

# Torbay and South Devon NHS Foundation Trust

RA9

## Other specialist services

### Quality Report

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Torquay

Devon

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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)
RA9	Torbay Hospital	Special Care Dental Services	TQ2 7AA

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

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

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

# Summary of findings

## Ratings

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

# Summary of findings

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# Summary of findings

## Overall summary

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

Torbay and Southern Devon Health and Care NHS Trust provides health services from 11 community hospitals and community services. During our inspection we visited The Speciality Dental Service provision which is as a secondary care dental service located in Torbay Hospital.

Torbay Hospital – Secondary Care Dental Service is for the treatment of complex dental problems which are considered too specialised for the patient's general dental practitioner.

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

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

All the feedback we saw demonstrated patients had positive experiences of their care. We saw good examples

of care being provided with compassion; and effective interactions between staff and patients. We found staff to be hard working, caring and committed to the care and treatment they provided. Staff spoke with passion about their work and conveyed how dedicated they were in what they did.

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

There were elements of outstanding practice at this location e.g.

- Staff were passionate about working within the service and providing good quality care for patients.
- Patients feedback demonstrated they felt it was an excellent service. We evidenced highly trained and experienced staff with excellent application of knowledge and skills in practice to meet the complex needs of patients treated by the service.

# Summary of findings

## Background to the service

Torbay and Southern Devon Health and Care NHS Trust provides a speciality dental service for adults and children with complex needs following trauma or whose dental treatment needs are too specialised for their own dentist. The services provided included Oral and Maxillofacial surgery - a surgical specialty dealing with conditions of the face, jaws, neck and mouth; orthodontics – a dental specialty involved in monitoring the growth and development of the face and the teeth and restorative dentistry which is concerned with the care of patients who require restoration of the oral and the dental tissues.

People are usually referred to the speciality dental services from other services and following trauma to the face, head and neck. The maxillofacial and oral care service provides a diagnostic and treatment service for conditions affecting the face, jaws, neck and mouth. The orthodontic service provides diagnosis and treatment planning for referring dentists; review and monitoring development following interventions and treatment for patients with complex needs. The restorative dental service provides advice, diagnosis and treatment planning as well as treatment for complex dental care that is considered too specialised for the patient's dentist.

## Our inspection team

### **Chair:**

**Team Leader:** Patricia Hellier, Care Quality Commission

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

## Why we carried out this inspection

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

## How we carried out this inspection

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

The inspection was carried out across the three service locations over one day 9 February 2016 by a lead inspector and a dental specialist advisor.

Before the inspection we reviewed information we held about the provider and information we asked them to send us in advance of the inspection. This included their statement of purpose, a record of complaints within the last 12 months and information about staff working at the trust.

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

During the inspection we spoke with patients who were attending the service for treatment and they told us they were satisfied with the care and treatment received. The patients spoke very positively regarding the care and treatment received and about the caring nature of all the staff in the trust. Common themes were patients felt they received excellent care and were provided with a personal and compassionate service.

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

- Is it safe?

# Summary of findings

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

- Is it well-led?

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

## What people who use the provider say

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

Patient feedback indicated the hospital offered an excellent service and staff were efficient, friendly, helpful, caring and knowledgeable. Patients indicated they felt the clinicians took a lot of time to explain care and treatment options in a way they understood.

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

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

## Good practice

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

Patient's feedback demonstrated they experienced an excellent service. We evidenced highly trained and experienced staff with excellent application of knowledge and skills in practice to meet the needs of this very vulnerable group in a high risk setting.

# Torbay and South Devon NHS Foundation Trust

## Other specialist services

### Detailed findings from this inspection

Good 

## Are services safe?

By safe, we mean that people are protected from abuse

### Summary

Safety within the service was rated as good.

We saw the trust had robust recruitment practices and the staff recruitment records contained all of the relevant checks with the exception of a minimal number of GDC records.

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

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

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

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

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

### Incident reporting, learning and improvement

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



# Are services safe?

## Safeguarding

- All staff had a good knowledge about safeguarding issues affecting vulnerable people. A trust policy was in place for staff to refer to in relation to safeguarding children and vulnerable adults who may be the victim of suspected abuse.
- Records demonstrated staff had been appropriately trained in line with national guidance (Child Protection and the Dental team 2013). The lead clinicians had been trained to level 3 and dental nurses to level 2. Staff were able to describe what might be signs of abuse or neglect and how they would raise concerns with the safeguarding lead professional. A system for recording staff training was in place to enable the provider to identify the last time staff had received training in the subject.
- Staff were aware of the policy about raising concerns about another member of staff's performance (a process sometimes referred to as 'whistleblowing'). Staff told us they knew they could raise such issues with one of the dentists or location manager. They also knew they could contact the Care Quality Commission (CQC) if any concerns remained unaddressed.
- The service used dental safety syringes which meant needles were disposed of safely. This complied with the Safe Sharps Act 2013. The dentists took responsibility for the safe disposal of sharps.
- Single use equipment was used during root canal treatment in line with national guidance and were disposed of after treatment. There was an extensive stock of materials and equipment used for root canal treatments, kept in the restorative surgery. Root canal treatment was carried out where practically possible using a rubber dam. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. This followed guidance on the use of the rubber dam from the British Endodontic Society.
- The service had carried out risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. This included: the safe use of X-ray equipment; disposal of waste; legionella testing and the safe use of sharps (needles and sharp instruments). Where risks were identified actions to address them had been put into place.
- The risk register was held centrally by the Trust and there were processes in place to ensure actions were followed up.

## Medicines and Medical Emergencies

- An effective system was in place for the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice such as local anaesthetics and drugs used for sedation purposes. The systems we viewed were complete, provided an account of medicines used and prescribed which demonstrated patients were given medicines only when necessary.
- Medicines and prescription pads were stored securely and NHS prescriptions were stamped with an official centre stamp. Medicines stored in the locations were reviewed regularly to ensure they were not kept or used beyond their expiry date.
- Medicines which needed to be stored in a fridge were in line with the manufacturer's guidance. We saw routine checking of the fridge temperature ensured storage of these items remained within the recommended range.
- There were sufficient quantities of instruments and equipment to cater for each clinical session which took into account the decontamination process.
- There were systems in place to check and record equipment was in working order. These included annual checks of portable appliance testing (PAT) of electrical equipment carried out by the Trust Estates Team who maintained a database of all testing (next due in April 2016). The trust had contracts in place with external companies to carry out annual servicing and routine maintenance work of other equipment in the premises in a timely manner. This helped to ensure there was no disruption in the safe delivery of care and treatment to patients. The checks were also carried out on the mobile dental unit.

## Environment and equipment

- There were clear guidelines for staff about how to respond to a sharps injury (needles and sharp
- The trust was working in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

## Are services safe?

An external Radiation Protection Advisor (RPA) had been appointed and was based at Torbay Hospital and a nominated dentist was the Radiation Protection Supervisor (RPS) for the trust.

- We found there were suitable arrangements in place to ensure the safety of the equipment and we saw local rules relating to each X-ray machine were displayed in each surgery. We saw documentary evidence to demonstrate the X-ray equipment in use had been serviced at recommended intervals.
- X-ray audits were carried out at the locations regularly to ensure they were of a satisfactory quality. We saw evidence the dentists recorded the reasons for taking X-rays (justification) and the images were checked for quality assurance (graded) and fully reported in the clinical records which demonstrated compliance with current best practice.
- There were arrangements in place to meet the Control of Substances Hazardous to Health Regulations 2002 (COSHH). COSHH is the legislation that requires employers to control substances which are hazardous to health. There was a COSHH on line tool where risks to patients, staff and visitors associated with hazardous substances were identified and this was maintained regularly by a nurse and a dental therapist.
- Checks of fire extinguishers and emergency lighting had taken place at regular intervals. We saw the fire evacuation procedure was clearly posted on the walls throughout the locations. Fire risk assessments had been carried out which indicated identified risks had been partly addressed.
- There was a business continuity plan in place, which provided guidance for staff in certain emergencies, such as, inadequate staffing levels and total loss of access to the building and staff were aware of the plan.
- Records were completed fully following the treatment and prior to continuing to the next patient. Clear advice and written information was provided to the patient, care home and relatives as appropriate.
- Each patient contact with a dentist was recorded in the patient's care records. We observed and were told records were completed at the time of treatment. They were legible, accurate and up-to-date. New patients were asked to complete a comprehensive medical history and a dental questionnaire. This questionnaire enabled the clinicians to gather important information about their previous dental, medical and relevant social history. They also aimed to capture details of the patient's expectations in relation to their needs and concerns. This helped to direct the clinicians in providing the most effective form of care and treatment for them. These aspects of information were seen to inform treatment options and ensure comprehensive records for the safety and well-being of patients.
- The service had a programme of clinical audit in place. We saw clinical record keeping was one of the audits undertaken as part of a regular annual rolling programme of audit. The results seen demonstrated a high standard of work and documentation which met the record-keeping requirements. We were told should improvements be needed following an audit these would be discussed with the clinician.

### Cleanliness, infection control and hygiene

- The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance published by the Department of Health describes the precautions healthcare workers should take in three areas: standard principles for preventing HCAI, which include hospital environmental hygiene, hand hygiene, the use of personal protective equipment, and the safe use and disposal of sharps. The service was working in accordance with the Code of Practice.
- The department appeared clean and well maintained. Staff spoken with, and documentary evidence seen, demonstrated the service staff were aware of the Code of Practice and were implementing it in their practice.

### Quality of records

- Patients individual care records were written and managed in a way that keeps them safe. Patients' clinical records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage with paper records stored in lockable metal filing cabinets. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality.

## Are services safe?

Decontamination of instruments took place in the Central Sterilisation Unit (CSU) of the hospital and this service provision has been reported upon in the surgical services part of the full trust report.

- The service had in place a trust infection control lead professional and an infection control policy with a set of procedures which included hand hygiene, managing waste products and decontamination guidance.
- It was noted that all clinical and non-clinical areas of the service were clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including liquid soap and paper towels in each of the treatment rooms and toilets. Hand washing protocols were also displayed appropriately in various areas of the trust and bare below the elbow working was observed.
- Staff explained the decontamination of the general treatment room environment following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental unit water lines (DUWL's).

The DUWL's were maintained to prevent the growth and spread of legionella bacteria (legionella is a bacteria which is present in all potable water and unless controlled effectively can result in staff and patients contracting Legionella disease which can be fatal). The recommended procedures contained in the Legionella risk assessment were being carried out and logged appropriately.

- The segregation and storage of dental waste was in line with current Torbay Hospital policy. We observed sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current trust guidelines.

### Mandatory training

- Staff told us they received appropriate professional development and training and felt supported by the Trust. Continuing professional development was reviewed centrally within the trust to monitor dentists' and dental nurses' progression. Professional registration was also reviewed and highlighted to staff when they were due for review by the General Dental Council.

- Training records showed that in the main staff were up to date with their training. The training covered all of the mandatory requirements for registration issued by the General Dental Council. This included responding to medical emergencies, safeguarding, consent and infection control. There was an induction programme for new staff to follow to ensure they understood the protocols and systems in place within the trust.

### Assessing and responding to patient risk

- Each of the speciality dental clinics carried out consultations, assessments and treatment in line with recognised speciality professional guidance and discussion with the senior lead clinician confirmed this.
- Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures such as brushing techniques or recommended tooth care products. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and or carer. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.
- We were advised by the senior clinician that multi-disciplinary team (MDT) meetings took place on a regular basis in order to pool resources and provide best possible treatment plans for individual patients.

### Staffing levels and caseload

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

### Managing anticipated risks

## Are services safe?

- All the staff in the dental department were aware of how to react in the event of a medical emergency. Training had been provided for all staff in first aid and intermediate life support (ILS) which enabled them to deal with a medical emergency whilst waiting for the main hospital medical emergency team to arrive.
  - We reviewed staff recruitment files and saw information obtained and recorded was in the main compliant with the relevant legislation. Evidence of professional registration with the General Dental Council (where required) was not available in all files. Checks with the Disclosure and Barring Service (DBS) had been carried out in all records seen. References were present and had been signed and gaps in employment had been explored and recorded and their immunisation status recorded.
- Staff recruitment**
- There were recruitment and selection procedures in place which were managed through the human resources department of the trust. We were assured by the provider that effective recruitment procedures were in place for all new starters.

# Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Summary

We rated the effectiveness of the service as good.

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

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

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

## Evidence based care and treatment

- Dental services were delivered according to the standards set out by Intercollegiate Royal Colleges Guidelines 2015 and appropriate specialist guidelines.
- Consultations, assessments and treatment were carried out in line with recognised speciality professional guidelines. A review of a sample of dental treatment records and discussions with the clinicians on duty in each dental department in the hospital visited confirmed this.

## Health promotion & prevention

- Preventive care across the service was delivered using the publication from Public Health England 'Delivering Better Oral Health Toolkit 3rd edition 2015'. Adults and their carers attending services were advised during their consultation of steps to take to maintain healthy teeth. Tooth brushing techniques were explained to them in a way they understood.

- The clinicians were informed by guidance from the FGDP before prescribing X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded in the patient's care record and these were reviewed in the location's programme of audits.

## Patient outcomes

- The service had an effective system to regularly assess and monitor the quality of service patients received. To facilitate this there was evidence the service carried out clinical audit and risk assessments. This included auditing of clinical recording keeping standards, dental X-rays. Infection control and oral surgery. The results of these demonstrated a high standard of work.
- Information about the outcomes of patients' care and treatment is routinely collected through clinical audit, peer reviews and patient surveys. We saw minutes of meetings where patient outcomes and ways for improvement were discussed.
- The senior clinician advised us about MDT meetings and clinical audits to ensure good outcomes for patients.
- The dentists worked according to the NICE guidelines in relation to antibiotic prescribing and wisdom teeth extraction.
- The service gathered feedback from staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in activities to improve outcomes for both staff and patients.

## Competent staff

- Staff told us they received appropriate professional development and training across the area of service provision and training was actively encouraged and monitored.
- We reviewed training records for all dentists, dental nurses and reception staff and saw they were up to date with their training. The training covered all of the mandatory requirements for registration issued by the

## Are services effective?

General Dental Council. This included responding to medical emergencies, safeguarding, consent and infection control. There was an induction programme for new staff to follow to ensure they understood the protocols and systems in place with the Trust and locations.

- Staff we spoke with told us they were clear about their roles and responsibilities, had access to the trust policies and procedures, and were supported to attend training courses appropriate to the work they performed.
- Appraisals were completed annually for all staff. Staff were encouraged to develop their role and were supported to complete additional training enabling the service to provide enhanced care for patients.

### Multi-disciplinary working and coordinated care pathways

- The service demonstrated robust multi-disciplinary working within Torbay trust departments and also across the region to share experience and best practice. There were suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. There was effective collaboration and communication amongst all members of the multidisciplinary team to support the planning and delivery of patient centred care.
- Details of all treatment patients had received were communicated back to their referring dentist as appropriate during the course of their treatment at the hospital and at the end of their course of treatment.
- The majority of patients were referred to the service from general dental practices within the local area. Referrals were assessed and monitored by the trust to ensure inappropriate referrals were kept to a minimum.
- Referrals when required were made to other appropriate services.

### Access to information

- Patients were provided with information about the services offered in leaflets and on the notice boards. There were leaflets for specific treatments such as orthodontic treatments.
- Preventative dental information was given during consultations in order to improve the outcome for

patients. This included dietary advice and general dental hygiene procedures such as brushing techniques or recommended tooth care products. There was a patient information leaflet with pre-operative and post-operative instructions for the patient to follow following a general anaesthetic. These patient instructions were reinforced verbally at the assessment appointment and again at the point of discharge following surgery.

- Information for patients about how to raise a concern or complaint was available in the waiting room and in leaflet form.

### Consent and Mental Capacity Act

- Staff described the methods they used to ensure patients had the information they needed to be able to make an informed decision about treatment. The senior clinician advised that treatment options; risks, benefits and costs were discussed with each patient and documented in a written treatment plan. Staff explained to us how valid consent was obtained from patients at the locations. We reviewed a random sample of patient records which confirmed valid consent had been obtained.
- The clinicians had a clear understanding of consent issues. They stressed the importance of communication skills when explaining care and treatment to children and the adults responsible for their care. The dentists felt that responsible adults and older children should be given time to think about the treatment options presented to them. This ensured that a parent or older children could withdraw consent at any time.
- There was a system for obtaining consent for patients undergoing general anaesthesia, and other operative dental treatment. Staff discussed treatment options, including risks and benefits, with each patient their parents, guardians or carers. Responsible adults were asked to read and sign these before starting a course of treatment.
- The documentation used in each case to inform consent consisted of: the referral letter from the general dental practitioner, the patient assessment including a completed written medical, drug and social history. Patients' parents or guardians were also required to complete the appropriate NHS consent form.



## Are services effective?

- There were pre-operative and post-operative check lists and a patient information leaflet of pre-operative and post-operative instructions for the patient to follow. The dentists involved in the provision of general anaesthesia undertook a series of checks immediately prior to the removal of teeth to prevent the occurrence of a 'never event' i.e. wrong tooth extraction.
- In situations where people lack capacity to make decisions through illness or disability, health care providers must work in line with the Mental Capacity Act 2005. This is to ensure decisions about care and

treatment are made in the patient's best interests. Staff explained how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met. The trust had an electronic checklist to ensure they covered all the key points of the Mental Capacity Act 2005 when treating patients who lacked capacity to consent to care and treatment. Staff had received specific Mental Capacity Act 2005 training and had a good working knowledge of its application in practice.



## Are services caring?

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

### Summary

We rated caring in the service as outstanding.

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

Feedback from patients, those close to them and stakeholders was seen on the 'WOW' board. Comments and letters seen were extremely complimentary about the way staff treated them. They comments and letters spoke of listening and empathetic staff who had immense patience and ensured the best possible outcome of treatment for them. The board as a whole demonstrated people think staff go the extra mile and the care they received exceeded their expectations.

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

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

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

### Compassionate care

- We observed patients were dealt with in a kind, friendly, compassionate and professional manner. We observed staff being polite, welcoming patients by their preferred name, being professional and sensitive to the different needs of patients.
- Staff told us all consultations and treatments were carried out in a way that maintained patients' dignity and privacy. Conversations between patients and their carers and dentists could not be overheard which protected patients' privacy. Staff were aware of the importance of providing patients with privacy and maintaining confidentiality.

- We saw before treatment commenced, patients signed their treatment plan to confirm that they understood and agreed to the planned treatment. Staff told us they involved relatives and carers to support patients in decision making when required.
- We observed the dentists and the dental nurses treating patients and carers with dignity and respect. They took extra time with patients who did not have full capacity to understand the advice being given. The dentists and support staff were skilled at building and maintaining respectful and trusting relationships with patients and their carers. The dentists sought the views of patients and carers regarding the proposed treatment and communicated in a way which ensured people with learning disabilities were not discriminated against. For example, patients and carers were given choices and options about their dental treatment in language they could understand.
- The service obtained regular feedback from patients via the friends and family test however the take up by patients was limited. The results from these were discussed at staff meetings and actions taken when required.

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

- We saw documentary evidence patients and their parent or guardian received a detailed explanation of the type of treatment required, including the risks, benefits and options. The senior clinician described the clinical patient records contained extensive notes with respect to treatment options and the risks and benefits of the proposed treatment as per best practice reading clinical records.
- Feedback seen from patients and families confirmed they felt appropriately involved in the planning of their or their family member's, treatment. It also demonstrated patients felt their relevant medical histories were discussed with them and they were involved in decision making about the treatment they received.





## Are services caring?

- The letters and comments displayed on the WOW board showed patients felt listened to and supported by staff. The comments reflected they felt they had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive.
- We found planned care was consistent with best practice as set down by speciality national guidelines.

### Emotional Support

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



# Are services responsive to people's needs?

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

## Summary

We rated the responsiveness of the service as outstanding.

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

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

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

- We found services were planned and delivered to meet the needs of patients. Staff had a clear understanding of who their population group were and understood their needs including, making appointments long enough to provide thorough investigations and treatment.
- The information seen on the WOW board demonstrated patients felt they were seen in a timely manner.

## Equality and diversity

- The service had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. Staff told us they had access to a translation service should it be required. Details of how to access translation services were available.

- The trust had also considered the needs of patients with mobility issues. All locations visited had adapted the premises to enable wheelchair access for patients with mobility difficulties. They all had disabled toilet facilities.
- Staff described to us how they had supported patients with additional needs such as a learning disability. They ensured that patients were supported by their carer or a relative and that there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

## Access to the right care at the right time

- The service had a well-defined acceptance criteria with senior clinicians triaging all of the referrals sent to them. This ensured only those patients falling within the acceptance criteria were able to access the service.

## Learning from complaints and concerns

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

# Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Summary

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

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

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

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

## Service vision and strategy

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

## Governance, risk management and quality measurement

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

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

## Leadership of the service

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

## Culture of this service

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

## Are services well-led?

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

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

### Public and staff engagement

- Feedback seen demonstrated patients expressed their views and were involved in making decisions about their care and treatment.
- A "WOW" board displayed compliments and things that had gone well so that the good news could be shared.

Patients had described the staff as providing excellent care in a highly professional manner. Others referred to an incredibly caring, listening and empathetic approach which gave the patients courage and confidence to undergo treatments.

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

### Innovation, improvement and sustainability

- All staff spoken with said they enjoyed their work and were well supported by the trust, dentists and management. Staff were regularly appraised and received regular supervision to aid their learning and improvement.