

Staffordshire & Stoke-on-Trent Partnership NHS Trust

R1E

Community dental services

Quality Report

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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)
R1E09	Cross Street Clinic	Community dental services	DE14 1EG
R1EY5	Hanley Health Centre	Community dental services	ST1 2BN
R1E80	Meir Health Centre	Community dental services	ST3 7DS
R1E34	Stafford Central Clinic	Community dental services	ST16 3AE

This report describes our judgement of the quality of care provided within this core service by Staffordshire and Stoke on Trent Partnership 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 Staffordshire and Stoke on Trent Partnership NHS Trust and these are brought together to inform our overall judgement of Staffordshire and Stoke on Trent Partnership NHS 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

Overall we rated dental services at this trust as good. Patients' were protected from abuse and avoidable harm. Systems for identifying, investigating and learning from patient safety incidents and infection control procedures were in place. The environment and equipment were clean and well maintained.

Dental services were effective and focussed on the needs of patients and their oral health care. We observed good examples of effective collaborative working practises within the service. The service was able to meet the needs of the patients who visited the clinics for care and treatment because of the flexible attitude of all members of the service.

The patients we spoke with, their relatives or carers, said they had positive experiences of their care. We saw good examples of care being provided with compassion and of

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

At each of the clinics we visited the staff responded to patients' needs. Effective multidisciplinary team working ensured patients were provided with care that met their needs and at the right time. Through effective management of resources, delays to treatment were kept to reasonable limits.

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

Summary of findings

Background to the service

Staffordshire and Stoke on Trent Partnership NHS Trust provides a range of dental services for all age groups who require a specialised approach to their dental care and are unable to receive this in a general dental practice. There are 13 community dental clinics spread over North and South Staffordshire. The service provides oral health care and dental treatment for children and adults that have an impairment, disability and/or complex medical condition. People who come in to this category are those with a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability, including those who are housebound. The service also provide dental care to prison inmates in five prisons across the Staffordshire county. The service also undertook domiciliary visits for those patients who were house bound, this involved providing treatment such as the provision of dentures or carrying out very simple dental extractions.

Additional services provided are a sedation service in selected clinics where treatment under a local anaesthetic alone is not feasible and conscious sedation is required.

General anaesthetic (GA) services are provided for children in pain where extractions under a local anaesthetic would not be feasible or appropriate such as in the very young, the extremely nervous, children with special needs or those requiring several extractions. This service can also be provided for adults with special needs. GA procedures are delivered at the two local acute hospitals.

The service is also responsible for providing in hours and out of hours urgent care dental services across the county.

Our inspection team

Our inspection team was led by:

Chair: Professor Iqbal Singh OBE FRCP, consultant in medicine for the elderly, East Lancashire Hospitals NHS Trust.

Head of Hospital Inspections: Tim Cooper, Care Quality Commission

The team included CQC inspectors and a variety of specialists, including:

Head of quality; deputy director of nursing; consultant nurse; clinical quality manager, community matrons;

nurse team managers; senior community nurses; occupational therapists; physiotherapists; community children's nurses; school nurses; health visitors; palliative care consultant; palliative care nurse; sexual health nurses and senior dental advisors.

The team also included other experts called Experts by Experience as members of the inspection team. These were people who had experience as patients or users of some of the types of services provided by the trust.

Why we carried out this inspection

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

Summary of findings

How we carried out this inspection

We inspected this service in November 2015 as part of the comprehensive inspection programme.

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 service provider and asked other organisations to share what they knew. We carried out an announced visit from 3 to 6 November 2015.

We did not hold a public listening event prior to this inspection as we were looking to assess changes and progress over a much defined period of time, however we did contact Staffordshire Healthwatch and Stoke

Healthwatch to seek the views that they had recently formed on the trust. Additionally, number of people contacted CQC directly to share their views and opinions of services.

We met with the trust executive team both collectively and on an individual basis, we also met with service managers and leaders and clinical staff of all grades.

Prior to the visit we held seven focus groups with a range of staff across Staffordshire who worked within the service. 120 staff attended those meetings and shared their views.

We visited many clinical areas and observed direct patient care and treatment. We talked with people who use services. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records of people who use services. We met with people who use services and carers, who shared their views and experiences of the core service.

What people who use the provider say

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

The latest Family and Friends Test analysis showed that patients were extremely likely or likely to recommend the service to family or friends in 99% of cases from a sample size of 95 patients.

Good practice

- The staff at the Stafford Central Clinic had been awarded a 'Silver Award' by the Trust for achieving 100% Family and Friends' score for respondents who would recommend their service in June 2015.
- Clinical records viewed were clear, concise and accurate and provided a detailed account of the treatment patients received. Patient safety and safeguarding alerts were also thoroughly recorded.

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

- The service should ensure that the vision and strategy for the service is fully developed and articulated to staff, with clear objectives for the service.

Summary of findings

- The service should ensure that staff have are up to date with their mandatory training requirements and that compliance is monitored on a regular basis to ensure compliance is maintained.

Staffordshire & Stoke-on-Trent Partnership NHS Trust

Community dental services

Detailed findings from this inspection

Good 

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We have rated this service as good for safe. This is because:

- The service used the trust's electronic incident reporting system for recording, investigating and learning from patient safety incidents.
- Staffing levels in the clinics were safe with a good skill mix across the whole service.
- Equipment was maintained in accordance with national guidelines.
- Staff had received adult and children safeguarding training.
- Staff were confident in their knowledge of how to escalate concerns.
- There was a pathway for children who did not attend clinic appointments, to inform other health professionals and identify any risks.

However, we also saw that:

- Compliance with some mandatory training could be improved, particularly in basic life support training.

Incident reporting, learning and improvement

- There had been no never events reported by the dental service. Never events are serious, largely preventable patient safety incidents that should not occur if available preventative measures are implemented.
- The dental service reported incidents using the trust electronic reporting system. Staff we spoke with demonstrated to us how the system worked. The system appeared easy to use and staff reported that the system would always acknowledge the receipt of the particular incident reported. They told us that issues would be referred to the service managers or Clinical Director for action and we were told that the service management would always follow up issues resulting from reported incidents.
- We saw evidence of seven incidents reported between April and October 2015. The documentation associated with incident reporting was completed in full on each occasion. We also saw that the action points from each incident were followed up by one of the dental service managers.

Are services safe?

- We saw staff meeting minutes between this periods where incidents were discussed to facilitate shared learning. There were also standing agenda items relating to infection control, safety alerts, risk register issues and patient experience.

Safeguarding

- All staff we spoke with were aware of the safeguarding policy and had received training at the appropriate level with regards to safeguarding vulnerable adults and children.
- The mandatory training records we saw demonstrated that staff working within the service met the Trust target of 90% in relation to safeguarding training.
- The staff we spoke to were knowledgeable about safeguarding issues in relation to the community they served.
- All of the dentists we spoke to were aware of the safeguarding concerns that could impact upon the delivery of dental care. This included children who presented with high levels of dental decay which could indicate that a child could be suffering from neglect.
- Dentists we spoke to explained how they shared information with other professionals such as social workers, health visitors, school nurses and learning disability teams.

Medicines

- We found the medicines used for intravenous sedation were stored safely for the protection of patients at Hanley Health Centre where intravenous sedation services were carried out.
- A comprehensive recording system was available for the prescribing and recording of these medicines. Bespoke sedation recording forms had been developed by the service to ensure that dose administered was recorded each time along with the batch number and expiry dates. All the sedation records we looked at were completed in full. Other clinical records we saw showed that when local anaesthetics, antibiotics and high concentrated fluoride tooth paste were prescribed these were clinically justified and the details were recorded in full. The service had in place a robust written system of stock control for the medicines used in intravenous sedation which was demonstrated to us.

- We found medicines for emergency use were available, in date and stored correctly.
- A check list monitoring the expiry dates of the emergency medicines was present in each storage cabinet at each location we visited and was signed by the responsible dental nurse.

Environment and equipment

- We observed that dental equipment was clean and well maintained.
- The service maintained sufficient numbers of all classes of equipment, for example, dental hand instruments to carry out dental fillings, dental extractions and root canal therapy. This was demonstrated when we looked in drawers and cupboards appropriate for the storage of processed instruments and consumable materials. We saw evidence of this at each of the locations we visited.
- At each site we visited there was a range of suitable equipment which included an Automated External Defibrillator, emergency medicines and oxygen available for dealing with medical emergencies. This was in line with the Resuscitation UK and British National Formulary (BNF) guidelines.
- The emergency medicines were all in date and stored securely, with emergency oxygen, in a central location known to all staff. A check list monitoring the expiry dates of the emergency medicines was present in each storage cabinet at each location we visited and was signed by the responsible dental nurse. This ensured that the risk to patients' during dental procedures was reduced and patients were treated in a safe and secure way.
- At each site we visited we were shown a well maintained radiation protection file. This contained all the necessary documentation pertaining to the maintenance of the X-ray equipment. It also included critical examination packs for each X-ray set along with the regular maintenance logs in accordance with a copy of the local rules was kept in each dental treatment room at each location we visited. These measures were in accordance with national regulations pertaining to ionising radiation.
- We saw reports that showed X-ray equipment across the service was safe for use. These reports were provided by the local acute trust under a service level agreement.

Are services safe?

- Clinical records we saw at each location showed that when dental X-rays were prescribed they were justified, reported on and quality assured every time. This ensured that the service was acting in accordance with national radiological guidelines. The measures described also ensured that patients and staff were protected from unnecessary exposure to radiation.

Quality of records

- At the sites we visited, clinical records were kept securely so that confidential information was properly protected.
- The patient records were a mixture of computerised and hard copy records. The computerised records were secured by password access only.
- Information such as written medical histories, referral letters and dental radiographs were collated in individual patient files and archived in locked and secured cabinets not accessible to the public in accordance with data protection requirements.
- During the course of our inspection, we discussed patient care with the dentists and checked dental care records to confirm the findings. The electronic records and hard copy records were well-maintained and provided comprehensive information on the individual needs of patients such as; oral examinations; medical history; consent and agreement for treatment; treatment plans and estimates and treatment records.
- Clinical records viewed were clear, concise and accurate and provided a detailed account of the treatment patients received. Patient safety and safeguarding alerts were also thoroughly recorded. For example allergies and reactions to medication such as antibiotics.
- We looked at the trust record keeping audit for this service. The service met 100% of the criteria set out in the audit tool for record keeping standards in the latest audit report.
- Staff at the clinics we visited where local decontamination took place showed us and demonstrated the arrangements for infection control and decontamination procedures. They were able to demonstrate and explain in detail the procedures for the cleaning of dental equipment.
- Staff described the process for the transfer and processing of dirty instruments through designated on-site decontamination rooms. We saw safe storage of clean instruments and that it was within one year from the date of processing of the instruments as stipulated in HTM 01 05.
- We observed good infection prevention and control practices. Hand washing facilities and alcohol hand gel were available throughout the clinic areas.
- We observed staff following hand hygiene and 'bare below the elbow' guidance. Staff wore personal protective equipment (PPE), such as gloves and aprons, whilst delivering care and treatment. We observed appropriate disposal of PPE.
- There were suitable arrangements for the handling, storage and disposal of clinical waste, including sharps. Safer sharps use was in accordance with the EU Directive for the safer use of sharps.
- Cleaning schedules were in place and displayed for each individual treatment room. These were complete and were signed by the responsible dental nurse.
- Clearly defined roles and responsibilities for cleaning the environment and cleaning and decontaminating equipment were in place.
- We looked at the daily, weekly and quarterly test sheets for the autoclaves and washer disinfectors along with the maintenance schedules at each location where local decontamination was carried out.
- We saw infection prevention and control audits of the dental clinics had been undertaken at regular intervals in 2015. We saw that the service reached virtually 100% scores across the whole of the end to end decontamination process. Any deficiencies highlighted in the audit had been addressed by the service.

Cleanliness, infection control and hygiene

- The service used a system of local decontamination for the processing of contaminated instruments. The systems in place ensured that the service were exceeding HTM 01 05 (guidelines for decontamination and infection control in primary dental care) Essential Quality Requirements for infection control.

Mandatory training

- Staff across the service told us there was good access to mandatory training study days.

Are services safe?

- Mandatory training for staff included infection prevention and control, safeguarding for vulnerable adults and children, information governance and the management of emergencies in the dental chair. Data provided by the trust showed that as at 31 July 2015, of the 10 mandatory training courses, the service had achieved the trust target for compliance in six areas. Compliance with information governance training was 87%, for conflict resolution it was 85%, 78% for fire safety training and 62% for basic life support.
- The central log for mandatory training we saw confirmed that all staff working in the clinics across the service had either attended the required mandatory training or were booked to do so. The service managers were diligent in their management of staff in relation to mandatory training.
- There were sufficient staff to meet the needs of the service. Staff worked across the dental clinics to ensure clinics had appropriate staff grades at all times.
- The service was staffed with over 100 employees. This included 27 dentists, seven dental therapists and a dental hygienist across the clinics, and were supported by 36 dental nurses. Some of the dental nurses had further training in dental radiography, conscious sedation and general anaesthesia in relation to dentistry.
- The dentists also provided domiciliary care. On each visit, a qualified dental nurse accompanied the dentist to enable the dentist to carry out safe and effective dental care. The dental nurse facilitated effective infection prevention control procedures and in the event of a medical emergency involving a patient, acted as a second appropriate person during resuscitation procedures.
- It appeared from looking through the appointment diaries on the computerised system at each location that appropriate appointment slots were allocated for both patient assessment and treatment sessions.

Assessing and responding to patient risk

- At every site we visited there was a range of equipment to enable staff to respond to a medical emergency. This included an Automated External Defibrillator, emergency medicines and oxygen. This was in line with the Resuscitation UK and British National Formulary (BNF) guidelines.
- Throughout our inspection visits, we looked at a sample of dental treatment records across the service. Patient safety and safeguarding alerts were always recorded. For example medical histories were always taken and updated when patients attended for dental treatment. These histories included any allergies and reactions to medication such as antibiotics.
- Three dentists we spoke with felt that they had adequate time to carry out clinical care of the patient. They had sufficient clinical freedom within the service to adjust time slots to take into account the complexities of the patient's medical, physical, psychological and social needs.
- Before domiciliary care was carried out, staff undertook a risk assessment of the patient's home to check if the home environment was safe for the dentists to carry out dental operative procedures such as simple extractions or fillings.

Staffing levels and caseload

Managing anticipated risks

- All staff undertook yearly training in CPR appropriate to the clinical grade of the member staff. For example staff involved in providing intravenous sedation or general anaesthetic services undertook training in Intermediate Life Support Techniques. This was in accordance with the new guidelines recently published by the Royal College of Surgeons and Royal College of Anaesthetists in April 2015.
- The clinical records we saw where two patients had undergone intravenous sedation they had important checks made prior to sedation; this included a medical history, height, weight and blood pressure. These checks were carried out to determine if they were suitable to undergo this type of procedure.
- The records demonstrated that during the sedation procedure important checks were recorded at regular intervals during the operation and included pulse, blood pressure, breathing rates and the oxygen saturation of the blood. This was carried out using a specialised piece of equipment known as a pulse oximeter which measures not only the patient's heart

Are services safe?

rate, oxygen saturation of the blood but also blood pressure. The machine also produced a written log of these vital signs which formed part of the clinical record. These checks were in line with current good practice guidelines demonstrating that sedation was carried out in a safe and effective way.

- The service had a named Radiation Protection Adviser and Radiation Protection Supervisors across the service. These individuals were appointed to provide advice and assurance that the service was complying with legal obligations under IRR 99 and IRMER 2000 radiation regulations. This included the periodic examination and testing of all radiation equipment, the risk assessment, contingency plans, staff training and the quality assurance programme. The services' named Radiation Protection Supervisor ensured that compliance with Ionising Radiation Regulations 99 and IRMER 2000 regulations was maintained.
- At each location we visited a well maintained radiation protection file was available. Each treatment room

contained all the necessary documentation pertaining to the maintenance of the X-ray equipment. It also included critical examination packs for each X-ray set along with the required maintenance logs for X-ray equipment.

- We saw in clinical records where X-rays were taken that dental X-rays were justified, reported on and quality assured every time ensuring that the service was acting in accordance with national radiological guidelines. The measures described ensured that patients and staff were protected from unnecessary exposure to radiation.
- All health and safety policies and procedures were available and accessed through the shared drive of the trust.
- Each location had a well maintained control of substances hazardous to health (COSHH) file in accordance with the COSHH regulations.

Are services effective?

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

Summary

We have rated this service as good for effective care. This is because:

- Services were effective, evidence based and focussed on the needs of the patients.
- We saw examples of very good collaborative and team working.
- Staff received professional development appropriate to their role and learning needs.
- Staff who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) and were meeting the requirements of their professional registration.

Evidence based care and treatment

- There were clinical leads working across the service that ensured best practice guidelines were implemented and maintained. This included conscious sedation, special care dentistry, dental access work and general anaesthesia. Dental Hygiene/Therapists and extended duty dental nurses facilitated dental health promotion and prevention for patients using the advice from 'Delivering Better Oral Health' and evidence based tool kit used for the prevention of dental disease. This included advice about diet, optimum fluoride toothpaste use, smoking and sensible alcohol use.
- Dental general anaesthesia (GA) and conscious sedation was delivered according to the standards set out by the dental faculties of the Royal Colleges of Surgeons and the Royal College of Anaesthetists 'Standards for Conscious Sedation in the Provision of Dental Care 2015'. These services were delivered at two hospitals across the Trust.

Pain relief

- A review of a sample of patient records confirmed that patients were assessed appropriately for pain and other urgent symptoms.

- Patients were appropriately prescribed local and general anaesthesia for the relief of pain during dental procedures.
- We saw two patient assessment appointments. In both the consultations we observed, the clinician asked the patient if they had pain in their teeth or mouth and prescribed appropriate advice to manage the pain effectively.

Nutrition and hydration

- Children and adults having procedures under GA were advised to not eat for six hours before surgery but were able to have sips of water up to two hours before surgery. Patients undergoing conscious sedation also received appropriate advice.
- This was facilitated by bespoke patient information leaflets which had been developed by the service.
- Staff provided advice to patients and parents about healthy diets and reducing foods which caused tooth decay. Diet records were provided where appropriate as a means to monitor patients' intake between appointments.
- We observed staff providing advice about healthy diets during consultations.

Patient outcomes

- Preventive care across the service was delivered using the Department of Health's 'Delivering Better Oral Health Toolkit 2013'. This is an evidence based tool kit used for the prevention of the common dental diseases. One of the dentists we spoke with had developed an oral health advice sheet based on the tool kit which was to be included in the care plan for elderly patients who needed a variety of carers to help with their everyday living. This helped ensure that elderly patients received essential preventive home care by their carers.
- The service used various national guidelines to ensure patients received the most appropriate care. This included the guidance produced by the British Society

Are services effective?

for Disability and Oral Health and the Faculty of General Dental Practice. Dentists we spoke with were fully conversant with these guidelines and the standards which underpinned them.

- We saw evidence of a rolling programme of audits to monitor safety performance including infection control, radiographs and patient records.

Competent staff

- The Clinical Director of the service encouraged dentists within the service to undertake additional professional training to provide services to an ever increasing complexity of patient.
- All dental nurses employed by the service had passed the National Examining Board for Dental Nurses Certificate in Dental Nursing.
- Many of the other dental nurses had taken post qualification courses in general anaesthesia, sedation and dental radiography.
- We were showed data during the inspection which showed that all staff had received an appraisal in the last 12 months. The system in place was that the Clinical Director appraised the dental service managers and senior dentists. The dental service managers appraised the senior dental nurses and they in turn appraised the basic grade dental nurses. The senior dentists in turn appraised the basic grade dentists, therapists and hygienist. We saw examples of the process that dental nurses go through as part of appraisal system and found that the end to end process was completed in full. We also saw an example of a supervision record form for a senior dental nurse who had undergone a one to one supervisory session with their line manager. These were used to capture the actions/decisions time scales and persons responsible in direct one to one supervision sessions. The form we looked at was detailed and complete.

Multi-disciplinary working and coordinated care pathways

- The GA and sedation care was prescribed using an approved care pathway approach. Patients enter a recognised pathway of: Tender Loving Care (TLC), TLC and either intravenous sedation or inhalation sedation and finally GA dependent upon each individual patient's medical, social or clinical need.

- There was effective and collaborative working across disciplines involved in patient's care and treatment. For example patients would often present with complex medical conditions requiring consultation with the patient's GP and or Consultant Physician or Surgeon.
- The service maintained close working relationships with the school nursing service, health visiting and learning disability teams to ensure that vulnerable groups requiring dental care can secure ready access to treatment and care as the needs arise.

Referral, transfer, discharge and transition

- There were clear referral systems and processes in place to refer patients into the service. These had been developed by the service and commissioners of services to ensure efficient use of NHS resources.
- Patients who were seen for single courses of treatment for sedation services or general anaesthesia were discharged back to their referring general dental practitioner with a discharge letter detailing the treatment carried out by the service.
- Other patients referred into the service where appropriate were offered continuing care to ensure that their oral health needs were met on an on-going basis.

Access to information

- The electronic patient record allowed dental professionals to access patients' dental records across the various trust's dental clinics.
- All staff had access to best practice and evidence based guidance in relation to information governance through mandatory training and trust policy which was available on the trust intranet.
- All the clinics we visited displayed information about the NHS charges for the treatment patients may receive and dental health promotion information.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- There was a robust system for obtaining consent for patients undergoing General Anaesthesia, conscious sedation, relative analgesia sedation and routine dental treatment.
- The consent documentation used in each case of general anaesthesia, intravenous and relative analgesia

Are services effective?

sedation consisted of: the referral letter from the general dental practitioner or other health care professional, the clinical assessment including a complete written medical, drug and social history. Full and complete NHS consent forms were used as appropriate in every case.

- We observed eight patient assessment treatment records which demonstrated that the systems and processes for obtaining consent were carried out.
- Where adults or children lacked the capacity to make their own decisions, staff sought consent from their family members or representatives. Where this was not

possible, staff made decisions about care and treatment in the best interests of the patient and involved the patient's representatives and other healthcare professionals.

- Arrangements were in place to ensure staff understood the requirements of the Mental Capacity Act 2005 and applied these requirements when delivering care. All staff received mandatory training in consent, safeguarding vulnerable adults, the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards (DoLS).
- Staff we spoke with understood the legal requirements of the Mental Capacity Act 2005 and had access to social workers and staff trained in working with vulnerable patients, such as their safeguarding lead.

Are services caring?

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

Summary

We have rated this service as good for caring. This is because:

- Patients and carers told us they had positive experiences of care.
- Patients, families and carers felt well supported and involved with their treatment plans
- Staff displayed compassion, kindness and respect at all times.

Compassionate care

- During our inspection, we spoke with two families to gain an understanding of their experiences of care. They said they were happy with the care and support provided by the staff. We observed staff treating patients with dignity and respect. We heard and observed staff using language that was appropriate to patients' age or level of understanding.
- Staff were considerate of people's anxieties and provided them with reassurance and were clear about the treatment. They allowed the patient time to respond if they were not happy or in pain.

- The latest Family and Friends Test analysis showed that patients were extremely likely or likely to recommend the service to family or friends in 99% of cases from a sample size of 95 patients.

Understanding and involvement of patients and those close to them

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

Emotional support

- Staff were clear on the importance of emotional support needed when delivering care.
- We observed positive interactions between staff and patients, where staff knew the patients very well and had built up a good rapport.
- Through our discussions with staff it was apparent that they adopted a holistic approach to care concentrating fundamentally on the patients social, physical and medical needs first, rather than seeing patients as a collection of signs and symptoms which required a mechanistic solution to their dental problems.

Are services responsive to people's needs?

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

Summary

We have rated this service as good for responsive. This is because:

- People from all communities could access treatment if they met the service's criteria.
- Arrangements were in place for people who required special care such as patients with dental phobias and people with learning disabilities
- Effective multidisciplinary team working and effective links between the different clinics ensured people were provided with care that met their needs, at the right time and without avoidable delay.
- Waiting lists were minimal, patients were able to access care in a timely manner.

Planning and delivering services which meet people's needs

- There were systems and processes in place to identify and plan for patient safety issues in advance and included any potential staffing and clinic capacity issues.
- All patients were given a choice as to where they could be treated in each geographical area, the aim of giving patients this choice was to keep waiting times for treatment as short as practically possible.

Equality and diversity

- At each location we visited, we saw that arrangements were in place to provide interpreter services for those patients whose first language was not English.
- At each location we visited, it was observed that adjustments had been made to enable patients with various disabilities to access the service easily.
- The training records indicated that 91% of staff had received updated training in equality, diversity and human rights as part of the rolling programme of mandatory training.

Meeting the needs of people in vulnerable circumstances

- The service was primarily a referral based specialised service providing continuing care to a targeted group of patients with special needs due to physical, mental, social and medical impairment. However, the service did accept self-referral of patients if they fitted the referral criteria. As a result these groups could access services when required in a timely manner to meet their needs and the needs of family and carers.
- The service also provides a full range of dental care to prisoners at five prisons across the Staffordshire County.
- Specialist care was provided for patients with learning disabilities, mental health problems and patients who suffer from dental phobia. We saw arrangements were in place to respond to patients with these specific needs such as longer appointment times.
- A range of literature was available for patients, relatives and/or their representatives and provided information in regards to their involvement in care delivery from the time of admission through to discharge from the general anaesthetic clinic. This included pre-treatment instructions, key contacts information and follow-up advice for when the patient left the clinic.

Access to the right care at the right time

- The service monitored waiting times for patients undergoing treatment under general anaesthesia and conscious sedation.
- We were told that the waiting times for access to general anaesthesia were negligible meaning that there were in fact no waiting lists. Therefore, patients who presented with urgent pain could be treated in a timely manner. The service had good working relationships with the anaesthetic departments at both hospitals used for general anaesthetic services. As a result, additional anaesthetic sessions could be provided as necessary to cope with extra demand.
- Patients were referred to the community dental service for short-term specialised treatment. A set of acceptance and discharge criteria had been developed so that only the most appropriate patients were seen by the service.

Are services responsive to people's needs?

- On completion of treatment, patients were discharged to the patient's own dentist so that on-going treatment could be resumed by the referring dentist.
- Internal referral systems were in place, should the dental service decide to refer a patient on to other external services such as local maxillofacial and orthodontic specialists.
- Processes were in place regarding how patients were discharged from the service following GA Intravenous Sedation or Relative Analgesia conscious sedation. We saw the service's discharge protocol that assured us that patients were discharged in an appropriate, safe and timely manner.
- During the discharge process, staff made sure the patient or responsible adult had a set of written post-operative instructions and understand them fully. They were also given contact details if they require urgent advice and/ or treatment.
- We saw clinics ran to time, they were not overbooked and comments made by patients on two user and carer

experience survey forms we looked at reported they had sufficient time to talk to staff. Staff told us patients were kept informed of any delays and were offered the opportunity to rebook appointments if clinics overran.

- The service operated the out of hours urgent care dental service for Staffordshire. We saw that the service operated a triage system to ensure that only the most appropriate patients accessed this part of the service.

Learning from complaints and concerns

- Information was displayed in every clinic informing people how to raise concerns and complaints.
- Complaints, both formal and informal, were discussed at every staff meeting. We saw examples of staff meeting minutes that confirmed this had taken place.
- Between April and November 2015, the service had received four complaints. The complaints were mainly around access to treatment issues. We saw the complaints log which contained details of the nature of the complaint and the actions taken to resolve the complaints.

Are services well-led?

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

Summary

The service was well-led because:

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

However, we also saw that:

- The vision and strategy for the service had not been fully formed and was still in development.

Service vision and strategy

- The service vision and strategy was in development. The Clinical Director and two dental services managers were clear on the vision for the service and were in the process of developing it so that it could be communicated to staff.

Governance, risk management and quality measurement

- The dental service has in place a set of governance procedures that aimed to satisfy all UK and European legislation. Policies and procedures satisfying these criteria were available to all staff on the Trust's intranet in the form of a document folder. Staff we spoke with were aware of this document folder and were able to show us how they accessed the information.
- All locations had in place protocols and procedures dealing with the main areas of clinical practice pertinent to the delivery of dental care. This included the provision of general anaesthesia and conscious sedation, radiation, infection prevention control,

medicines management and dealing with common medical emergencies during dental treatment and reducing the risk of contracting Legionella during dental care.

- We found that the systems for monitoring the quality of care were always complete and up to date. This included the daily, weekly, quarterly and annual maintenance schedules and checks of equipment, medicines and materials used for the provision of dental care.
- We saw that the clinical governance systems in place for the prison services were a mirror image of those for community clinics throughout the service.

Leadership of this service

- The Clinical Director maintained overall responsibility and accountability for the running of the service. The Clinical Director had fostered a culture of devolving responsibility to other appropriate individuals within the service. This in turn had engendered a culture of individual responsibility and accountability throughout the service.
- It was evident from discussions with the team that the service had a forward thinking and proactive Clinical Director who was well supported by the two dental service managers.
- The two dental service managers were responsible for the day-to-day running of the service. In turn senior dental nurses were appointed to ensure that the day to day running of each clinic was safe and effective.
- The dental management team were responsible for cascading information upwards to the Trust managers and downwards to the clinicians and dental nurses on the front line. The structure in place appeared to be effective which was confirmed when we spoke to various members of staff and the examples of the minutes of staff meeting we observed.

Are services well-led?

- The dental service managers were responsible for the safe implementation of policies and procedures in relation to infection control, dealing with medical emergencies and incident reporting.
- Staff confirmed that they felt valued in their roles within the service and the local management team were approachable, supportive and visible at all times.
- Staff were aware of the aims and objectives of the Trust as a whole which was facilitated by the availability of 'The Word' the Staffordshire and Stoke on Trent Partnership's team brief magazine. We found this freely available at each location we visited.
- We also found the Trust's 6C's challenge objectives on display within the service and staff we spoke with were aware of the values and behaviours expected of them.
- Clinicians stated that there was an open door policy to the Clinical Director for professional support and advice. One clinician we spoke with explained that their clinical confidence and expertise had improved immeasurably since they joined the service 12 months ago. The clinician felt that the open access and advice and encouragement provided by the Clinical Director had facilitated this increased confidence and ability to carry out more complex work.
- It was apparent through discussions with staff that dental services worked very much with the individual because of their often very complex needs and involved relatives and carers in helping the person to participate in decisions about the treatment and care.
- The service undertook regular patient satisfaction surveys. We saw six examples of survey forms completed on the day of our visit. These provided a completely positive view of the staff and the services provided.
- The staff at the Stafford Central Clinic had been awarded a 'Silver Award' by the Trust for achieving 100% Family and Friends score for respondents who would recommend their service in June 2015.

Staff engagement

- Team meetings demonstrated that the service engaged all staff.
- Various types of meeting were undertaken on a regular basis. For example we saw the agenda and minutes of the dentists 'Clinical Forum' meetings. During these meetings clinicians were able to discuss current issues in relation to clinical dentists as well as bringing clinical cases of interest to the group for wider discussion about different approaches to treatment. The meeting also discussed the financial position of the service as well as its performance in relation to safety, effectiveness and performance. These aspects of the service were mirrored in the senior management meetings, senior dental nurse meetings and the individual clinic meetings. This approach ensured that all staff members were aware of the common issues affecting the service. Twice each year the whole of the service meets giving an opportunity for all staff to meet in one place at the same time to exchange news and views.

Culture within this service

- The culture of the service demonstrated to be that of continuous learning and improvement.
- We observed staff who were passionate and proud about working within the service and providing good quality care for patients.
- Staff were proud to work in the service and were committed to provide the best care possible for every patient. This was evident when we observed two patient treatment sessions.
- The staff roles and responsibilities were clearly defined with a sufficient skill mix of staff across all staff grades and all staff spoke of their commitment to ensuring patients were looked after in a caring manner.

Public engagement

Innovation, improvement and sustainability

- Staff were supported in accessing and attending training, ensuring they had the appropriate skills and training to make effective clinical decisions and treat patients in a prompt and timely manner.
- All staff had the opportunity to take further qualifications to enhance the patient experience dependant on the outcome of their appraisal and subsequent performance development plan (PDP).

Are services well-led?

- The nurse manager we spoke with described how a number of dental nurses had undergone additional training in dental radiography, general anaesthesia and conscious sedation which enabled the service to provide enhanced care for patients.
- One member of staff had developed specialist knowledge and skills in relation to cardio pulmonary resuscitation. Subsequently this staff member had been seconded by the Trust's Resuscitation Team to carry out work with them. This staff member had also developed a set of protocols and procedures in a bespoke manual for the dental team to follow during emergencies which can occur during dental treatment.
- We saw examples of regular audit undertaken for infection prevention control, the quality of dental X-rays and clinical record keeping. The results of the audits we saw undertaken during 2015 showed high standards of compliance with respect to quality standards in these areas.