and two within Hillingdon PDS.
- Spoke with 4 patients who were using the service

Summary of findings

- Spoke with the service managers and clinical leads for Buckinghamshire PDS and Hillingdon PDS.
- Spoke with 22 other staff members; including dentists, dental nurses, administration staff and the oral health improvement team leaders.
- Reviewed 20 treatment records of patients.
- Carried out a specific check of the infection control and radiation protection procedures in all locations we visited.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

We also:

What people who use the provider's services say

We spoke to patients during the inspection and reviewed feedback from patients gathered by the trust as part of their quality assurance processes. Patients were very satisfied with the service which provided specialist care

to people with complex needs. They found staff very caring and supportive. Communication with staff was good and they felt well informed and involved in decisions about their care.

Good practice

- The multidisciplinary approach to completion of patient risk assessments.
- The commitment of staff to provide the best care they could. Staff spoke with passion about their work, felt proud and understood the values of the organisation.
- The positive feedback received from patients regarding the quality of care they received.
- The care provided was person centred, individualised and based on evidence based guidelines.

Areas for improvement

Action the provider SHOULD take to improve

- The trust should continue to work closely with commissioners to ensure that patients in Hillingdon PDS can access care and treatment needed within a reasonable timescale.

Central and North West London NHS Foundation
Trust

Community dental services

Detailed findings

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

We rated safe as **good** because:

There were systems for identifying, investigating and learning from patient safety incidents and an emphasis in the organisation to reduce harm or prevent harm from occurring. Staffing levels were safe in the clinics with a good staff skill mix across the whole service.

Our findings

Detailed findings

Incident reporting, learning and improvement

- The dental services protected patients from abuse and avoidable harm as staff were confident about reporting serious incidents and provided information to their manager if they suspected poor practice which could harm a patient. Staff told us incidents, accidents or near misses were reported on the organisations electronic incident recording system.
- We looked at the incident reporting system and found appropriate actions had been identified, carried out and learning shared with all staff through regular updates and staff meetings. All incidents were reviewed by the service managers and forwarded to the trust's clinical governance team, who maintained oversight.
- The services had 'safeguarding champions' who attended safeguarding meetings with other services within the directorate. The services also participated in 'incident learning groups' which brought together services within the directorate. Staff told us both groups were a useful opportunity to learn from incidents or safeguarding issues across the trust in order to consider if lessons learned could be shared with the wider team or if any improvements could be made within their service.
- Buckinghamshire PDS had introduced an initiative to protect staff following a serious incident which had involved a patient physically assaulting a staff member.

Staff had introduced the use of a code 'phrase' which was used to immediately alert other staff to the potential for a situation to escalate without alarming patients or other people attending the clinic.

Duty of Candour

- The services operated in an open and transparent way and staff were encouraged to raise concerns or near misses to management. Patients were told when they were affected by something that had gone wrong, given an apology and informed of any actions taken as a result

Safeguarding

- Staff had received training in safeguarding vulnerable adults and children and all staff we spoke with demonstrated they knew how to recognise and act upon a safeguarding concern. Staff were aware of the trust's safeguarding policy and could name the safeguarding lead. They knew who to inform if they had safeguarding concerns. We saw examples of safeguarding referrals that had been made. A guide to managing safeguarding concerns was on display in all clinics as a reminder of the action to take when concerns arose.
- Safeguarding was discussed at team meetings and it was a standing item on the agenda for meetings. Safeguarding discussions with staff also took place during supervision, to ensure staff had sufficient awareness and understanding of safeguarding procedures

Medicines management

- An effective system was in place for the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice, including medicines for sedation. The systems we viewed were complete, provided an account of medicines used and prescribed, and demonstrated patients were given their medicines when required. The batch numbers and expiry dates for local anaesthetics were recorded. These medicines were stored safely for the protection of patients.
- The service manager at Hillingdon PDS told us the service had suffered thefts on two previous occasions of

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

nitrous oxide cylinders (a gas commonly used in conjunction with oxygen for inhalation sedation in a dental setting). Extra security measures had been put in place to prevent a recurrence and ensure their safe storage.

- There were systems in place to take account of and respond to medicine safety alerts issued by the Medicines and Healthcare Products Regulatory Agency (MHRA). We saw evidence of when this had been applied.

Safety of equipment

- We found new equipment was entered onto the service asset register and safety tested by the trust's central service and maintenance unit. The unit were also responsible for servicing and maintenance of all equipment within the services.
- The services had a named Radiation Protection Adviser who is appointed to provide advice on complying with legal obligations under IRR 99 and IRMER 2000 radiation regulations. This included the risk assessment, periodic examination and testing of all radiation equipment; contingency plans; staff training and the quality assurance programme. The services' named Radiation Protection Supervisors ensured that compliance with Ionising Radiation Regulations 99 and IRMER 2000 regulations was maintained and in particular supervised the arrangements set out in the Local Rules for the whole of the service.
- At each site a well maintained radiation protection file was available. This contained all the necessary documentation relating to the maintenance of the X-ray equipment. It also included critical examination packs for each X-ray set along with the required maintenance logs. A copy of the local rules was displayed with each X-ray set. The clinical records we reviewed demonstrated that dental radiographs were justified, reported on and quality assured every time ensuring that the service was acting in accordance with national radiological guidelines. The measures described ensured that patients and staff were protected from unnecessary exposure to radiation.

Records and management

- At all the locations we visited clinical patient records were computerised, password protected, kept securely

so that confidential information was protected and could be located promptly when needed. The patient records were a mixture of computerised and paper records.

- Hard copies of written patient information including consent forms, NHS forms, treatment plans and medical history forms were archived in locked and secured rooms at each site we visited in accordance with data protection regulations.
- There were systems in place for the safe transfer of records between locations. For example, when carrying out domiciliary care or when carrying out treatment under general anaesthetic at a different site to where the pre assessment checks had been undertaken (to ensure the hard copies of consent forms, treatment plan and medical history forms were available to clinicians).

Cleanliness, infection control and hygiene

- Both services demonstrated their local operating procedures for cleanliness and infection control ensured full compliance with the essential standards as required in the Department of Health guidance document, 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM 01-05). Decontamination technicians were utilised in all locations which is considered good practice. Staff were aware of current infection prevention and control guidelines and we observed good infection prevention and control practices, such as:
 - Hand washing facilities and alcohol hand gel available throughout the clinic area.
 - Staff followed hand hygiene and 'bare below the elbow' guidance.
 - Staff wore personal protective equipment, such as gloves and aprons, whilst delivering care and treatment.
 - Cleaning schedules were in place and displayed throughout the clinic areas.
 - The dental water lines were maintained in accordance with current guidelines to prevent the growth of legionella bacteria and the associated risk of infection to patients and staff.
- Clear zoning to identify 'dirty' and 'clean' areas with a clear flow throughout the process. Hillingdon PDS had divided 'dirty' and 'clean' decontamination areas into

Are services safe?

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two separate rooms with an instrument track and trace system which demonstrated their commitment to best practice guidance. Buckinghamshire PDS were also meeting essential standards whilst working towards best practice.

- The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health.
- The use of safer sharps and the treatment of sharps waste were in accordance with current guidelines. We observed that sharps containers were well maintained and correctly labelled.
- Daily, weekly, monthly, quarterly, six-monthly and annual checks and servicing and maintenance of decontamination equipment such as the autoclaves (sterilising machines) were carried out effectively in line with guidance.

Mandatory training

- The services managed their mandatory training programmes for staff well. Nearly all staff had completed training in all mandatory areas such as infection control, health and safety and safeguarding. The only gaps were due to staff absence or sickness.
- Staff across the services told us there was good access to mandatory training study days and profession specific training. A variety of topics were discussed at these sessions included safeguarding issues, infection prevention and control, moving and handling, medicines management and health and safety.

Assessing and responding to patient risk

- The service used the World Health Organisation (WHO) surgical check list process for all patients having dental surgery under general anaesthetic (GA) and a 'theatre white board' which stated the teeth for extraction and or teeth to be filled. The annotated teeth were crossed off as each tooth was treated. These measures were used to prevent the occurrence of a 'never event' i.e. wrong tooth extraction. Patients' identification wristbands, treatment plans, medical history and consent forms were double checked prior to commencement of treatment.

- Services routinely used 'rubber dam' when providing root canal treatment to patients. Rubber dam is a small rectangular sheet of latex (or other material if patient latex sensitive) used to isolate the tooth operating field to increase efficacy of treatment.

Staffing levels and caseload

- Both services had periodically experienced difficulties in attracting and recruiting candidates to roles within the services, especially to dental specialist posts. Service managers and clinical leads had ensured through careful management of staff rotas, access to all of the clinics across the area was maintained for patient care and treatment. Staff were generally very flexible in response to changing work patterns although some expressed concerns at the requirement to sometimes work extra hours and travel long distances.
- It appeared from reviewing appointment diaries on the computerised system that appropriate appointment time slots were allocated for both patient assessment and treatment sessions. The dentists we spoke with felt that they had adequate time to carry out effective assessment and clinical care according to each patient's needs.
- Dentists we spoke with told us there was 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.

Managing anticipated risks

- All staff, including non clinical staff undertook annual training in intermediate life support techniques which included scenario training. There were arrangements in place to deal with foreseeable emergencies at each location we visited. There was a range of suitable equipment which included an automated external defibrillator, emergency drugs and oxygen available for dealing with medical emergencies. This was in line with the Resuscitation UK and British National Formulary (BNF) guidelines. The emergency medicines and oxygen were all in date and were securely kept in a central location known to all staff. Expiry dates of medicines and equipment were monitored using a weekly check sheet which enabled staff to replace out of date

Are services safe?

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supplies in a timely manner. This ensured the risk to patients and staff during dental procedures was reduced and patients were treated in a safe and secure way.

- In terms of health and safety, the service had green status across the range of health and safety measures across the board. All policies and procedures were available and accessed through the shared drive of the trust. The clinical leads in both services work closely with the service managers and lead on clinical governance matters. They were supported by lead dental nurses who acted as champions for health and safety. The staff we spoke to felt that this had improved the quality of care they provided because they received

updated information on the principles of clinical governance on a regular basis. The system for cascading information throughout the service was facilitated through a series of interconnecting groups. These were the central clinical governance meeting held monthly and attended by all members of staff. Feeding into this group were the dental nurses group, the community dental senior team meeting and the administrative staff meeting. We saw examples of the minutes from these meetings, these were detailed and complete.

- The services had effective risk assessment systems in place to identify and manage patients who may present with behaviour that challenges. All staff had undertaken training in conflict resolution.

Are services effective?

Good 

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 of findings

We rated effective as **good** because:

Services were evidence based and focussed on the needs of the patients. We saw examples of very good collaborative and team working.

The staff were up-to-date with mandatory training and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) had frequent continuing professional development (CPD) and were meeting the requirements of their professional registration.

Our findings

Detailed findings

Evidence based care and treatment

- The services each had clinical leads who ensured best practice guidelines were implemented and maintained. The clinical lead for Buckinghamshire PDS was registered with the General Dental Council (GDC) as a specialist in special care dentistry. The clinical lead for Hillingdon PDS had a special interest in prosthetics. Dental nurses were encouraged to lead in areas such as infection control, radiography and special care.
- Patients' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. During our visits we discussed and reviewed patient treatment records. The clinical records viewed were well constructed and included evidence of treatment plans discussed including options, risks and benefits in detailed patient notes. We found dentists had recorded details of the condition of the teeth, gums and soft tissues of the mouth at each dental health assessment. Staff told us how they ensured patients were made aware of changes in their oral condition.
- We observed that care provided was evidence based and followed recognised and approved national guidance such as the General Dental Council (GDC), National Institute for Health and Care Excellence (NICE), Faculty of General Dental Practice (FGDP), and British Society of Disability and Oral Health (BSDOH) using nationally recognised assessment tools. Local operating policies reflected national guidance with appropriate evidence and references. Staff we spoke with were familiar with and could direct us to these policies.
- Domiciliary dental care was provided across the Buckinghamshire PDS using the standards set out in the Guidelines for Domiciliary Care by the British Society for Disability and Oral Health (BSDOH). We observed domiciliary care being provided by a senior dental officer supported by a dental nurse. Detailed clinical records included a risk assessment of the patient's home to check if it was a suitable environment for undertaking clinical care, a written medical and medicines history, a Mental Capacity Act assessment and a record of the clinical intervention. The patient records were transferred to the dental computer software system as soon as possible following the visit. This enabled follow up care to be provided by another clinician in the event of staff annual leave or sickness. This evidence was in line with best practice guidelines as set out in the guidelines described in the BSDOH document.
- Care and treatment under sedation was provided by dentists and dental nurses who had all undertaken certificated training with The Society for the Advancement of Anaesthesia in Dentistry (SAAD). SAAD is a nationally recognised dental charity dedicated to the advancement of knowledge in pain and anxiety control for dentistry. Services had developed sedation care pathways which followed evidence based guidance including the Standing Committee for Sedation in Dentistry's 'Standards for Conscious Sedation in Dentistry: Alternative Techniques and National Institute for Health and Care Excellence (NICE) guidance for 'Sedation in children and young people.'
- Children requiring tooth extractions under general anaesthetic were referred to the local oral and maxillofacial department at Hillingdon Hospital after assessment by a dentist. This was not in accordance with BSPD guidance which recommends that the dentist who assesses the child for a general anaesthetic should ideally be a specialist in paediatric dentistry or, a dentist who can demonstrate the necessary competencies to carry out comprehensive treatment planning for children who require general anaesthesia.

Are services effective?

Good 

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.

Approach to monitoring quality and people's outcomes

- Staff undertook a number of audits to monitor performance and outcomes. We were shown the service audit schedules which were determined through discussion with clinical leads and agreed by the service managers and clinical leads. For example infection prevention and control, record keeping and X-ray radiograph quality. The results of the audits found they were meeting this standard and recording appropriately.
- The services actively participated in collecting data for the child dental health survey by arranging programmes in schools locally. This assessed and monitored the treatment needs of the local population.

Competent staff

- Buckinghamshire PDS have an accredited dental nurse training centre which offers training and support to dental nurses working within and external to the service. Staff told us this was a supportive learning environment and encouraged interaction with dental nurses across the region to discuss areas for improvement and share good practice.
- Dentists across the services have a range of postgraduate qualifications including Masters of Science (MSc), Diploma of Membership of the Faculty of Dental Surgery and Diploma in Dental Public Health. The clinical lead for Buckinghamshire PDS is also registered as a specialist for Special Care Dentistry with the General Dental Council (GDC).
- All dental nurses were qualified and registered with the GDC. They had also undertaken additional extended duties qualifications in areas such as oral health education, application of topical fluoride, impression taking and dental radiography. Many staff across both administration and dental nursing had undertaken further training in NVQ management and business administration.
- The oral health improvement team leads in both Buckinghamshire and Hillingdon PDS hold teaching qualifications. The Buckinghamshire team included a wide range of skill mix including staff members who are or who previously been, a nutritionist, a paediatric nurse, an 'Early Years Foundation' professional as well as dental nurses.

- The services proactively encouraged staff to learn and develop skills relevant to their role. 'Away day learning events' were held which all staff we spoke with looked forward to attending. Recent topics included communicating effectively with patients who have learning disabilities, supporting patients with phobias and anxiety, managing stress and supporting bariatric patients. All staff told how supported they felt in their learning and development.
- Some staff in Buckinghamshire PDS expressed concern that newly recruited staff members may have to travel to London in order to undertake their induction training which may adversely impact on the numbers and quality of candidates applying for roles.

Multi-disciplinary working and coordination of care pathways

- Dental general anaesthesia (GA) and conscious sedation was delivered according to the standards set out by Royal College of Anaesthetists and the Department of Health Standing Committee Guidelines in Conscious Sedation 2007. The GA and sedation care was prescribed using an approved care pathway approach. Patients enter a recognised pathway of: Tender Loving Care (TLC), TLC and inhalation sedation and finally GA.
- Buckinghamshire PDS worked collaboratively with the hospital when providing care and treatment under GA so that care and treatment could be co-ordinated with other interventions such as tonsillectomy, orthodontics, cleft clinics, speech and language therapy and blood screening.
- Buckinghamshire PDS had developed a care pathway for very anxious or phobic patients which involved collaborating with the 'Improving Access for Psychological Therapies' (IAPT) services to support patients in managing their anxiety or phobia.

Referral, transfer, discharge and transition

- The services had implemented a clinician led system of referral for patients accessing the service. The process consisted of an assessment stage in which administration staff ensured the patient met the referral criteria then a triage stage to prioritise need and to arrange the most appropriate clinic for the patient to visit. This highlighted deficiencies in the information included by referring dentists or other healthcare

Are services effective?

Good 

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.

professionals. The services could then arrange for further dental radiographs, blood tests, of advice from the patient's GP or dentist, so that the patient was then seen in the right place at the right time. This system had reduced the number of inappropriate referrals to the service and helped to ensure clinic time was allocated to those patients with the greatest need.

- The services worked with local primary and secondary dental care providers and other services providers to ensure smooth discharge and transitional arrangements for on-going care and support.

Availability of information

- A range of literature was available for patients, relatives and/or their representatives and provided information which supported their involvement in care and treatment delivery from the time of acceptance into the service through to discharge. This included an introduction to each service and what to expect when visiting the service; complaints processes; key contacts information and follow-up advice for when the patient left each clinic. All locations had a range of patient information in the waiting areas providing advice on how to take care of gums and teeth as well as general health promotion advice in areas such as smoking cessation, healthy eating and safeguarding contact information.
- Information displayed in the waiting rooms of locations we visited included trust values, eligibility criteria for referral into the service and how to access mental health advocacy services

Consent

- Patients and their families were appropriately involved in and central to making decisions about their care and the support needed. We found planned care was consistent with best practice as set down by national guidelines.

- Observation of practice and review of patient records evidenced that staff were assessing the patient's capacity to be able to give valid consent using the Mental Capacity Act (MCA). We found relatives and/or the patient's representative were involved in discussions around the care and treatment where it was appropriate. This included best interest meetings.
- Staff had a good understanding of consent and applied this knowledge when delivering care to patients. Staff we spoke with had received training around consent and had the appropriate skills and knowledge to seek consent from patients or their representatives. This included established processes for gaining consent from children and young people using the test of 'Gillick competence' and following 'Fraser guidelines'. We observed positive interactions between staff, patients and/or their relatives when seeking verbal consent and the patients we spoke with confirmed their consent had been sought prior to care being delivered.
- There was a robust process for obtaining consent for patients undergoing General Anaesthesia and IV sedation. The clinical leads talked us through the process. The consent documentation used in each case consisted of the referral letter from the general dental practitioner and a complete assessment (including a written medical, medicine and social history). Also, NHS consent form as appropriate, pre-operative and post-operative check list and a patient information leaflet of pre-operative and post-operative instructions for the patient to follow. These patient instructions were reinforced verbally at the assessment appointment and again at the point of discharge following surgery.

Are services caring?

Outstanding



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

Summary of findings

We rated caring as **outstanding** because:

Patients told us they had very positive experiences of care at each of the clinics we inspected. Patients, families and carers felt well supported and involved with their treatment plans and staff displayed compassion, kindness and respect at all times.

We found staff to be very hard working, empathetic, dedicated and committed to the work they did. All staff spoke with passion about their work and were proud of what they did. Staff knew about the organisation's commitment to patients and their representatives and the values and beliefs of the organisation they worked for. There were examples of staff going 'above and beyond' the level of care and support expected.

Our findings

Dignity, respect and compassionate care

- We observed all staff treating people with dignity and respect and taking extra time with patients who didn't have full capacity to fully understand the advice being given. We observed at one clinic how the dentist built and maintained a respectful and trusting relationship with a child patient and their parent. The dentist sought the views of the patient regarding the proposed treatment even though the patient was a young child. The patients we observed were given explanations about their dental treatment in language that they could understand. They were treated with respect and dignity at all times.
- Where treatment rooms were on a separate floor to the waiting room, we observed staff escorted patients both up and down in the lift rather than just leave them at the lift door. Patients were greeted by friendly and welcoming reception staff.
- Staff told us that effective communication and collaboration between all members of the multidisciplinary team ensured trust and respect in those delivering prescribed treatment and care. Patients, their relatives and carers were all positive about the care and treatment they had received from

the dental team. During direct observation of patient interactions across a number of clinics patients of all ages, were treated with kindness, dignity and respect within a safe and caring environment.

- We saw numerous examples of thank you cards and compliment letters both services had received in relation to care and treatment they had provided. A number of these thanked staff for 'going out of their way' to provide care and support and 'going beyond what was expected'.
- Patients we spoke with told us they had been treated by 'very gentle, professional and caring staff'.
- The dedication, commitment and patient-centred focus of staff was evident when we spoke with them. Some staff had undertaken additional courses in their own time as well as those supported by the trust, or were members of specialist societies to help support patients' needs. This included training in British Sign Language, autism and dementia care.

Patient understanding and involvement

- Patients and their families were appropriately involved in and central to making decisions about their care and the support needed. We found that planned care was consistent with best practice as set down by national guidelines.
- Observation of practice and review of patient records evidenced that staff were assessing the patient's capacity to be able to give valid consent using the Mental Capacity Act (MCA). We found that relatives and/or the patient's representative were involved in discussions around the care and treatment where it was appropriate.
- Staff had a good understanding of consent and applied this knowledge when delivering care to patients. Staff we spoke with had received training around consent and had the appropriate skills and knowledge to seek consent from patients or their representatives. We observed positive interactions between staff, patients and/or their relatives when seeking verbal consent and the patients we spoke with confirmed their consent had been sought prior to care being delivered.
- A range of literature was available for patients, relatives and/or their representatives and provided information in regards to their involvement in care delivery from the



Are services caring?

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

time of admission through to discharge from each service. This included key contacts information, follow-up advice and instructions and information on how to make a complaint, compliment or suggestion about the service.

Emotional support

- Staff were clear on the importance of emotional support needed when delivering care. We observed very positive interactions between staff and patients, where staff knew the patients well and had built up a good rapport. Staff demonstrated a high degree of empathy in their approach. One compliment we reviewed at Hillingdon PDS was from a parent thanking a staff member for their support during an appointment where their child had become quite distressed. They were very grateful for the amount of time the staff member spent with the child calming and reassuring them.
- We spoke with staff responsible for providing care and treatment for children under GA or sedation who demonstrated their compassion and understanding of the level of emotional support required for both patients and their relatives or representatives. This included the provision of a child friendly environment for treatment recovery areas.

Promotion of self-care

- Both services had strong oral health improvement teams who had delivered various initiatives within their local communities to promote, encourage and sustain good oral and general health. There was also information displayed in the waiting areas of the locations we visited which promoted self-care. This included information on healthy eating, smoking cessation and good oral hygiene.
- The lead for oral health improvement at Hillingdon PDS had recently won an 'unsung hero' award at the trust's annual nursing conference for an initiative in a local special needs school. This entailed providing training for sixth form students who had volunteered to learn how to promote good oral hygiene amongst their peers. The financial award had been utilised by the team to fund other community oral health initiatives in the area. The team also provided oral hygiene instruction to children, parents and staff at eighteen Sure Start children's centres within Hillingdon.

Are services responsive to people's needs?

Good 

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

Summary of findings

We rated responsive as **good** because:

The services assessed people's needs and people from all communities could access treatment if they met the service's criteria. We found good collaborative and multidisciplinary team working and effective links between the different clinics in both Buckinghamshire PDS and Hillingdon PDS. This ensured people were provided with care that met their needs, at the right time and without avoidable delay in Buckinghamshire PDS.

Patients within Hillingdon PDS did not have access to care and treatment needed in a timely manner due to waiting times of greater than 18 weeks for specialist services. They also did not have access to out of hours emergency care or an effective GA referral pathway. The trust had raised this with the commissioners and were aiming to mitigate this through the use of the existing staff trying to see additional patients

Our findings

Detailed findings

Planning and delivering services which meet people's needs

- Buckinghamshire and Hillingdon PDS both had proactive oral health improvement teams which had developed established links within local communities with a high focus on prevention and educating people to take responsibility for their own oral and general health.
- The services worked with the relevant local authorities to develop both the public health and dental public health agenda. Children at high risk of dental decay were offered fluoride varnish as a preventive measure in accordance with the Department of Health publication 'Delivering Better Oral health; a toolkit for prevention.'
- Some staff members in Buckinghamshire PDS told us that not all IT systems in each location they worked were connected. This meant that although patient records could be accessed, other information

sometimes had to be downloaded onto encrypted memory sticks and transferred between locations. The service recognised the impact this had on staff in terms of time taken to prepare work in advance and had commissioned a business intelligence report to work towards a solution for merging information systems.

- Services had worked hard to improve their levels of staff sickness absence. There were systems in place to assess whether staff who had been unwell were fit to return to work. Sickness review meetings were held by managers with staff members who had several sickness absences to support them with any on-going issues.
- In Hillingdon PDS there had been a sharp increase in referrals into the service for patients who met the criteria. This had heavily impacted on the waiting times for specialist treatment such as endodontic and periodontal treatment. The service manager had reported this to the trust operations director who was in communication with local Commissioners to discuss a way forward. However, average waiting times were currently 26 weeks for endodontics (longest wait 39 weeks); 15 weeks for periodontics and 19 weeks for paediatric dental care.
- In the meantime, Hillingdon PDS had put initiatives in place to try and reduce the waiting lists where possible. This included varying and utilising the skill mix of clinical staff to increase clinic hours and therefore numbers of patients seen. For example, the dental therapist now saw more paediatric patients for a wider range of treatments within their scope of practice rather than focussing on patients referred for periodontal treatment.
- In Buckinghamshire PDS, an initiative to send patients a text reminder to attend their appointments had reduced the incidence of patients failing to attend. This had helped to reduce waiting lists.
- Buckinghamshire PDS patients who met the criteria for referral had access to out of hours care at two sites in Milton Keynes if they had a dental emergency. Risks to staff working within these services had been assessed and mitigated.

Equality and diversity

- Services were planned to take account of the needs of different people, for example on the grounds of age,

Are services responsive to people's needs?

Good 

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disability, gender and religion. The locations we viewed during our inspection were fully accessible for people with a physical disability or who required the use of a wheelchair. Many of the clinics in Buckinghamshire PDS had hoists available to help support safe transfer of people using wheelchairs into the dental chair where care and treatment could be provided more effectively.

- In addition, Buckinghamshire PDS' Oakridge clinic had a bariatric dental chair and waiting room chair and people requiring these services could be referred from across the region to support their care and treatment. Accessibility to the clinics we visited were good, some services were provided on the first floor level with lifts and stairs. Car parking was available on site, however, places were limited on occasion and at some locations it could be very busy at different times of the day.
- Staff we spoke with were aware of the trust policy on equality and diversity and we saw examples of trust social inclusion initiatives. This included information displayed in the services waiting rooms on Stonewall which demonstrated the service commitment to and understanding of issues affecting lesbian, gay, bisexual or transgender patients and staff. We also saw anti-racism posters and mental health advocacy information displayed throughout service locations we visited.
- The oral health improvement teams had considered equality and diversity when planning their service initiatives in order to create access for patients who otherwise may not have attended dental services. This included a programme to engage local mosques in Buckinghamshire PDS and a programme involving local Sure Start children's' centres in Hillingdon PDS.
- We found the impact of service closure or development on the needs of the local population was routinely considered through equality impact assessments. However, where a reduction in budget meant cost savings had to be made, this sometimes had an adverse effect on population needs. For example, a post natal oral health improvement programme in Buckinghamshire PDS had been decommissioned even though there was still a need for it.

Meeting the needs of people in vulnerable circumstances

- Buckinghamshire PDS had an established accredited teaching programme in place for care workers in

residential homes for older people and people with learning difficulties. This had promoted the impact and importance of good oral health on people's general health and wellbeing.

- Buckinghamshire PDS had an established domiciliary care service providing treatment to patients in their own homes or residential care homes. Hillingdon PDS did not provide this service as they were not commissioned to do so.
- Buckinghamshire PDS provide general and preventive dental health services to patients at a local prison.
- The services utilised the British Dental Association's (BDA) 'case mix tool' for measuring patient complexity to aid commissioning and evaluation of special care service in order to plan services which meet patient needs.

Access to the right care at the right time

- Services at Buckinghamshire PDS were patient led which meant many patients referred into the service for care and treatment fulfilled a set of assessment criteria which identified them as requiring on-going general dental treatment within a community dental service.
- Services at Hillingdon PDS were specialist led which meant in a large number of cases patients were referred to the priority dental service for short-term specialised treatment. On completion of treatment, patients were discharged to the patient's own dentist so that ongoing treatment could be resumed by the referring dentist. Internal referral systems were in place, should the dental services identify a need to refer a patient on to other external services such as orthodontic or maxillofacial specialists.
- We discussed with several dentists during our visit how patients were discharged from the service after GA or intravenous sedation. We viewed effective discharge protocols and were assured patients were discharged in an appropriate, safe and timely manner. During the discharge process the dental nurses made sure the patient or responsible adult had a set of written post-operative instructions and understood them fully. They were also given contact details if they required urgent advice and or treatment. This was corroborated by observing patient records where sedation had been given.

Are services responsive to people's needs?

Good 

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- Patients who met the referral criteria could access out of hours emergency dental care within Buckinghamshire PDS at two locations.
- Hillingdon PDS did not provide access to out of hours emergency care for patients who met their referral criteria. This meant patients had to travel to St Charles Hospital which was some distance away and may have been difficult for patients with additional support needs to access. In addition, there was no local access to GA services meaning patients had to travel to either Chelsea and Westminster Hospital or UCL.

Complaints handling (for this service) and learning from feedback

- The service had a very low level of complaints. At the sites we visited we observed the clinics had welcoming,

friendly and knowledgeable reception staff who would either be able to diffuse potential complainants or support people who wanted to pursue their complaints. Staff we spoke with told us how they placed an emphasis on de-escalation and local resolution of problems. An exception to this was the dental clinic within Hillingdon's Ickenham Health Centre where staff provided a reception service for all community health services within the centre and were not dentally trained. We had concerns staff may not have been able to offer the same level of service as dental specific reception staff in all other service locations. Some staff we spoke with echoed our concerns telling us there was 'no consistency with message taking' or that appointments were not always cancelled out of the appointment schedule if patients had called to cancel. This sometimes led to wasted clinic time, however; the service manager was working hard to address this.

Are services well-led?

Good 

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 of findings

Summary

We rated well-led as **good** because;

The services had good organisational, governance and risk management structures in place. The senior management teams were visible and the culture was seen as open and transparent. Staff were aware of the way forward and vision for the organisation and said they felt well supported and could raise any concerns with their line manager. Many staff told us it was a good place to work and would recommend to a family member or friends.

Our findings

Detailed findings

Service vision and strategy

- The trust's vision and strategies for the service were evident and on display in all clinics we visited. Staff we spoke with considered they understood the vision, values and direction of the trust.

Governance, risk management and quality measurement

- The use of clinic leads, a senior dental nurse, appeared to be a good innovation. The clinic leads were responsible for the day to day running of each clinic. They would be responsible for cascading information upwards to the senior dental management team and downwards to the clinicians and other staff on the front line. The clinic leads liaised with other dental nurse leads responsible for the safe implementation of policies and procedures in relation to infection control, radiation used in dentistry, dealing with medical emergencies and incident reporting.
- Staff were able to clearly define their roles, responsibilities and lines of accountability. In Buckinghamshire PDS there were additional lines of management due to the number of staff working within

the service. All staff told us they would be happy to discuss any issues with their line managers or speak directly with the service managers who were very approachable.

- The services had an effective system to regularly assess and monitor the quality of service that patients received. Records of various checks, observation of completed audits and discussion with the senior team management confirmed a strong commitment to quality assurance and maintaining high standards. Staff told us staff meetings were useful for raising any issues and "helping us improve as a service." They also told us quality and safety were top priorities for service managers who continually reinforced this message to them. Standing staff meeting agenda items included complaints, incidents, health and safety issues and the risk register.
- Buckinghamshire PDS and Hillingdon PDS used different incident reporting systems. Staff told us the trust had tried to streamline the process by adopting one system for both services. However, IT problems had meant this was unsuccessful and Buckinghamshire PDS had reverted back to using their original system. Similarly, other systems such as procurement and expenses had been implemented in order to join processes trust wide where possible. Staff told us these transitions had sometimes been introduced 'too quickly' and felt they had not always received appropriate training. This had negatively impacted on their workload and working environment although generally staff felt the situation was improving.

Leadership of this service

- Staff told us they felt valued in their roles and that managers within the services and trust were approachable, supportive and visible. All staff said there was visible leadership across the organisation and expressed confidence that any concerns raised with senior managers would always be acted on. The staff roles and responsibilities were clearly defined with a sufficient skill mix of staff across all staff grades.
- It was apparent that the service management teams were strong, particularly in Buckinghamshire PDS, which ensured sustainability and progression of the services going forward. Clinicians stated there is an open door policy with respect to the clinical leads who were always

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on hand to provide professional support and advice. This particular aspect of being always on hand, would be very supportive to recently qualified dentists who may join the service, giving them confidence that someone is available should they encounter difficulties during a patient treatment session.

- Some staff at Buckinghamshire PDS told us they sometimes felt a little disengaged with the trust as 'their headquarters is in London.' However, when their service transitioned into the trust, they were visited by the Chief Executive of the trust which had made them feel more engaged and supported. Staff also told us the recently appointed operational director of the trust division had visited their service to introduce themselves.

Culture within this service

- Staff members had been empowered to adopt the trust wide policy entitled 'Calling It' which invited staff to challenge other staff members if they witnessed any potentially concerning behaviour or actions. Staff told us this had made them more confident in being able to raise concerns with any staff member regardless of seniority or experience.
- It was evident that staff worked within services that had an open and transparent culture and focused on the need of patients. We saw many examples of collaborative team working and all staff we spoke with told us they felt part of a team and gave examples of how they supported each other. Some described their service as 'like being in a family.' We found many staff members had worked within the services for several years which had enabled them to build good working relationships.
- The culture of the services encouraged candour, openness and honesty

Staff safety – lone working

- The services had a lone working policy in place which staff were aware of. There were measures in place to ensure the safety of staff who were required to sometimes work alone, including actions to take in the event of an emergency.

Public and staff engagement

- Staff meetings were held regularly both locally at each service and collectively where all staff were invited to

attend regional meetings. Staff told us these were useful and informative and gave them an opportunity to learn from each other and share ideas. Some staff expressed concern that as the trust operated across such a wide area, some of the corporate events required long distance travel which precluded some staff from attending.

- The services actively engaged with patients, parents, guardians and carers to seek feedback on the care and treatment they had received and used this information to identify any areas for improvement. This was particularly evident in Buckinghamshire PDS who displayed 'You said, we did...' posters in their clinic waiting rooms which gave details of feedback received and any actions taken as a result.

Innovation, improvement and sustainability

- The culture of the service appeared to be that of continuous learning and improvement. All staff had the opportunity to take further qualifications to enhance the patient experience dependant on the outcome of their appraisal and subsequent PDP. The dental nurse managers 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.
- Innovative partnership working enabled oral health to be high on the agenda for the services incorporated within a variety of settings from the NHS acute and community trusts, local authorities and the voluntary and private sectors.
- Staff told us they had undertaken training so they could assess and understand their 'Myers Briggs' indicator type. Myers Briggs indicator assessment can help staff better understand the culture of the place they work, develop new skills, understand their participation in teams, and cope with change in the workplace. Staff told us this had been a useful and positive experience and had helped them to better understand others.
- 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

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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.

- There were opportunities and support for staff who wanted to change roles within their service. Staff told us they felt confident in sharing with managers when they may have felt they 'needed a change.' This encouraged

sustainability of the service in that staff who otherwise may have considered leaving the service were actively encouraged and supported by the service manager to take on new challenges.

- Service managers in both Buckinghamshire and Hillingdon had shared ideas in good practice and innovation in order to develop and improve services where possible.