Central Manchester University Hospitals NHS Foundation Trust

RW3

Community dental services

Quality Report

Trust Headquarters, Cobbett House
Manchester Royal Infirmary
Oxford Road
Manchester
M13 9WL
Tel: 0161 2761234
Website: www.cmft.nhs.uk

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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)
RW3LP	Longsight Health Centre	Community dental services	M13 0RR
RW3HH	Harpurhey Health Centre	Community dental services	M9 4BE
RW3MR	Manchester Royal Infirmary	Forum Health Community dental services	M13 9WL
RW3X1	Withington Community Health Clinic	Community dental services	M20 4BA

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

Summary of findings

Ratings

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

Summary of findings

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Summary of findings

Overall summary

We rated the community dental service as 'good' overall because;

There were systems in place for identifying, investigating and learning from patient safety incidents. Staff understood the processes for raising safeguarding concerns and allegations of abuse. The environments were visibly clean, safe and fit for purpose. Services were planned and delivered in line with national best practice guidance and services participated in several dental public health programmes.

The service covered a large area of Manchester and planning was undertaken to ensure all patients could access the service when needed. Dental treatment was provided for patients who were housebound and a nursery schools service provided dental education.

Between April 2015 and October 2015 all patients were seen within the12 week referral to treatment timeframe. Learning from complaints was shared and discussed during team meetings.

Patients or carers who attended for treatment were positive about the staff and the treatment they received. Staff were enthusiastic and proud of the team and workplace, staff retention was good. We saw examples of good practice and innovative clinic design and equipment. Staff treated patients with compassion and respect. In the last 12 months the senior staff structure had been remodelled and the strategy for the future appeared more stable. There was a comprehensive risk management policy and strategy. Information regarding performance, risks, complaints and incidents flowed between levels via membership of groups, for example the Operational Risk Management Group, team briefs and the intranet.

Summary of findings

Background to the service

The Manchester Community Dental Service (MCDS) provides city-wide specialist dental care for children and adults with additional needs who are unable to access general dental services. Additional needs include complex medical conditions and co-morbidities, learning and physical disabilities, special dental conditions, dental anxiety and bariatric (patients that are obese) requirements. The services are spread across nine sites (one currently unused due to lack of available staffing) and a separate administration office. The service offers an inhalation sedation treatment pathway for anxious patients referred from general dental practitioners.

In addition to clinic based activities, MCDS also offers a domiciliary care service (care in the home) for patients unable to access the clinics due to health conditions, and participates in several Dental Public Health Programmes.

There is an annual screening programme for special needs schools across the city, a 'Manchester Smiles Kick Start' programme (a programme to help parents look after their children's dental health) and the service participates in the NHS Dental Public Health Intelligence Programme (Formerly the NHS Dental Epidemiology Programme). This programme supports the collection, analysis and dissemination of reliable and robust information on the oral health needs of local populations.

The MCDS has a partnership with the University of Manchester School of Dentistry and provides an outreach teaching programme at six of the city wide sites. Clinical teaching is also provided for dental hygienists.

The service treated 13,317 patients between November 2014 and October 2015 with 1440 new patient referrals.

Our inspection team

Our inspection team was led by:

Chair: Nick Hulme, Chief Executive at The Ipswich Hospital NHS Trust

Team Leader: Ann Ford, Head of Hospital Inspections, North West

The team that inspected this service consisted of two CQC inspectors (with experience in infection prevention and control and IR(ME)R 2000) with remote access to specialist dental advice if required.

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of experiences and their perceptions of the quality of care and treatment by the service.

Why we carried out this inspection

We carried out this inspection as part of the comprehensive inspection of Central Manchester University Hospitals NHS Foundation Trust

How we carried out this inspection

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

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

Summary of findings

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 using the service.

As part of the inspection we visited four clinics over two days: Longsight, Harpurhey, the Forum Health Centre and Withington.

We spoke with the operational manager and clinical lead along with a number of other staff from each location. This included four dental nurse team leaders, two senior dental officers, one dental therapist, five dental nurses, one student nurse and an administrative officer. We also held staff focus groups where staff could attend and tell us about their experience of working in the trust.

We spoke with six patients and reviewed six sets of patient records. We received feedback from patients, relatives and carers via comments boxes that were left in clinics prior to the inspection. Patients also contacted us via email and telephone to share their experiences of the service.

What people who use the provider say

Patients we spoke with were complimentary of the service and treatment received. Parents had commented, on the patient feedback survey (March 2015) that their children were put at ease, there was a high level of professionalism, and the patience and attitude of the staff had created a pleasant experience.

100% of patients rated the overall experience as either Excellent or Good - Patient feedback survey March 2015. Some quotes from the survey included:

“The staff and trainees are very friendly and very co-operative. I am very satisfied and feel very lucky to have this service on my doorstep. I have told everybody how good you all are and I can't praise you all enough.”

“I have had the pleasure over the last 30 + years being a patient of this fine practice & am equally pleased to the care and attention they always show to my children. Thank you for your continued service.”

“Excellent care. Always consulted re treatments. Regular appointments, caring staff and always treated with respect and dignity. Dr Armstrong always available for questions and answers, very caring and involves patient in treatment”.

“I feel my daughter has had excellent treatment even though she won't cooperate, the staff have been so patient and encouraging, and excellent service”.

Good practice

- The environment at Withington health centre was purpose built in 2010 and had previously been nominated for an innovation award. The corridors and treatment rooms had specifically designed art work and light instillations that was beneficial to treating anxious patients and patients with special needs. The corridors were wide and access to rooms were suitable for wheelchair users. Withington also had facilities for treating bariatric patients such as wider treatment chairs.

Central Manchester University Hospitals NHS Foundation Trust

Community dental services

Detailed findings from this inspection

Good

Are services safe?

By safe, we mean that people are protected from abuse

We rated the community dental services as 'good' for safe because;

There were systems in place for identifying, investigating and learning from patient safety incidents. Staff understood the processes for raising safeguarding concerns and allegations of abuse. Staff demonstrated awareness of infection control and used personal protective equipment in line with best practice. Appropriate uniform, gloves and mask were worn during treatments and staff were compliant with bare below the elbow guidelines.

The clinics were visibly clean, free form clutter and fit for purpose. Staff skills were utilised and planning took place to ensure adequate staffing levels across the service. Policies and procedures were in place and up to date, for the storage, use and disposal of medicines and equipment where appropriate.

Safety performance

- The Central Manchester Community Dental Service ensured its safety standards by monitoring workload and using key performance indicators to assess performance. Data such as waiting times, effective clinical outcomes and child in pain information was regularly recorded and monitored.
- Trust data showed there had been 13 level 1 incidents recorded and three level 2 incidents over the period April 2015 to November 2015. (The incident scoring system in use rated incidents from one to five dependent on severity with one being the lowest score.) Root cause analysis was required for any incidents rated as level 3 or over. No Root Cause Analysis investigations were therefore required or observed. Local level investigations had been performed however, and evidence of this was seen. Half of the recorded incidents were attributed to equipment failure, computer connectivity, printer and fax failures. There was one needlestick incident and one student administered anaesthetic to the wrong side of mouth.

Incident reporting, learning and improvement

- Staff knew how to report incidents via the trust wide electronic reporting system. Incidents and near misses were recorded by all staff.

Good

Are services safe?

- Health and Safety meetings were held on a quarterly basis and reviews of any previous incidents was a regular agenda item. There were also a series of meetings in which shared learning from incidents took place. Information was cascaded from clinical leads to dental nurse team leads to local team meetings.
- When asked about recent incidents regarding loss of x-ray images, a dental nurse team leader demonstrated that she understood the root cause analysis process and how to action any changes. Actions across sites were evident and learning and sharing had taken place. A new procedure had been written and taught and had been sent to the other clinic involved to prevent the incident reoccurring.
- Clinical effectiveness meetings were held monthly and minutes from these meetings showed learning from incidents was discussed.
- The trust's Duty of Candour Monitoring Report showed no incidents for the community dental service from 1 January 2015 to 4 November 2015. Staff confirmed they were familiar with the process. The aim of the duty of candour regulation is to ensure trusts are open and transparent with people who use services and inform and apologise to them when things go wrong with their care and treatment.

Safeguarding

- All staff, including the administrative staff had basic safeguarding training and updates as part of the trust's annual mandatory training programme. Staff understood the processes for raising safeguarding concerns and allegations of abuse.
- Records showed that 96% of staff had completed level 1 (basic) safeguarding children training; 97% had completed level 2 (intermediate). There were six staff (14%) trained to level 3 (advanced) standard and one member of staff with a Level 3 Safeguarding Adults qualification across the dental service. The role of the staff trained to level 3 was to provide advanced information on reporting incidents and procedures and to understand the requirements of a safe environment.
- The trust's safeguarding team brief minutes were circulated to all staff as part of the community dental clinical effectiveness meetings and safeguarding was a regular agenda point.
- Staff were sensitive to the potential risk to vulnerable children from other service users. The service provided treatment for a number of establishments that provided care for adult patients with drug and alcohol problems. Dental nurse team leaders explained that medical notes were screened for risk, if necessary the clinic staff ask for the patient to be escorted by carers for their appointment.

Medicines

- The community dental services kept emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice.
- A robust system for control and monitoring of any medicinal stocks was evident. There was a procedure in place, with daily checks of expiry dates and return of medication to locked cupboards at the end of each clinic, thus ensuring safe storage and handling.
- Appropriate and in date medical drug boxes were present in all sites visited. Each clinic had two boxes in case one was taken for a domiciliary visit.
- Dental practitioners were issued with prescription charts and could prescribe pain medication, antibiotics or fluoride preparations. A system for recording prescription sheets and any medicine issued was in place in each clinic.
- Medical gases were stored and checked correctly and a process for replenishment was in place. Scavenging equipment (equipment used for conscious sedation) was seen in operation and the process was explained with knowledge and clarity. The clinics only used nitrous oxide for conscious sedation. Where sedation under general anaesthesia was required patients would be referred to the acute hospital.

Environment and equipment

- All the clinics visited were located within a health centre. Emergency resuscitation and defibrillators were maintained by health centre staff. Staff told us they could access equipment when needed.
- All clinics visited were visibly clean, tidy and well maintained. Throughout the service there were 30 treatment rooms. The rooms we visited were all clean and had cleaning logs for surfaces, cupboards and sinks. At Longsight Health Centre there were four treatment rooms with second access by a central corridor at the back to allow supervision of dental students and one with closed access to allow privacy and dignity. Conscious sedation was performed in the private room that had recently been refurbished and was in use for

the first time during our inspection. Harpurhey Health Centre and Forum Health Centre had treatment rooms off a main access corridor which could all be segregated to maintain patient privacy and dignity.
- There was appropriate signage in waiting areas and corridors regarding fire escape routes and evacuation plans.
- The toilet facilities for both patients and staff were accessible, clean and well maintained.
- All clinics decontaminated dental equipment on site. Staff were able to demonstrate and explain the process and arrangements for the cleaning of dental equipment, and the transfer, processing and storage of instruments to and through the onsite decontamination rooms. Records, logs and service data were evident. Some clinics had two washers and two autoclaves enabling work to continue if one failed. Procedures were in place for transferring items between clinics if necessary.
- Records for medical devices and equipment in use were available at each location to view. Equipment had been routinely serviced and certificates were in place, in line with a maintenance schedule, for key equipment such as x-ray systems, autoclaves and washer disinfectors.
- Supporting documents, such as local rules, gas cylinder checks and service reports were visible where appropriate in line with Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000. Gas cylinders were stored safely.
- Two domiciliary visit packs were kept within the MCDS at Forum Health Centre and Withington Health Centre. These contained the equipment required to treat a patient in their own home. The equipment was kept in mobile containers and checked before and after each visit against a checklist to ensure all products were present and within expiry date.

Quality of records

- Staff used an electronic system for recording appointments and for records such as people's personal information, appointment history, medical history questionnaires, X-rays and consultation notes. This ensured access to records if patients attended other clinics within the trust.
- Staff also used paper records for information such as treatment plans, consent forms and referral letters.

During the inspection, we looked at the dental records for six patients. These were complete, legible and up to date and contained the appropriate information to provide care and treatment.

Cleanliness, infection control and hygiene

- There were no reported incidences of Methicillin-resistant Staphylococcus aureus (MRSA) or Clostridium Difficile (C. Diff) infections from any of the eight operational dental practices during the past year.
- The clinics we visited were visibly clean and free from clutter. Waiting rooms, corridors and offices were cleaned by domestic staff on a regular basis. Some clinics were showing signs of wear and tear but were still clean and in an appropriate state of repair.
- A daily and weekly checklist was evident for all treatment rooms and dirty and clean decontamination rooms. Work surfaces, including the dental chair and associated equipment, were cleaned by nursing staff.
- Preparatory checks and tasks were completed before the treatment rooms were used. These included checking all the water lines and flushing through with cleaning solutions at the start of the day and in between patients.
- A clinical audit was undertaken between October and November 2014 which examined the decontamination of aspiration systems and staff compliance with the Health Technical Memorandum: HTM 01-05 guidance (Decontamination in primary care dental practices). The audit showed there was 100% compliance with the procedure and use of correct cleaning fluid, though the process of cleaning the spittoon varied between staff. This had no effect on infection control but a resulting procedure was produced to ensure standardisation. This was an example of the department's ongoing hygiene assurance process and a re-audit was planned every six months.
- Staff demonstrated awareness of infection control and used personal protective equipment in line with HTM01-05 guidance. Treatment rooms were clean and cleaning logs were seen. Appropriate uniform, gloves and mask were worn during treatments and staff were compliant with bare below the elbow guidelines. Safety glasses were available for patients.There were sufficient hand wash sinks and hand gels in place for staff to perform hand hygiene tasks. A nursing team leader told us hand hygiene audits were carried out on a monthly basis. However, the trustwide audit data showed there

had been no submissions since June 2014. There was evidence of seven audit entries from February 2013 – June 2014 from across the dental citywide service; compliance was high (between 98% and 100%) for submitted results.

- Appropriate systems were in place for the management of sharps and waste disposal. The service had arrangements in place with contractors for the disposal of dental waste such as teeth, amalgam, gypsum, sharps and other products.
- Each clinic had a separate decontamination room and the decontamination processes were based on national guidance such as HTM-01-05.
- There was a clear pathway in place for the decontamination of dirty instruments. Staff explained that after use, they washed and rinsed the instruments, used a washer disinfector, checked the instruments for debris and used the autoclave to sterilise them to ensure they reached the approved level of sterilisation. Clean instruments were stored in sealed packaging and date stamped in accordance with national guidelines.

Mandatory training

- All staff completed the trust corporate and clinical mandatory training programmes. Records showed that 91% of staff had completed corporate mandatory training and 97% had completed clinical mandatory training (including Safeguarding level 1) . This was better than trust target of 90% of compliance. All staff were trained in immediate life support as part of mandatory training.

Assessing and responding to patient risk

- Emergency referral / appointments was available from all clinics. Each clinic had daily 30 minute slots allocated for emergency appointments.Dentists or Senior Dental Officer's also had administration time built into their working week in which they could allocate time for tooth ache patients.
- The 'Child in Pain' figures from the quality dashboard stated that 100% of patients requiring treatment were offered appointments within 24 hours in July 2015. There were 50 contacts and three failed to attend.
- Staff told us they were able to accommodate emergency appointments. Two patients told us they called for an emergency appointment and were given an appointment the same day.
- Patient medical histories were reviewed by dental staff at each appointment visit. This allowed staff to plan the workload around the patient. Anxious children were given as many appointments as necessary until they felt comfortable enough to receive treatment.
- Staff were asked if they felt vulnerable in the workplace. Some stated they were aware they could potentially be at risk from some patients and situations were risk assessed at the time.
- There had been an incident where an adult with special needs became unusually aggressive. The staff managed the situation by removing other patients and seeking help from the patient's carers.
- Domiciliary work was conducted with two members of staff present,a risk assessment was completed before the visit. There was a plan to improve the system and assess the actual needs of the patient and if a domiciliary visit was always necessary. The number of domiciliary visits undertaken was an average of 28 per month. The contracted number was 11. This could impact the service as it took a dentist and nurse away from the clinic reducing the number of patients seen and putting staff in a potentially high risk situation.

Staffing levels and caseload

- MCDS employed 10.1 whole time equivalent (wte) dentists/therapists, 28.3 wte dental nurses and 9 wte administration staff (including seconded operational manager and 0.4 clinical lead).
- The service had recently undergone a series of structural changes with regard to staffing. The changes were as a result of four key personnel leaving their post within a short period of time and difficulty replacing the clinical director. In May 2015 a structure was created that involved a partnership between the operational manager and the clinical lead (specialist senior dentist) thus replacing the requirement for a clinical director and allowing the clinical lead to continue to practice.
- At the time of inspection, the operational manager was a seconded post and was being filled by the dental nurse manager.
- The introduction of the new organisational structure demonstrated that planning at strategic level was taking place in order to improve the skill mix and staffing levels within the service.
- The operational lead prepared nursing rotas on a weekly basis. A nursing team leader advised us that

most nursing staff were experienced and willing to rotate between sites. There was a system in place where nurses from other clinics could be used to provide cover for short-term sickness / leave. The standardisation of processes and the unity of the team ensured this was safe.

- At Longsight health centre there was no receptionist in place on the day of inspection. It was the duty of the nursing staff to cover the reception duties, though this had no impact on patients, it caused staff to be additionally busy with booking in and appointment making duties.The nurse team leader told us the process for recruiting a new receptionist was in progress.There was also a vacancy for a dental therapist.
- The service had recently recruited the following dental staff: A consultant in special care surgery (0.3 wte in community) shared with the Dental Hospital; A wte dental specialist in special care dentistry to be based at Withington; A specialist in paediatric dentistry (0.4 wte).
- There was at least one senior dental officer (SDO) per clinic at every session. No clinics took place when the SDO was absent and patients were referred to other neighbouring clinics for emergencies.
- A special needs dentist had recently been employed at Withington health centre which would enable treatment of more service users with complex needs.
- During undergraduate training, one dental nurse attended each treatment room for each year 5 dental student. Where year 4 dental students were training, two dental students attended each treatment room, in order to give the student the opportunity to assist and learn from each other. All dental students were observed and supervised by a senior dental practitioner / tutor. Dental nurses were always on hand to assist if required.
- The caseload for undergraduates was reduced to allow additional time with each patient. A 45 minute time slot was given instead of 15 minutes for an SDO. For restorative treatments 90 minutes was allotted. This ensured the student did not feel pressurised and allowed the SDO to check and correct as necessary.

Managing anticipated risks

- Each day the dental nurse team lead for each clinic assessed the staffing levels regarding sickness/ absence and arranged cover via the other clinics as appropriate. This ensured that all patients could be seen and no treatment was delayed.
- Time slots for appointments were assigned based on the type of treatment, the individual patient and if the treatment was administered by a student. Any issues were escalated to the team lead.
- Any out of hours needs were covered by an emergency dental service that was not part of the trust. A phone number was given to the patients and was also on an answer phone recording when patients phoned the clinic.
- Patients' notes were read and then risk assessed prior to a patient attending an appointment. Assessment of the patients' needs were made and decisions regarding whether the patient needed an escort was made prior to appointment. Domiciliary visits were assessed in the same way.

Major incident awareness and training

- Staff were aware of the major incident policy and how they could access this via the trust's intranet.

Good

Are services effective?

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

We rated the community dental services as 'good' for effective because;

Services were provided using evidence based, best practice guidance and focused on patients' needs. Dental public health programmes were provided to the community and there were good examples of team working across the service. Staff followed the process of obtaining consent. For those patients who lacked capacity meetings and discussions were held to ensure care and treatment was provided in the patient's best interests.

Multidisciplinary working was evident across services. There was evidence of continuous learning among the staff and continuous professional development opportunities for staff registered with the GDC.

Detailed findings

Evidence based care and treatment

- Care and treatment was provided in line with best practice guidance such as National Institute of Health and Care Excellence (NICE) guidance.
- The clinical team at MCDS followed the General Dental Council (GDC) Standards for the Dental Team guidance.
- Inhalation sedation was used in clinics appropriately in line with UK National Clinical Guidelines in Paediatric Dentistry. Storage and use was appropriate and followed BOC safety guidance; scavenging equipment was seen and staff demonstrated its use.
- Continuous learning as a team was evident from the Clinical Effectiveness Meetings held every 3 months. The agenda items included quality, risk management, education and clinical audit. Information from these meeting was cascaded throughout the dental team.
- In January 2015 the department participated in a Community Dental Recall audit to assess compliance with NICE guidelines.
- Staff in the department had Post Qualification Special Needs Dentistry training and were therefore aware of and complied with guidelines set out by the British Society of Disabled and Oral Health.
- Decontamination processes were based on national guidance such as the Health Technical Memorandum HTM-01-05: Decontamination in primary care dental practices.
- There were a series of planned audits in the community dental service. Audits were performed to compare processes across sites. Actions were taken when disparity was seen.

Pain relief

- Pain relief was routinely included as part of a patient's assessment for treatment.
- During the inspection, we spoke with six patients from three clinics. All patients stated they had received adequate pain relief during and after treatment.
- There was evidence in the prescription record book that patients had been prescribed pain relief, such as Paracetamol 250mg/5ml syrup to continue pain relief at home when required.

Patient outcomes

- In January 2015, the service undertook an audit to assess compliance with NICE guidance in relation to recall intervals. NICE guidance states that the recommended interval between oral health reviews should be determined specifically for each patient and tailored to meet his or her needs, on the basis of an assessment of disease levels and risk of or from dental disease. 100 patients were included in the audit and the results showed the service was 100% compliant with this recommendation. This means that all patients had a specified recall interval and an oral health assessment documented in the notes.
- To meet the needs of the population and in line with the requirements of the Personal Dental Service Plus contract, the service saw 13,317 face to face patients from 1 November 2014 to 31 October 2015. The "PDS Plus" is the model contract to be used by PCTs for their Dental Access Procurements. It is a standardised NHS primary dental contract and is supplemented by Department of Health guidance in the form of a "user guide".

Good

Are services effective?

- The number of patients failing to attend appointments (DNA) was 4,166 (23%). The high DNA rate had a serious impact on the service the clinics could provide. Staff hoped the addition of a text reminder service would improve attendances.
- The units of dental activity (UDA) performed ranged from 1257 in June 2015 to 646 in September 2015. The contract was for 1062 per month but the average since April 2015 was 898. This may be due to a clinic refurbishment at Longsight health centre, shortages of dental staff or high number of DNA's. The service also offered a contracted domiciliary service. The contract was to provide 11 per month but the actual number of visits averaged at 28. As this took key personnel away from the clinics it could also attribute to the recent low UDA.
- The Manchester Community Dental Service participated in several dental public health programmes. A senior dental officer participated in the annual national epidemiology programme. The staff were trained annually and work was calibrated in line with national standards. Anonymised survey data was made available to the Dental Public Health Co-ordinator for Public Health England.
- Additionally, MCDS took part in a 'Manchester Smiles Kick Start' Programme. The programme was aimed at nursery school children, under five years, and raised awareness of the importance of good dental health. Nurses attended the schools and all children where parents have consented received a dental check and an application of fluoride varnish. Advice of good oral care and how to find a dentist was also given. Children with dental problems that required further treatment were referred to the MCDS service. Twenty-three schools were visited in the Manchester area in the last 12 months; 835 children were seen from a possible 984 and 183 parents were present during the consultation.
- Nine special needs schools in Manchester participated in a screening programme with MCDS. Children received a dental check-up at school in their familiar environment, with their peers. 12 sessions have taken place over the last 12 months and 584 children were seen.

Competent staff

- The clinical team at MCDS were all registered with the General Dental Council (GDC). As such they were suitably qualified to be registered and participated in continuous professional development.
- In addition to staff having the basic qualifications to perform their role, they were encouraged to progress in the service. Courses were offered to staff as they developed in their role and as time, staffing and funding constraints permitted. Qualifications for nurses included: Post Qualification Special Needs Dentistry, conscious sedation qualification, application of fluoride varnish, Post Qualification in Oral Health and Dental Radiography.
- Staff learning needs were identified at appraisal. All staff had an annual appraisal, data showed 100% of staff had received an appraisal in the last 12 months. Staff felt they were encouraged to progress and that their needs were met. There were opportunities to use additional skills, such as the 'Kick Start' public health programme.
- There were regular professional development training sessions held along with quarterly dental nurse audit meetings. This gave registered staff the opportunity to continue their professional development and share knowledge and learning.
- Although part of one team, the staff were sub divided by location. All staff could work across sites but tended to remain in one locality. A team leader in each location was responsible for managing the day to day support of staff.
- Each clinic visited had a set of departmental standard operating procedures. These were accessible to all staff. We saw induction training manuals for new starters in different roles and staff review portfolios.

Multi-disciplinary working and coordinated care pathways

- Multidisciplinary working between the nursing and dental staff was evident within each clinic. Staff worked across different clinics, covered at short notice and worked well as a team. The departments were all situated in a health centre setting and the team interacted with non-trust staff in their building.
- As part of dental public health programmes the team regularly worked with other staff to promote good dental health. The 'Kick Start' and special need schools screening programmes allowed staff to interact with

staff from nurseries and schools to identify any patients that required services. Where patients were identified they could be referred to the community dental service for treatment.
- Work for undergraduates was coordinated with the University of Manchester School of Dentistry and established a successful partnership with the trust and provided outreach training for 94 students in the academic year 2014/15.
- The service worked with the Looked After Children (LAC) Team in providing treatment for looked after children. The service accepted referrals from the LAC team.
- A dental nurse team leader stated that everyone in the team was involved in highlighting issues and contributed to problem solving.

Referral, transfer, discharge and transition

- Patients could self-refer or be referred via GP, consultant or their own dentist and via the Dental Public Health England Programme.
- We reviewed two referral forms as part of our inspection. The referrals included sufficient relevant patient information and their reason for referral e.g. behaviour issues or complex needs. Referral forms also include X-rays and patient medical history.
- Longsight clinic offered treatments for children and some adults that could attend as and when needed. Anxious patients could have as many appointments as needed for them to feel comfortable having treatment.
- Harpurhey and Forum health centres also provided restoration treatments for adults – this was a one off course of treatment for patients that did not have their own dentist and allowed patients to receive treatment until they found one.

Access to information

- Staff used the trust electronic system so that patient information was easily accessible. The system showed the patient's full history so previous treatments could be viewed by staff when needed. This system was available at all sites which meant a patient could be treated at any clinic.
- Staff had access to trust information via the intranet. A shared drive allowed dental policies and procedures to be accessed from any site. Minutes of meetings were also shared in this manner.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Written consent was sought from parents / carers of children under 16. For the 'Kick Start'programme, consent forms were sent to the nurseries in advance of the visit These explained to parents the beneifts and risks of proposed treatments, giving parents an informed choice. Only children with signed consent forms were seen.
- Staff explained that they were aware of Gillick competencies (used to help assess whether a child has the maturity to make their own decisions and to understand the implications) and would cease treatment if young patient refused treatment.
- There were no Deprivation of Liberty Safeguards (DoLs) notices in place during this inspection. We were informed by staff that patients requiring DoLs would be referred to the acute dental hospital for treatment rather than treated in clinic.
- Staff were trained in the Mental Capacity Act 2005 and followed the process of obtaining consent. For those patients who lacked capacity meetings and discussions were held to ensure care and treatment was provided in the patient's best interests.

Good

Are services caring?

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

We rated the community dental service as 'good' for caring because;

The feedback we received from patients both verbally and via surveys was positive. Patients were treated with respect and dignity and particular attention was paid to anxious patients. Treatment plans were explained and patients were involved in decisions.

Staff treated patients with kindness and respected them as individuals.

Compassionate care

- We spoke with six patients across three sites and all were positive and complimentary about the services and treatment they had received. Patients told us staff were caring and friendly.
- We saw patients' privacy and dignity maintained during our visit. Staff interacted with patients and carers in a calm and friendly manner. Children with special needs visited the Longsight clinic and staff were calm and attentive to their individual needs. Dental nurses also covered the role of the receptionist and we saw a respectful and considerate attitude to patients.
- The results of a survey, undertaken in February and March 2015 showed that 205 patients from 225 thought that the level of respect and courtesy shown by staff was excellent. The remaining rated the service as 'good'. Individual feedback had been given that included: "Brilliant! Made my 4 yr. old love the dentist" and "thank you to incredibly polite reception staff."
- Service User Experience surveys were performed twice a year. The most recent was July 2015. This was part of the key performance indicator and dental services quality dashboard. The results were split between the nine clinics and gave a percentage of responses that were either Excellent, Good, Fair or Poor. In July 2015 there were only two clinics that did not receive a 100% excellent or good response. These figures were indicative of positive patient response.
- Patients we spoke with were satisfied with the treatment received and in the Community Dental Service Patient Survey completed between February and March 2015, 186 out of 218 respondents said the overall care and treatment received was 'Excellent'. The remaining 32 said it was 'Good'.

Understanding and involvement of patients and those close to them

- Patients told us treatment plans were fully explained to them and staff explained their treatment in a way they could understand. 217 out of 218 patients stated that they were involved in decisions about their care in the 2015 patient survey.
- Patients told us information was discussed verbally and they were given information leaflets to support their understanding.
- Instead of the standard clear safety wear, a range of colourful children's sunglasses were provided. Children could then choose a pair of glasses engaging the child in their treatment.

Emotional support

- Patients told us staff provided emotional support and helped with nerves during procedures. One parent told us the dental staff were very good at helping to relax their child.
- Consideration was given to the needs of anxious patients. Each week the SDO had administration time built in to their week, any particularly anxious patients were given appointments during this time when the surgery was closed to other patients. Staff explained that sometimes the patients would begin by visiting the waiting room, then the clinic room and finally sitting in the chair. It could take up to four visits for the patient to relax sufficiently to receive treatment.
- The clinic at Withington health centre had commissioned artwork and light instillations in the ceiling in order to focus the patient's attention. This distracted the anxious patient from the treatment.

Good

Are services responsive to people's needs?

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

We rated the service as 'good' for responsive because;

The service covered a large area of Manchester and planning was undertaken to ensure all patients could access the service when needed. Dental treatment was provided for patients who were housebound and a nursery schools service provided dental education.

Between April 2015 and October 2015 all patients were seen within the12 week referral to treatment timeframe. Learning from complaints was shared and discussed during team meetings.

Planning and delivering services which meet people's needs

- The MDCS service had clinics based in local areas throughout Manchester allowing good accessibility. Clinics were based in the North, Central and South Manchester areas.
- There were a total of nine clinics providing 30 treatment rooms. Opening times and administration times were staggered so there was always a session running in one of the clinics, between 8.30am and 4.30pm. This gave a greater opportunity to provide emergency appointments for tooth ache patients.
- The environment at Withington health centre was purpose built in 2010 and had previously been nominated for an innovation award. The corridors and treatment rooms had specifically designed art work and light instillations that was beneficial to treating anxious patients and patients with special needs. The corridors were wide and access to rooms were suitable for wheelchair users. Withington also had facilities for treating bariatric patients such as wider treatment chairs.
- We visited Longsight health centre, which together with Moss Side, provided access to treatment for patients in Central Manchester. Longsight had four treatment rooms and the clinic specialised in children's treatment with some adult patients. In particular they supported children with complex needs, learning disabilities and looked after children. There were five clinical sessions per week for paediatric dental students and one for dental therapists.
- Harpurhey Health Centre was in the north of Manchester along with Newton Heath, Cornerstone and Plant Hill. Harpurhey had four treatment rooms and ran clinical sessions three days per week. It provided three sedation sessions per week and treated adults and children with complex needs.
- In south Manchester we inspected the Forum Health Centre site. This clinic had four treatment rooms, treated both children and adults and concentrated on restoration work two days per week. The clinic offered a five day service.
- The clinic at Withington Health Centre had a specifically designed wheelchair reclining platform. This enabled dental treatment to take place without the patient leaving their own wheelchair. It was capable of accommodating electric mobility chairs also and could operate with loads up to 75 stone. The patient being treated during our visit stated it was very comfortable and a pleasure to attend the surgery. All staff were trained in the use of the platform, which was regularly serviced by the manufacturer.
- Dental treatments were provided in special needs schools, nursery schools, adult care homes and in patients' own homes.
- The clinics at Longsight Health Centre and the Forum Health Centre were situated on the first floor. The risk to patients with restricted mobility was recorded on the risk register. Appointments could be rearranged if the lifts were inoperable but it was still not ideal in an emergency situation.
- A dental nurse explained that many patients assumed they need to fast before appointments and with heightened anxiety associated with dental treatment some patients could become hypoglycaemic. For this reason, the clinics held a stock of glucose in order to give patients a sugary drink.
- The MCDS had a contract in place to deliver services since April 2011. NHS England will review this contract over the next two years as it is due for renewal in March 2017. The change in organisational structure and addition of a special needs dentist since the original contract may lead to further changes in the future in line with patients' needs.

Equality and diversity

Good

Are services responsive to people's needs?

- There was a broad demographic and the service reached patients of multiple different ethnic backgrounds. There were approximately 150 languages spoken in the area covered by this service. Interpreter services were booked in advance for patients who did not speak English, in order for them to understand the treatment pathway and provide informed consent. The interpreter service provided 216 face to face meetings, totalling 250 hours, for dental patients between April and October 2015, and two telephone interpreters. We saw this service in use whilst at Longsight.
- The service won a trust award in 2012 for Equality and Diversity.
- A patient in a motorised wheelchair at Withington told us that although the clinic wasn't nearest to his home, the use of the city's tram service and the accessibility once in clinic, meant that the journey wasn't difficult.

Meeting the needs of people in vulnerable circumstances

- The MDCS provided services for children and adults with additional needs, and people in priority and vulnerable groups who were unable to access care in a general dental setting.
- As the service primarily had patients with special needs, the staff were aware of the requirements of patients living with dementia. The trust had a dementia lead and an on line training package available for staff.
- Patients with complex needs such as learning disabilities were treated by the senior dental officer. All dentists had special needs dentistry as part of their core training, there were nine within the service. Additional specialist training had been undertaken by two dentists (consultant and specialist dentist). Five community dental nurses had a post qualification in special care dentistry, and a further nurse was studying for the qualification.
- Services were provided for vulnerable children with potentially complex needs e.g. looked after children. There were 34 staff trained to level 2 (intermediate) safeguarding children and six had level 3 (advanced) safeguarding children qualification.
- Bariatric patients were referred to Withington health centre clinic, where the staff had been trained and had suitable facilities.
- Each clinic provided a service where they visited special schools to identify and review patients up to the age of 19 years old that may require dental treatment. Patients needing treatment could then be referred to the service for treatment.
- A dental nurse and dentist carried out domiciliary visits to patients that were unable to travel to the clinics due to their health.

Access to the right care at the right time

- The national target for referral to treatment time is below 12 weeks. As part of the community dental dashboard, the MCDS recorded that all patients between April 2015 and October 2015 were seen in less than 12 weeks.
- We did not observe any patients experiencing long waits during the inspection. Patients told us they were given appointments promptly. An adult restorative patient at the Forum Health Centrehad received their appointment within two weeks of their self referral.
- The most recent 'Child in Pain' audit completed in July 2015, concluded that 100% of patients received an appointment within 24 hours.
- There was a 23% 'Did not attend' (DNA) rate.There was a procedure for dealing with patients who do not attend. As the patients could have learning difficulties, be vulnerable or looked after they were given two further appointments. A letter accompanied the second and third appointment stating the importance of treatment. In appropriate circumstances, the local authorities were contacted as the health of the individual could be compromised. However, improvements were still required in reducing the high DNA rate.

Learning from complaints and concerns

- Patient information leaflets were available in the waiting areas in the clinics visited. The leaflets contained clear instructions regarding how to complain if unhappy with treatment and how to access the Patient Advice and Liaison Service (PALS) service.
- Complaints were addressed locally and usually resolved. Issues were then discussed within the team. Feedback was given and learning was shared through routine staff meetings.
- Patients we spoke with did not have any concerns about service; they had no cause to complain.

Good

Are services responsive to people's needs?

- There were no recorded complaints regarding the Manchester Community Dental Service within the last 12 months.

Good

Are services well-led?

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

We rated the community dental service as 'good' for well-led because;

There was a clear vision and strategy for the development of community dental services. The culture of the service was positive and open. Staff felt supported and comfortable to raise concerns and said it was a good place to work. The service leaders felt supported by the trust and were enthusiastic about its future vision and goals.

The community dental dashboard showed most performance targets had been met; the number of domiciliary visits were greater than expected and the number of sedations required was double that contracted by the PDS Plus contract. There was a comprehensive risk management policy and strategy, which detailed roles and responsibilities of all staff from chief executive, directors, clinical heads, managers to all staff. Information regarding performance, risks, complaints and incidents flowed between levels via membership of groups, for example the Operational Risk Management Group, team briefs and the intranet.

Service vision and strategy

- The Directorate of Adults and Specialist Community Services produced a poster entitled '"We deliver the right care for people outside hospital" Our 2 Year Blueprint….by 2017' which was displayed on the noticeboards in the dental clinics. The poster had seven points that set out the core business and objectives. The poster stated: "No one will receive care in hospital when it can be provided in the community." A strategic action plan detailed how and when the objectives would be achieved and marked progress using a red/amber/green system.
- The MCDS had a Service Objective Plan in place for 2015/16 with six objectives that specifically relate to community dental projects.

Governance, risk management and quality measurement

- The dental sector had developed a range of quality assurance systems to monitor the service and ensure best practice. There were key performance targets that were recorded on the Community Dental Dashboard. This was reviewed on a regular basis to monitor and ensure contracted targets were met. The dental dashboard showed most performance targets had been met; the number of domiciliary visits were greater than expected and the number of sedations required was double that contracted by the PDS Plus contract. All information collected was discussed, lessons learned and actioned at monthly clinical effectiveness meetings.
- There was a community services risk register and the dental services team contributed to the register. Key risks within the service had been highlighted and regularly monitored.
- There was a comprehensive trust wide risk management policy and strategy, which detailed roles and responsibilities of all staff from chief executive, directors, clinical heads, managers to all staff. Information regarding performance, risks, complaints and incidents flowed between levels via membership of groups, for example the Operational Risk Management Group, team briefs and the intranet.
- We saw evidence of service improvement initiatives, for example a photograph of the contents of an emergency medicine box for training purposes and regular monitoring of the quality of the service, schedules for checking and cleaning equipment all signed and up to date.

Leadership of this service

- There was a team culture throughout the service and staff were aware of the structure of leadership within the department. Staff were familiar with the trust management and had seen various board members in the departments.
- Staff spoke positively about the nurse team leader and the senior dental practitioners and told us they received good support. Staff confirmed that the team leaders were visible and approachable.
- The service had recently undergone a series of structural changes with regard to staffing. The changes were as a result of four key personnel leaving their post within a short period of time and difficulty replacing the clinical director. In May 2015 a structure was created

that involved a partnership between the operational manager and the clinical lead (specialist senior dentist) thus replacing the requirement for a clinical director and allowing the clinical lead to continue to practice.
- The operational manager post was taken by the dental nurse manager on a secondment basis. She was familiar with the team and the trust and along with the clinical lead had begun to make changes to the service as a whole, for example the creation of service objectives.
- The operational manager told us she felt fully supported by the divisional managers and had been given a great deal of support and guidance in the new role. They said the community services managers were visible and approachable and she felt comfortable asking any questions she needed to.
- There had been a number of engagement sessions within the dental team and there were interaction with the trust clinical effectiveness team. The leaders understood the challenges faced by the community teams.

Culture within this service

- Staff described a positive culture within the dental team. A dental nurse, in post 12 months, told us how welcome she had been made to feel and how much she enjoyed her work.
- The current operational manager had worked with the team for many years and had created a positive working environment. Many staff had held posts for more than 20 years.
- Staff were enthusiastic about the service they provided, and were proud of achievements and results of patient surveys. They were passionate about providing good quality care for patients. The operational manager was proud of the 'We're proud of you' Award for Equality and Diversity.
- A feedback questionnaire completed by the undergraduate dental students was also complimentary of the team. Comments included: "The nurses are friendly and helpful. A great team" and "Tutor and nurses have a great level of knowledge"

Public engagement

- Service user experience surveys were carried out every six months. Results showed patient feedback was very positive about the services and the care and treatment they received.
- Results from a Patient Feedback Survey was displayed in the clinic waiting areas. The responses were positive and comments were complimentary. From 80 written responses, the only negative comments referred to problems with parking and access for wheelchairs into the clinic. Recommendations for improvement have been listed as future developments. This included a text reminder service for appointments and a review of waiting times to next appointment.

Staff engagement

- Information was cascaded through team meetings on a monthly basis. There were clinical leads meetings, dental nurse team meetings and a local all staff team meeting.
- Staff also had the opportunity to engage with others at the bi-annual all community dental staff meeting.
- The community dental team consisted of forty-six staff over nine locations. Despite this, the staff we spoke to felt part of the dental team. Regular email updates and circulated minutes of meetings kept staff informed of regular developments. We were informed that staff were encouraged to offer suggestions regarding continuous improvement and development in the quality of patient care.
- The community aspect of the service meant that staff felt isolated from the acute hospitals but had strong academic links with the University Dental Hospital. The service manager regularly met with divisional managers and felt supported in her role.

Innovation, improvement and sustainability

- Quality and innovation is recognised by the trusts annual awards. The community dental team had won an award in 2012 for Equality, Diversity and Dignity.
- An example of improvement was the opening of the Withington dental clinic in 2010. The vision of building a bespoke department from blueprints had proved successful and was not only nominated for a national design award but had given all the dental staff pride in their creation. Due to limited funding, the department sought sponsorship from some equipment providers to pay for some commissioned art work. This enhanced the environment for patients with special needs.
- The single patient, conscious sedation room at Longsight clinic had just been refurbished to a high standard and meant that some concerns could be removed from the risk register.

Good

Are services well-led?

- Commissioners had extended the contracts for two years in September 2014 and the success of the 'Manchester Smiles Kick Start' programme was an example of the sustainability of the service and the quality of its provision.
- The service lead stated the restricting factor on any expansion of service or reduction of waiting times was the number of dentists. The number of dentists available to the service was crucial.
- Further work was required to reduce the high percentage of 'Did not attend' appointments.