Cambridgeshire Community Services NHS Trust

RYV

Dentistry

Quality Report

Cambridge Access Centre
Dental Access Centre (Peterborough)
Dental Access Centre (Wisbech)
Princess of Wales Hospital
Tel: 01480 308222
Website: www.cambscommunityservices.nhs.uk

Date of inspection visit: 28 - 30 May 2014
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This report describes our judgement of the quality of care provided within this core service by Cambridgeshire Community Services NHS Trust. Where relevant we provide detail of each location or area of service visited.

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

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

Summary of findings

Ratings

Overall rating for Dentistry Services	Good
Are Dentistry Services safe?	Good
Are Dentistry Services caring?	Good
Are Dentistry Services effective?	Good
Are Dentistry Services responsive?	Good
Are Dentistry Services well-led?	Good

Summary of findings

Contents

Summary of findings

Overall summary

Cambridgeshire Community Services NHS Trust provides community dental services across Cambridgeshire and Peterborough.

We inspected the Regulated Activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder or injury

The community dental service had some excellent systems and processes in place to keep people safe. Safety was a priority, staff identified and managed risks to patients, and each centre was very clean and well maintained. The dental service focussed on the needs of patients to ensure their care was effective and in line with best practice.

Patients and their representatives spoke highly of the care provided. They confirmed they had been given privacy and were treated with dignity and respect whilst receiving treatment. However, some told us they found it difficult to get an appointment.

The community dental service was responsive to people's needs. The maintenance of clear, concise and detailed clinical records confirmed that care and treatment was provided in a way that met the diverse needs of patients. People were seen fairly quickly after referral.

The community dental service was well-led. Initiatives had been established to improve services, and there were quality assurance processes in place. Staff spoken with confirmed that they felt valued and supported in their roles and that managers, both within the dental service and the Trust, were approachable and visible.

Summary of findings

Background to the service

Cambridgeshire Community Services (CCS) provides dental services in the community in Cambridgeshire and Peterborough across a population of approximately 1.6 million people.

The range of services provided include:

- Special care dentistry
- General anaesthesia
- Inhalation sedation and intravenous (IV) sedation.
- Paediatric dental services
- Minor oral surgery
- Prison dental services
- Dental access centres (in hours emergency)
- Out of hours emergency dental services
- Home visits
- Oral health promotion and prevention programmes

During our inspection we visited the centres in Cambridge, Ely, Peterborough and Wisbech. We spoke with five patients who used the service and 11 carers who were supporting people during their visit who did not speak English or have good verbal communication. We spoke with 18 members of staff, which included the dental clinical director, clinical lead, dentists, dental nurses and receptionists.

Our inspection team

Our inspection team was led by:

Chair: Gillian Hooper Director of Quality and Commissioning at Health Education England

Team Leader: Ros Johnson, Inspection Manager CQC

The team inspecting dentistry included a CQC inspector and an Expert By Experience who had experience as a carer of a person with a learning and physical disability and experience of arranging support for others with a range of disabilities.

Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot community health services inspection programme.

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?

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

We carried out an announced visit on 28, 29 and 30 May 2014, and visited four of the five centres offering dental services within Cambridgeshire Community Services Trust. We observed how people were being cared for and talked with carers and/or family members and reviewed personal care or treatment records of patients and staff records. We visited the community clinics where treatment took place and spoke with dentists, dental nurses and receptionists.

Summary of findings

What people who use the provider say

During our inspection we visited the centres in Cambridge, Ely, Peterborough and Wisbech. We spoke with five patients who used the service and 11 carers who were supporting people during their visit who did not speak English or have good verbal communication.

People told us they were pleased to have a service that offered care to those who could not access dental services easily due to their communication needs or disability. People told us that they were never rushed. Those with mobility problems found this particularly helpful to them. However, others told us they were told to arrive at a certain time and were disgruntled with being kept waiting for up to 30 minutes past their appointment time. Several people told us it was difficult to get through on the telephone.

Several carers and one patient told us told us they liked that they saw the same dentist who got to know them. They found visits to the dentist less frightening because of this. One said, “The dentist here is brilliant. I’ve never been to one who is so good.”

Good practice

- Priority given to safety for all patients, particularly those that are vulnerable
- Safeguarding vulnerable people a priority for all staff
- Decontamination/infection control facilities and processes
- Facilities and adjustments for people with particular special needs
- Passionate staff who really cared about the people who used the service
- Credible and visible leadership

Areas for improvement

Action the provider COULD take to improve

- Refine the appointments system and ensure the people who use the service know how to access services
- Simplify the information leaflets to include more information regarding waiting times
- Ensure any comments are recorded and genuinely used to improve services

Cambridgeshire Community Services NHS Trust

Dentistry

Detailed findings from this inspection

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

Good

Are Dentistry Services safe?

By safe, we mean that people are protected from abuse

Summary

Safety was a priority for the community dental service. There were systems and processes in place to keep people safe. Mechanisms were in place to identify and control risks to patients. We saw evidence that incidents were reported and that the service had learned from incidents.

Each centre was very clean and well maintained. The processes for decontamination and sterilisation of dental instruments complied with Department of Health (DH) guidance. There was evidence that the service focussed on the needs of patients. There were systems in place to audit both clinical practice and the overall service.

Detailed findings

Incidents, reporting and learning

The dental service used the Trust wide system of reporting incidents. Between April 2013 and March 2014, 255 Serious Incidents occurred at the Trust. However, none of these related to the dental service. Information sought from other regulatory bodies did not raise any concerns regarding the safety of dentistry provision or individual dentists.

Although no serious untoward events had taken place, we saw evidence during the inspection that the service had carried out reviews of minor incidents and that sharing and learning had taken place.

Cleanliness, infection control and hygiene

All the premises we visited were visibly very clean. All the clinics we saw had on site designated decontamination rooms. The bigger clinics had more than one room. We saw that in most centres two treatment rooms shared one decontamination room, which was usually situated in between the treatment rooms. This meant that contaminated instruments, although always covered, in line with best practice, did not need to be transported through places where the public were, for example, corridors.

We spoke with staff and reviewed the arrangements for infection control and decontamination procedures. Staff were able to demonstrate and explain in detail the procedures for cleaning and decontaminating dental instruments and equipment. Following sterilisation, all instruments were stored in pouches and date stamped in line with best practice.

Are Dentistry Services safe?

In each clinic we visited, we asked the dental nurse to demonstrate the procedures for decontamination and sterilisation of used dental instruments. Staff demonstrated an in depth knowledge of HTM 01-05 (a guidance document released by the Department of Health to promote high standards of infection control) and confirmed that they had access to personal protective equipment to undertake their roles when supporting patients during their treatment. We saw that treatment rooms were clean and that staff had worn appropriate uniform such as gloves, visors and masks when treatment was taking place. Patients told us they thought the clinics were clean. Once a month all the drawers in the treatment rooms were emptied and cleaned.

Staff used safety needles which retract after use. This reduced the risk of healthcare workers injuring themselves on needles. We saw that sharps bins were secured to the wall, all were dated and none were overfull. The service had arrangements in place with contractors for the disposal of dental waste such as extracted teeth, amalgam, radiological waste, sharps and other products.

Maintenance of environment and equipment

All the clinics were cleaned by a contractor employed centrally by the trust. Staff reported that the service was variable; however, each clinic had a process in place to immediately address any perceived shortfalls. Furthermore, the contractor had a system of audits in place to ensure the premises were kept clean.

The dental nurses were responsible for cleaning the treatment and decontamination rooms. There was a daily list in place for each, which was signed as evidence it had been cleaned and checked. The work surfaces, chair and light were cleaned in between each patient. We saw that the light, headrest and control panel for the chair had disposable covers which were changed between each patient.

Legionella testing was done by the Trust's Estates Department. We saw certificates which demonstrated this had been done. In addition, each centre had a checklist, which was completed and signed daily to ensure taps were run and toilets were flushed regularly to ensure the legionella bacteria did not have the opportunity to thrive in standing water.

Medicines

Emergency equipment was readily available in each centre, and included medications, oxygen and a defibrillator. We saw that audit checks had been carried out regularly, to check on the expiry dates of the medicines/equipment. The nurses we spoke with were able to demonstrate how the equipment worked so that they were able to set it up quickly, should it be needed in an urgent or emergency situation.

There were very few medicines kept within the clinics. However, these were stored safely. We checked a random sample. Expiry dates were checked weekly. All the medicines we saw were within date. The dental access clinic in Cambridge stored a small amount of controlled drugs in order that intravenous (IV) sedation could be administered. These were stored safely and reconciled correctly in accordance with legal requirements.

Medical gases, for example, oxygen and nitrous oxide were stored in locked cupboards. The cylinders in use were clearly labelled and were transported around the clinic on a standard trolley to minimise the risk of injury from handling them. Those cylinders not in use were secured to the wall.

Safeguarding

Staff were aware of safeguarding procedures and what may constitute a safeguarding concern. Safeguarding featured as a topic for discussion in staff meetings. Staff we spoke with during our inspection demonstrated understanding and knowledge of the action they should take in the event they had suspicion or evidence of abuse. For example, a safeguarding alert to the local authority had been raised by a dentist when they found a pre-school child required multiple dental extractions due to severe dental decay.

We saw a record of training for the whole dentistry service which demonstrated that all the staff had completed training, in line with the Trust policy, with regards to safeguarding vulnerable adults and children. The lead clinicians had been trained to Level 3.

Records

Patients' records were mostly in an electronic format. Access was via a secure password. We saw ten individual records and found them to be thorough, including essential information, for example allergies, medical

Are Dentistry Services safe?

history and any current medication. These were checked and signed at the beginning of each course of treatment. The records contained treatment plans and evidence of discussions with the patient and or parent/carer.

Paper records, containing referral letters, consent forms and x-rays were stored securely in all the locations we inspected.

Adaptation of safety systems for care in different settings

The dental service offered a domiciliary (home visiting service) for those who were not able to attend the surgeries, for example people who were housebound because they were infirm, or had profound disabilities. Each centre had a domiciliary kit, which included equipment required for check-ups and basic treatment. In addition, each kit contained emergency medicines, a sealed box for safely transporting contaminated instruments and portable oxygen. There was a system of checking these kits. We saw signed and dated checklists.

Assessing and responding to patient risk

Apart from the dental access centres, the service offered a full range of NHS dental services to vulnerable groups who met acceptance criteria and had been referred by a health or social care professional. These included people who required either inhaled or intravenous (IV) sedation. We saw a comprehensive policy, dated June 2013, for the administration of both types of sedation. The policy had been reviewed regularly. Each patient attended a pre-assessment visit with one of the dentists to consider medical history and assess any individual risks, prior to any such treatment being considered or commenced.

Inhaled sedation was available at all the centres and could be titrated, whereby the mix of nitrous oxide and oxygen could be altered. This meant that sedation could be altered, to ensure a safe amount of sedation was administered according to the patient's individual needs.

Intravenous sedation was available in the Cambridge Dental Access Centre only. Nervous patients who were referred via their own dentist were seen and assessed, using a recognised scoring tool, according to their anxiety levels. Any patients who were not suitable for IV sedation were referred back to their own dentist. All the nurses and dentists who undertook these procedures had comprehensive training to do so. The patients requiring sedation were treated at pre-determined times only on a dedicated list in the presence of a specialist dentist and nurse. A GP who had received specialist training in administering sedation was always in attendance during the procedures. This meant the dentist could concentrate on the dental treatment, whilst the patient had a professional dedicated to looking after their needs, whilst sedated. One patient told us, "I am very pleased. I'm a nervous patient. I love it here, [name] is the best dentist I've ever seen."

The service held operating lists at Peterborough Cambridge Hospitals. This was for patients who following risk assessment were unsuitable, to have their treatment in the dentist's chair.

This meant patients were thoroughly assessed and then treatment given according to their dental, physical and psychological needs.

Staffing levels and caseload

When we visited each location, they appeared to be well staffed, although senior staff explained there were some vacancies due to leavers, sickness and maternity leave. A recent advertisement on the NHS website for dental nurses had been unsuccessful in recruiting suitable applicants. However, the clinical managers were seeking to advertise elsewhere. In the meantime, staff were working some extra shifts.

Managing anticipated risks

Risks relating to clinical waste, sharps, radiographs, contaminated instruments and moving and handling were assessed and managed accordingly.

Good

Are Dentistry 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 found that the dental service positively worked in partnership with other services, for example referring dentists and healthcare professionals and the local acute hospitals, to meet the needs of patients in a coordinated and timely way.

All new staff to the practice received a comprehensive induction. This meant they were given support and guidance to ensure they were able to undertake their role safely and effectively.

The service was effective at monitoring, managing and improving outcomes for patients. We saw a number of audits that had taken place and action plans were in place to ensure that patient's care and their clinical outcomes continually improved.

Detailed findings

Evidence based care and treatment

Care was given according to available evidence of best practice, for example National Institute for Clinical Excellence (NICE), British Dental Association (BDA) and General Dental Council (GDC). Staff undertook a number of audits to monitor performance such as timescales for new patient referrals, 'did not attend' rates and x-rays, to ensure they were adequate.

Pain relief

Local, inhaled or intravenous, pain relief, was administered according to the treatment and the setting where the treatment took place. The dentists gave verbal advice following treatment. Advice leaflets were available at all the centres, which gave advice on pain relief for when the patient returned home.

Patient outcomes

Staff had carried out a number of audits to monitor the effectiveness of treatment. For example, an audit of minor surgery outcomes showed that good results had been achieved in 97% of surgeries undertaken. There was an action plan in place to continue to audit these outcomes.

Further audits, for example record keeping had taken place. Patients we spoke with were very satisfied with the care and treatment. One told us, "I have been here lots of times, they have been wonderful."

Competent staff

All new staff underwent a comprehensive induction. This included being allocated a mentor who ensured that the new member of staff was supported during their first few weeks. We saw written evidence of this in a recently appointed staff member's personnel file. One new member of staff told us, "I do have a mentor, but actually, everyone is like a mentor here. I have found that everyone goes out of their way to make sure I have settled in."

The clinical staff were registered with the General Dental Council, (GDC.) The GDC is an organisation which regulates dental professionals in the UK. The senior oral surgeons were also registered on the specialist list. The Minor Oral Surgery (MOS) service was carried out by specialist oral surgeons and dentists.

Staff across the service confirmed that they were able to meet the needs of the volume of patients using the community dental service. Evidence of workforce planning and staff deployment was in place for different sectors to ensure the smooth running of the service and ensure it remained responsive to individual needs.

Staff throughout the service reported that they were supported and encouraged to work across the dental network to ensure business continuity and share skills. We saw evidence that clinical staff participated in Continuing Professional Development, (CPD) in line with GDC requirements.

Trust wide figures showed that 73.4% of staff had completed mandatory training, but the staff we spoke with told us they had completed their training. Some described study days and courses that the Trust had sponsored them to complete. All staff reported to us that they were satisfied with internal and external training opportunities. The staff we spoke with said they had regular appraisals in order

Good

Are Dentistry Services effective?

that they had the opportunity to discuss their performance and career aspirations with their manager. Staff reported to us that they had the opportunity to have one to one meetings with their manager.

Use of equipment and facilities

All the centres had modern treatment rooms with integrated x-ray facilities. This meant that patients could stay in the dentist's chair to have any x-rays taken. Each centre had an orthopantogram (OPG) a machine which takes panoramic x-rays of the mouth. We saw records relating to the maintenance of various equipment. Much of the routine maintenance was carried out by staff employed by the Trust. Specialist equipment was maintained by the manufacturer. This meant equipment was checked regularly and safe to use.

Most centres had adequate waiting facilities with wheelchair access and easily accessible toilets. The centre in Cambridge had two waiting areas. In one we observed a patient in a wheelchair finding it difficult to enter and remain in their wheelchair without blocking the entrance or the fire exit. We brought this to the attention of the manager, who agreed to rectify the situation by moving some chairs. However, the larger waiting area had adequate room to accommodate people who arrived for treatment in wheelchairs.

The centre in Wisbech was housed in premises that were not purpose built and was on various levels making wheelchair access difficult. However, there was an entrance at the back of the building that provided access for less mobile patients.

Multi-disciplinary working and working with others

Staff worked in partnership with other primary and specialised dental services to ensure a responsive and patient focussed service. For example, we saw evidence of referrals to other professionals such as facial/maxillary and oral surgeons. Staff we spoke with were able to explain the procedures for screening and making referrals to other specialists outside of the community dental service.

Good

Are Dentistry Services caring?

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

Summary

Patients and their relatives told us that they were involved in their care where appropriate.

Staff told us about the different ways they responded to and cared for the diverse and complex needs of patients using the community dental service. For example, appointment times were longer than at a traditional dental surgery, to allow people with particular needs adequate time without feeling rushed.

Detailed findings

Compassionate care

All but one of the patients we spoke with during our inspection made positive comments about the service. One told us, "I am quite happy with the service." Another said, "The staff are friendly and respectful." Staff described how they ensure they have appropriate staffing levels for the needs of their patients to allow enough time when patients are attending appointments. One member of staff told us, "We give patients as much time as they need. Sometimes it means that appointments run a bit late, but most people are understanding." A member of staff told us, "We have longer appointment times here than at a traditional high street dentist as many of our patients have extra needs that we need to consider."

During our inspection we heard and observed good interactions between staff and patients. For example one receptionist provided a clear explanation to a patient about the appointment system. We observed an incident where a person who had received treatment in the past, visited the clinic, even though they were not currently receiving treatment. The staff told us the person habitually visited the clinic as it was familiar to them. However, on this particular occasion the dental nurses were concerned for the patient's welfare and called the patient's relative. This showed that the staff were concerned for people's overall well-being.

Dignity and respect

Staff told us that they had completed equality and diversity training and confirmed their awareness of the value base of the Trust and the unique needs of the patients they cared for**.** We observed that patients were treated with respect and dignity during their time at the practice. One patient told us, "I am made to feel very comfortable here." Another patient said, "The practice always respects my preferences and treats me with respect."

Patient understanding and involvement

Patients and their relatives told us that they were involved in their care where appropriate. The use of individualised clinical notes and patient treatment plans enabled patients and their relative to understand and participate in their treatment wherever possible.

Guidance was available for staff in relation to consent. We reviewed the consent policy and the Mental Capacity Act (MCA) policy for the service. The dental service provided care, treatment and support to a large number of vulnerable patients who lacked capacity to make decisions about their treatment. The Trust's consent policy provided clarity for practitioners working within the service. Clinical records we saw provided evidence that the capacity of patients had been taken into consideration when assessing new patients and obtaining consent or agreement for treatment.

Staff confirmed their awareness of the need to obtain consent wherever possible. They were clear as to what action should be taken when an adult patient did not have the capacity to give or withhold consent, in order to justify best interest decision making processes. We reviewed ten patients' notes and saw evidence of discussions that had taken place regarding treatment plans. We saw notes from a 'Best Interests' meeting in another patient's notes. This outlined discussions between the patient's relative, their social worker and a dentist to decide the best course of treatment to reflect that particular patient's needs.

Consent

Patients and their representatives confirmed they had given consent to treatment. They confirmed that the treatment options and plan had been discussed with them prior to giving consent for treatment to commence.

Staff were clear about the consent process when dealing with children. They explained how discussions took place, with the child, if they were old enough to understand, and with their parent. We saw a consent form in one child's

Good

Are Dentistry Services caring?

record that had been signed by both the child and their mother. We saw another child's record where the dentist had written, "Plan explained. [Name] says they understand what this treatment entails. Mum also."

All the centres we visited had varying opening hours. Some of the patients we spoke with did not realise that the services were linked. However, we did hear receptionists inform patients that appointments could be made at other centres if the centre they had called had no appointments for that day.

All the centres we visited had a variety of written information, for example an outline of services offered by each centre. These had information in several languages which reflected the community's local population. We saw dental health information leaflets, including some which reflected the specialist services offered, which included dental care for children with autism.

Emotional support

Staff we spoke with told us they enjoyed getting to know their regular patients. One told us, "We treat everyone according to their individual needs. Today, one patient wanted to hold one of my hands and one of the dentists, whilst they were having a check-up, so we just let them do that as it made them feel more confident." This helped to ensure that patients were treated with dignity and received treatment at an appropriate pace geared to their personal, emotional and oral health needs. One patient's relative told us, "They are very patient, they go at her pace.

Because of the nature of the service, some patients only attended once. Staff told us they liked trying to put new people at their ease, some of whom had not attended the dentist for years. One told us, "It's sad really, when people only come to the dentist because they're in pain. We try and send them out smiling. Most of them are when they leave."

Promotion of self-care

We saw in the records how the dentist gave oral hygiene advice to patients at each visit. The dental service employed two oral health promoters who provided an oral health service both in the clinics and in the community. For example, they went into schools and hospices, visited particular ethnic groups and ran sessions to carers on maintaining good oral health to people with special needs. This meant that patients and professionals/carers were given specific advice according to patients' particular needs.

Good

Are Dentistry Services responsive to people's needs?

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

Summary

We found that the staff who worked within the dental service understood the needs of its population and made reasonable adjustments according to the individual needs of patients.

There was good collaborative working between the service and other health and non-healthcare services. This helped to ensure optimal patient outcomes.

Each clinic we visited had a range of methods to collect feedback. Most of the comments were positive. However, there was no evidence that comments were acted upon in a consistent manner in order to improve the service.

Detailed findings

Service planning and delivery to meet the needs of different people

Staff reported that many patients were referred to the community dental service for short-term specialised treatment. On completion of treatment, patients were discharged to the patient's own dentist so that ongoing treatment could be resumed by the referring dentist.

Performance information showed that from July 2013 to March 2014 all patients were seen within 18 weeks of referral, and many were seen within two to four weeks. Referral systems were in place, should the community dental service decide to refer a patient onto other external services such as orthodontic or maxillofacial specialists. The service worked collaboratively with Peterborough and Cambridge Hospitals to secure operating time for patients who required dental care in a hospital setting. For example, procedures under general anaesthetic. Because the dentists and surgeons worked collaboratively and the operating lists were regular, patients did not have to wait very long for treatment.

We saw that the centres had specialist equipment to enable people who for example were wheelchair users or who were obese to receive dental treatment. Appointments were timed to last longer than is usual at dental surgeries to allow people with more complex needs the time they needed.

Learning from experiences, concerns and complaints

A leaflet entitled 'Service Feedback Sheet' was available in reception areas. The service maintained records of any formal complaints received within each sector, together with details of the outcomes and any action taken to improve the service. This provided evidence that complaints were listened to and acted on. However, we found that there was no threshold or guidelines regarding what constituted a recordable complaint. This meant that all complaints, particularly verbal, may not have been recorded and opportunities to improve the service lost. Posters were displayed in waiting areas regarding making a complaint. However patients and carers we spoke with were unsure whether a verbal complaint would be recorded and considered in the same way that a written one would be. One told us, "I don't think anyone listens to a verbal complaint."

Each clinic we visited had a comments book. Most of the comments were positive. However, there was no evidence that comments were acted upon in a consistent manner in order to improve the service. Some patients and staff were unclear as to whether or how a verbal comment/complaint would be recorded and processed. However, minutes of staff meetings that we saw, highlighted that patient experience was a topic for discussion and confirmed the organisation was monitoring feedback that it had received on an ongoing basis.

Peterborough had an electronic screen at the reception which displayed a message inviting patients to provide feedback on the service they had received. However when we asked the receptionist how it worked she was unsure. Other services described that a hand held tablet, similar to an Ipad device, was provided for them from time to time to use for patient feedback on particular issues. Staff reported it might be left with them for 3 weeks. The latest feedback we were shown related to a week in July 2013 and although the responses were very positive, they were based on the views of a small number of people.

Access to care as close to home as possible

The Trust provided dental services across Cambridgeshire and Peterborough. Some dental services, for example IV

sedation, were not offered in all the centres. Some treatments, such as extractions, were not available in every centre, every day. This meant that for some treatments, patients had some distance to travel.

Some of the patients we spoke with told us that they were dissatisfied with the appointment system and were not easily able to contact the practice to make an appointment at peak times, for example when the practice opened. One patient explained that it was difficult to get through on the telephone and that sometimes all the appointments had been taken when they did get through. They said, "Overall, it is a first class surgery, apart from the appointment system." Another patient told us, "The surgery is good, though the appointments system is problematic." One patient showed us their telephone, where they had tried to get through to one centre, early in the morning, 34 times.

We spoke with two of the managers about this. Both told us that if a patient had suffered trauma, had a facial swelling or was bleeding they would be given an appointment on the same day, as they would be fitted in during or at the end of surgery. This meant that urgent clinical needs were assessed and acted upon. Furthermore, there were plans to install a new telephone system which indicated the caller's place in the queue. One manager told us, "This system will give the person the option to either wait, because they know where they are in a queue, or call back later."

We saw that information on the opening hours of the practice was made available for patients. Information was also available on how to access the 'out of hours' service. Patients who contacted any of the centres by telephone were appropriately signposted if their call was regarding a dental emergency.

Access to the right care at the right time

Every effort was made to accommodate patients who needed to be seen urgently, even if this meant them travelling to another centre. Some patients were not aware that the services were linked. Some patients, who had access to, or were able to use a mobile telephone, were reminded of forthcoming appointments by text message.

However, some patients and carers reported having to wait after their allocated appointment time and were not always given a reason for the delay or how long they may have to wait.

Meeting the needs of individuals

We saw evidence of integrated working between the community dental team and other organisations for example other health care services, including local dental surgeries, social workers, and care homes. The service worked with a range of other groups including young children; teenagers; adults; vulnerable people and other health professionals to deliver better oral health in accordance with evidence based practice.

A 'Patient Information Leaflet' for each service included opening times, out of hours emergency care, and the contact details of the coordinator should patients wish to comment about any aspect of the service. some of the leaflets described facilities for disabled patients and parking. However, the Peterborough Access Centre, which was in Peterborough City centre, did not give details of the nearest parking in a nearby public car park. We spoke with one patient's carer, who was distressed as they were not informed how long they would have to wait past the appointment time, or how long treatment might take. We saw that they had to leave the person they were caring for twice, to extend their time in the car park. Another carer indicated to us that they would not be able to leave the person they were looking after to do the same. This meant that some patients had inadequate information prior to attending the clinic.

We noticed that the language in the leaflets may have been bewildering for some people. For example it used the phrase 'minor oral surgery,' and requests they are 'notified' if a patient is unable to attend an appointment. People with a learning disability or those with limited English language skills, may have found some of the words and phrases used too complicated to fully understand. However, during our inspection we did not ask patients or carers what they thought about the information that was available.

Good

Are Dentistry 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

There was a clear leadership and management structure; each clinical lead had defined areas of responsibility. There was a commitment from the managers to learn from feedback, complaints and incidents. However, some opportunities to gain feedback from patients were not used. Most of the staff we spoke with however could demonstrate how practice had been improved through learning from incidents.

All the staff we spoke with were passionate about good quality, individual care for patients. We saw evidence of service improvement initiatives and some monitoring of the quality of the service.

Detailed findings

Vision and strategy for this service

Staff informed us that the value base of the Trust was openly discussed as part of the performance and development review system. Staff also confirmed that they understood the vision of the Trust and were aware that information on strategic plans for the organisation could be accessed via the Trust's intranet or at staff meetings.

Governance, risk management and quality measurement

Staff were passionate about working within the service and providing good quality care for patients. We saw evidence of service improvement initiatives and regular monitoring of the quality of the service. For example, the dentists and dental nurses described individuals working across the different centres, to ensure consistency.

All the staff we spoke with were passionate about working within the service and providing good quality, individual care for patients. We saw evidence of service improvement initiatives and some monitoring of the quality of the service. For example, infection control and x-ray audits.

There was a commitment from the managers to learn from feedback, complaints and incidents. However, some opportunities to gain feedback from patients were lost. For example, not all verbal complaints were recorded. Most of the staff we spoke with however could demonstrate how practice had been improved via learning from incidents and complaints.

Leadership of this service

Staff spoke highly of senior management within both the Trust and the dental service, and said they provided good direction and leadership.

We saw that there were a number of meetings held at the practice and that representatives from each department attended, with a view to feeding back to their department. We saw that information was shared from some of the meetings and was available to staff on the computer system.

Culture within this service

Staff during our inspection reported that they had opportunities to meet with team members, managers and members of the senior management team including the chief executive of the Trust. For example, a range of meetings were co-ordinated at different intervals throughout the year to enable opportunities for staff to communicate and to share and receive information.

The Trust had also developed a number of initiatives to share and receive information from staff. These included a Trust and dental division staff newsletter; a dental division quarterly team brief and annual staff survey process. Staff confirmed that they felt valued in their roles and that managers within the service and Trust were approachable, supportive and visible.

Innovation, improvement and sustainability

Staff described the regular 'Code 12' training. This was specific training, using particular scenarios that the dentists set up to enable the staff to learn by using situations that were as near to real life as possible. Recent Code 12 training dealt with a collapsed patient and a fire within the surgery. Staff further described study days where, for example, a wheelchair user had been invited to speak to them. The staff we spoke with found these sessions invaluable.

Good

Are Dentistry Services well-led?

The service provided treatment to those who could not access other dentists or those who were not registered and needed emergency care. The service also delivered treatment at three prisons including a young offender's institute. The clinical lead told us their service's strategy was to develop specialist services further to enable everyone who required dental treatment to have as easy access as possible, thereby meeting the needs of the local community.