# Wirral Community NHS Trust

RY7

# Community Dental Services

## Quality Report

RY7X6 Victoria Central Hospital Dental Service
CRY7X8 Clatterbridge Dental Service
RY7Y6 Devonshire Park Dental Centre
RY7Z1 Leasowe Personal Dental Service
RY7X7 Arrowe Park Dental Service General Anaesthetic Sedation Service
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Date of inspection visit: September 2014
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This report describes our judgement of the quality of care provided within this core service by Wirral Community 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 Wirral Community NHS Trust and these are brought together to inform our overall judgement of Wirral Community NHS Trust

# Summary of findings

## Ratings

| | |
|---|---|
| Overall rating for Community Dental Services | Good  |
| Are Community Dental Services safe? | Good  |
| Are Community Dental Services effective? | Good  |
| Are Community Dental Services caring? | Good  |
| Are Community Dental Services responsive? | Good  |
| Are Community Dental Services well-led? | Good  |

# Summary of findings

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# Summary of findings

## Overall summary

Wirral Community Trust provides a dental service for all age groups who require a specialised approach to their dental care and to those who are unable or do not have access to a General Dental Practice.

The service provides oral health care and dental treatment for children and adults that have an impairment, disability and/or complex medical condition. It also provides a service to oncology patients with head and neck cancer requiring radiotherapy and, a sedation service in selected clinics.

We visited all five dental service locations. We spent time talking to with patients, observing the care and treatment they received. We spoke with staff including dentists, nurses and managers.

We considered this to be an exemplary service with robust systems for identifying, investigating and learning from patient safety incidents and a strong emphasis within the service on reducing harm or prevent harm from occurring. Services were very effective, evidence based and focussed on the needs of the patients. Patients, families and carers felt well supported and involved with their treatment plans. Staff displayed high levels of compassion, kindness and respect at all times. The service was responsive to people's needs and people from all communities could access treatment. Staff were forward thinking and innovative in their approach.

# Summary of findings

## Background to the service

Wirral Community NHS Trust provides a dental service for all age groups who require a specialised approach to their dental care and are unable or do not have access to a General Dental Practice.

The service provides oral health care and dental treatment for children and adults that have an impairment, disability and/or complex medical need. This includes people with a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability, including those who are housebound. It also provides a service to oncology patients with head and neck cancer requiring radiotherapy or specialist dental treatment.

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.

There are four clinics across the Wirral area. The service as a whole processes approximately 1,500 new referrals annually (based on referrals to the service between April 2013 and February 2014).

## Our inspection team

Our inspection team was led by:

**Chair:** Professor Siobhan Gregory, Director of Quality and Clinical Excellence, Hounslow and Richmond Community Healthcare NHS Trust.

**Team Leader:** Debbie Widdowson, Care Quality Commission

The team of 28 included CQC inspectors and a variety of specialists: District Nurses and Tissue Viability Specialists, Ward Matron, Community Matron and Nurse Practitioner, Health Visitor, Therapists, a NHS Managing Director with expertise in governance, GP and a Dentist and four experts by experience.

## Why we carried out this inspection

We inspected the Trust as part of our comprehensive Wave 2 pilot community health services inspection programme.

The Wave 2 inspection model for community health services is a specialist, expert and risk-based approach to inspection. The aim of this testing phase is to produce a better understanding of quality across a wider range and greater number of service and to better understand how well quality is managed.

## 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 Trust and asked other organisations to share what they knew. We also received comments from people who had attended a listening event prior to the

# Summary of findings

inspection. We carried out announced visits on 2, 3 and 4 September 2014. We also visited the Trust unannounced out of hours on 3 September 2014. We visited health centres, dental clinics and walk in centres. We went on home visits with district nursing, health visitors and palliative care specialist nurses. During the visits we held focus groups with a range of staff who worked within the service, including nurses, therapists and healthcare assistants. 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.

## What people who use the provider say

Patients told us the dentist explained the medicines they were prescribed and any likely side effects. Patients had access to an out of hours dental service and to an out of hours pharmacy service should they require, and for any problems with their medication.

Patients told us staff did not appear over worked stressed or rushed "They are always calm." This was vital due to the nature of some of the clinics seeing to patients who were phobic or anxious and required a calming environment.

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

Patients told us "The staff are very good at dealing with dentistry phobia." One person told us "Some how they [the staff] just put me at ease". One person with children told us "Staff are great, they explain things to the children so well".

Patients told us staff treated them with compassion, empathy and respect. Patients made comments about the staff such as: "They are lovely", "Professional", "Polite" and "Brilliant."

One patient told us "The staff understand the importance of building trust."

## Good practice

Our inspection team highlighted the following areas of good practice:

- High standard of record keeping across all services.
- 'Gold' standard of cleanliness in all clinics, treatment rooms and utilities.
- Staff spoke with passion about their work, felt proud and we saw good staff morale across all services.
- High quality dental treatment, in particular at the Leasowe clinic.
- All care provided was person centred, individualised and based on evidence based guidelines, across all services.
- Staff were innovative and forward thinking. If something needed improving they were encouraged to follow it through.
- The streamline service and multi-disciplinary approach provided at Clatterbridge clinic.
- It was evident through discussions with staff that the strong leadership and management skills of the Clinical Director and Lead Nurse made a significant difference to the quality of the service.

# Summary of findings

## Areas for improvement

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

**Action the provider should take to improve**

- Information for patients about how to make complaints should be more visible for patients in the clinic areas so they are aware of the trust's complaints process.
- Trends of near misses, incidences and accidents should be fed back from information governance so the service could disseminate this to staff and review any areas for improvement.
- The trust should develop more formal communication channels with the service leads to ensure they feel engaged in service development, design and commissioning.

Wirral Community NHS Trust

# Dentistry

**Detailed findings from this inspection**

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

Good

## Are Community Dental Services safe?

By safe, we mean that people are protected from abuse

### Summary

Services were safe because there were systems for identifying, investigating and learning from patient safety incidents and an emphasis in the service to reduce harm or prevent harm from occurring. Staff were aware of current infection prevention and control guidelines and we observed outstanding infection prevention and control practices. All equipment was well maintained and stored correctly.

Medicines were stored safely for the protection of patients.

Staff were aware of the safeguarding policy and had received training at the appropriate level with regards to safeguarding vulnerable adults and children. At all the sites we visited, clinical records were kept securely and could be located promptly when needed. There were robust systems in place in gaining consent to treatment. Staffing levels were safe in the clinics with a very good wealth of staff skill and mix across the whole service.

### Incidents, reporting and learning

- All of the staff we spoke with were confident about reporting serious incidents and providing information to the Lead Nurse or Clinical Director if they suspected poor practice, which could harm a patient.
- The trust had incident reporting policies and processes in place, which were available for staff to refer to.
- Staff told us incidents, accidents or near misses were reported on the organisations risk management system and the information governance department collated and reported on any trends.
- Mechanisms were in place to monitor and report safety incidents, including “never events”. All staff were familiar with the reporting system and could provide examples of reporting incidents and the lessons learnt.
- Some dental nurses and all dentists we spoke with were aware of what a “never event” was and what they would do.
- We reviewed the records pertaining to a prescription error, where the patient was prescribed the wrong dose of medication. This was discovered by the pharmacists who contacted the dentists immediately and did not provide the medication prescribed. The dentist then

Good

# Are Community Dental Services safe?

responded by issuing the correct script. This incidence was investigated and all staff shared in the learning from this incident. Systems of double checking prescriptions were put in place to avoid any further errors like this in the future.

- Near misses, incidences and learning was disseminated through e-mail, team meetings and one-to -one appraisals in order to ensure proper communication amongst the team.
- All staff worked closely with each other across all sites. Nursing staff reported to a Lead Nurse and dentists to the Clinical Director. Staff told us their managers were supportive, accessible and approachable. They told us they were able to raise issues or concerns without fear of reprisal.

## Cleanliness, infection control and hygiene

- Staff were aware of current infection prevention and control guidelines and we observed outstanding infection prevention and control practices, such as:
  - Hand washing facilities and alcohol hand gel available throughout the clinic area.
  - Staff following hand hygiene and 'bare below the elbow' guidance.
  - Staff wearing personal protective equipment, such as gloves and visors, whilst delivering care and treatment.
  - Suitable arrangements for the handling, storage and disposal of clinical waste, including sharps.
  - Designated 'clean' and 'dirty' utilities.
  - Clearly defined roles and responsibilities for cleaning the environment and cleaning and decontaminating equipment.
- Staff demonstrated an awareness 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.
- The arrangements for infection control and decontamination procedures were in place. Staff were able to demonstrate and explain in detail the procedures for the cleaning of dental equipment and for the transfer, processing and storage of instruments to and through designated on-site decontamination rooms.
- Staff conducted regular infection control audits.
- Staff were proud of their level of cleanliness at all clinics. All areas were clean and clutter free.

## Maintenance of environment and equipment

- All sites were recently refurbished and had mostly all new equipment.
- All dental instruments and small items of dental equipment were well maintained and stored correctly.
- We were told that the service maintains a radiation protection file which is held centrally within the trust, this contains 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 three yearly maintenance logs.
- A copy of the local rules was displayed with each x-ray set. The clinical records we saw showed that dental x-rays were justified, reported on and quality assured every time. This meant that the practice was acting in accordance with national radiological guidelines. The measures described meant that patients and staff were protected from unnecessary exposure to radiation.

## Medicines management

- Medicines were stored safely for the protection of patients.
- A comprehensive recording system was available for the prescribing and recording of medicines. Prescription pads were stored securely.
- The systems we viewed were well completed, provided an account of medicines prescribed, and demonstrated that patients were given their medicines as prescribed. Medicines for emergency use were available, in date and stored correctly.
- Controlled medication or 'controlled drugs' which are regulated under the Misuse of Drugs Act (1971) were stored at all clinics. The possession and supply of these drugs are strictly controlled and monitored. Controlled medicines were found to be correctly kept separately from other drugs, in a locked cupboard and a stock supply was clear in the records book.
- Patients told us the dentist explained the medicines they were prescribed and any likely side effects.
- Patients had access to an out of hours dental service and to an out of hours pharmacy service should they require, and for any problems with their medication.
- All clinics contained medical gas cylinders. Staff had received basic training in how to store and handle cylinders correctly.

Good

# Are Community Dental Services safe?

## Safeguarding

- Dental services protected patients from abuse and avoidable harm.
- Staff 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 reported 100% attendance at safeguarding adult and children training. Staff gave us examples of some recent safeguarding concerns they had reported to safeguarding leads and how they worked with them to ensure the safety of the patients.
- Staff told us how they kept all vulnerable people on the register for the service despite their poor attendance for appointments. They told us they will try contact them several times by telephone, use a text messaging service to encourage them to attend and will be flexible when scheduling appointments for them.
- Staff were aware of safeguarding procedures and what may constitute as a safeguarding concern. Staff spoken with demonstrated understanding and knowledge of the action they should take in the event they had suspicion or evidence of abuse.

## Records systems and management

- At all the sites we visited, clinical records were kept securely and could be located promptly when needed, confidential information was properly protected.
- The patient records were a mixture of computerised and hand written records. The computerised records were secured by password access only.
- At the Leasowe Clinic we saw evidence of good practice in relation to information management. At this site information such as written medical histories, referral letters and signatures for consent were scanned and uploaded onto the patient clinical records.
- Hard copies of written information were archived in a locked and secured premise in accordance with data protection regulations.
- Throughout our inspection we looked at samples of dental notes across the service. Electronic and paper based 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.

## Adaptation of safety systems for care in different settings

- Dental records contained information about the person's medical history and medication. Staff were able to give us examples of when they would need to refer the patient back to the GP or to their own dentist for any follow ups.
- Staff would also record any patient safety alerts and safeguarding alerts in their dental records. Staff gave examples of this and how they would prepare for any further treatments to reduce any risks related to the person and staff.
- Due to the nature of the dental clinics providing specialised treatment which brings risk, arrangements were in place for the treatment of medical emergencies, which met the UK resuscitation guidelines.
- Staff gave good examples of how they had dealt with emergency situations appropriately.
- All clinics kept emergency treatment kits which met the requirements for resuscitation guidelines.
- At every site we visited there was a range of suitable equipment which included: an automated external defibrillator, emergency drugs and oxygen available for dealing with medical emergencies.
- The emergency drugs were all in date and stored securely, with emergency oxygen in a central location known to all staff.
- Robust systems were in place for people undergoing sedation. Staff carried out pre-sedation assessment, collating the person's, medical and drug history, height, weight and vital signs observations. Evidence showed staff continued to monitor vital observations regularly throughout the procedure.
- Staff also developed a robust recovery and discharge protocol, which included careful monitoring of the patient in recovery involving regular checks and vital signs observations.
- Staff ensured the person's safety was maintained by ensuring that a responsible adult escorted them home; confirming that the patient had no caring duties and informing the patient that they would be unable to drive after procedures.

Good

# Are Community Dental Services safe?

- Sedation treatments conformed to the correct and proper staffing ratio at each treatment.
- Staff who were involved in intravenous sedation maintained their competency in line with the Independent Expert Group on Training Standards for Sedation in Dentistry (IEGTSSD) guidelines (2011). Staff completed regular checks of clinical facilities and team training as per the IEGTSSD guidelines.

## Consent

- A very robust system for obtaining consent was carried out for patients undergoing treatment.
- The consent documentation used in each case consisted of:
  - the referral letters from the general dental practitioner,
  - the assessment including a complete written medical, drug and social history.
  - NHS consent form as appropriate (1,2 or 4),
  - pre-operative and post-operative checklist
  - patient information leaflet of pre-operative and post-operative instructions for the patient to follow which were reinforced.

## Staffing levels and caseload

- Staffing levels and skills mix supported safe practice.
- There was a very good wealth of skill and mix throughout the whole service. The dental services in the Wirral Community Trust were meeting the Department of Health's expectation in dentistry (A review into NHS Dentistry-The Steele Review 2009).
- Dental nurses in the clinics had undergone further training in dental radiography, conscious sedation, oral health promotion and impression taking.
- Clinic staffing levels were based around the capacity of staff. They would then monitor waiting lists and respond accordingly.
- Dental nurses told us their staffing levels were adequate. Due to the lack of a Senior Dental Officer, a part-time dentist was currently covering appointments and working full-time hours to meet demand. There were plans in place for a locum dentist until they could recruit a permanent dentist.
- The service adopted flexible working which involved staff moving around different locations to assist at times of staff shortages. For example if there was staff sickness or annual leave. This minimised disruption for the patients so that the respective clinic did not have to be cancelled. Also cross-location working facilitated the spread of best practice and new and effective ways of working.
- All dentists working in the service carried out continual professional development and some had become specialists in special care dentistry and paediatric care. The non-specialist dentists were able to be supported by the specialists and had been mentored by them over the past couple of years.
- 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.
- 100% of the staff working in the clinics had attended the required mandatory training.
- All staff underwent yearly training in Intermediate Life Support techniques. Staff told us they practiced medical scenarios at team meetings. This involved team based discussions to facilitate greater insight into medical emergencies in the dental surgery and to highlight any deficiencies in training needs.
- All staff and patients told us that staff had sufficient time allocated for assessment and treatment. Patients told us staff did not appear over worked or rushed. This was vital due to the nature of the patient groups seen in the service which included patients who were phobic or anxious and required a calming environment during dental treatment.
- All clinicians were registered with their governing body. At each clinic we saw that their registration numbers were displayed in the reception for public interest. The Lead Nurse told us she would check that registrations were still valid on an annual basis.

Good

# Are Community Dental 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

The service implemented evidence based care and treatment. The service adhered to local and national guidelines and standards. We saw evidence of good patient outcomes with the quality of treatment provided to a high standard.

Services were effective, evidence based and focussed on the needs of the patients. We saw examples of very good collaborative and team working. The service has a very low level of complaints which correlated with what patients told us. Details of procedures were on display for patients to be able to make a complaint.

Staff undertook a number of audits to monitor performance and outcomes. We saw examples of audit in infection control, medicines management and dental radiography. These audits showed that national guidance in relation to these areas of clinical practice were being followed. Evidence revealed that staff effectively collaborated and communicated with other professionals.

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

## Evidence based care and treatment

- The service had a number of clinical leads who ensured best practice guidelines were implemented and maintained, these included leads in infection control, general anaesthesia, special care dentistry and paediatric care.
- Domiciliary dental care was provided using the standards set out in the Guidelines for Domiciliary Care by the British Society for Disability and Oral Health (BSDOH).
- Detailed clinical records included a risk assessment of the patient's home to check if it was a suitable environment for undertaking clinical care, a written medical and drug history along with a Mental Capacity Act assessment and a record of the clinical intervention. This evidence was in line with best practice guidelines as set out in the guidelines described in the BSDOH document.
- Conscious sedation provided by the service was delivered according to the standards set out by Royal College of Anaesthetists and the Department of Health Standing Committee Guidelines in Conscious Sedation 2007.
- Patients' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.
- During our visits we discussed and reviewed patient treatment records with several dentists. At the Leasowe Clinic for example, we found that details of the condition of the gums and soft tissue lining of the mouth was carried out at each dental health assessment. This meant the patient was made aware of changes in their oral condition. The patients dental recall interval was determined by the dentist using a risk based approach based on current NICE guidelines.

## Patient outcomes performance

- Best practice was used when providing treatment which included the use of a rubber dam in relation to root canal treatment. Although some dentists can provide this type of treatment without the use of rubber dam, the dentist we spoke with told us that its use was mandatory.
- We saw that dentists wanted the best outcome for their patients. A dentist gave us an example in relation to molar root canal treatment which was needed in a younger patient. Although this treatment was expensive for a tooth that was in a poor state and could have simply been extracted to relieve pain, the dentist told us how the patient anxiously didn't want to lose their tooth. The dentist took this into consideration and provided treatment that would preserve the tooth despite the cost because he felt that good quality care was paramount.
- Although dentists were aware of their budget and cost of equipment and materials they put the quality of care first.

Good

# Are Community Dental Services effective?

- The trust did not include any KPIs for the dental service in the integrated quality report and did not routinely collect outcome data for patients using the dental service.

## Performance information

- The service has a very low level of complaints, this correlated with what patients told us. We observed how dedicated staff were and that they provided high quality care and placed the patients' interests first at all times.
- At the sites we visited we observed the clinics had very personable 'front of house' staff who would be able to diffuse any potential complaints.
- From speaking to staff the emphasis is on de-escalation and local resolution of problems and therefore we felt that this was the reason for the low level of complaints. Although none of the clinics we inspected had any complaints, procedures were on display for patients to be able to make a complaint.
- The clinical records viewed were well constructed and included evidence of treatment plans and patient notes. Patients spoken with confirmed they were satisfied with the standard of care and treatment provided.
- None of the patients we spoke with raised any concerns and the comments made were very positive and praised the service.
- Staff undertook a number of audits to monitor performance and outcomes. We saw examples of audit in infection control, medicines management and dental radiography. These audits showed that national guidance in relation to these areas of clinical practice were being followed.

## Competent staff

- Staff cared for a variety of complex patients; this included patients with complex medical histories who suffered with long term conditions such as dementia, complex physical and mental impairment and patients with anxiety or phobias.
- We spoke with patients and they told us they received effective dental care and that the staff were very knowledgeable about their needs and conditions.
- Staff across the service told us there was good access to mandatory training study days and profession specific training.
- In each of the clinics the team manager held a monthly staff meeting. A variety of topics were discussed at these sessions which included safeguarding issues, infection prevention and control and mock emergency scenarios. Staff told us they felt the agenda was useful to enable them to update and practice their skills.
- Mandatory training as noted by the trust in July 2014 showed overall an average of 100% of staff had met their training requirements in the dental service. This meant staff had the right skills, experience and support to deliver safe efficient care.

## Multi-disciplinary working and coordination of care pathways

- Staff told us, that there was effective collaboration and communication amongst all members of the multidisciplinary team (MDT) to support the planning and delivery of patient centred care.
- Effective MDT meetings involved dental staff, social workers and safeguarding leads where required which ensured the patient's needs were fully explored.
- Electronic patient records that detailed current care needs were available for all patients ensuring staff were fully informed of the patient's diagnosis and current physical and emotional needs and treatment plans.
- We were told about effective MDT collaboration in relation to patients with head and neck cancer. Staff liaised with various specialists and the patient's own dentist to ensure that everyone was aware of the patients needs and outcomes.
- Staff told us that effective communication and collaboration between all members of the multidisciplinary team invoked trust and respect in those delivering prescribed treatment and care.

Good

# Are Community Dental Services caring?

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

## Summary

Patients told us they had very positive experiences of care at each of the clinics we inspected. Patient's, families and carers felt well supported and involved with their treatment plans and staff displayed compassion, kindness and respect at all times. Direct observation of treatment sessions showed every patient encounter was carried out in a very kind and caring way.

Patients and their families were central to decision making. Where appropriate people's capacity was assessed and advocates were involved.

Staff were found to be hard working, caring and committed to their work. Staff spoke with passion and were proud of what they did. Staff knew about the trust's commitment to patient's and the values and beliefs of the organisation they worked for.

Staff promoted self-care and educated people on oral care.

## Compassion, kindness, dignity and empathy

- We observed treatments and saw how the dentists built and maintained respectful and trusting relationships with patients and their carers. The dentist sought the views of the patient regarding the proposed treatment.
- All the patients we observed were given choices and options with respect to their dental treatment in language that they could understand. They were treated with respect and dignity at all times.
- Patients, their relatives and carers were all positive about the care and treatment they had received from the dental team. Patients who suffered phobias and anxiety told us staff treated them with dignity and respect and took time to give them reassurance. One person with children told us staff are able to explain things to the children very well.
- During direct observation of patient treatment across a number of clinics it was evident that patients of all ages were treated with kindness, dignity and respect within a safe and caring environment.
- The patient journey through a general anaesthetic procedure appeared very smooth and seamless from admittance through to discharge. The dental nurses ensured all of the pre and post-operative instructions were understood by the parents, carers and the patient themselves if they had the capacity to do so. The nurse was able to provide reassurance if delays to the procedure occurred.
- Patients told us staff treated them with compassion, empathy and respect. Many patients commented that the staff were professional and delivered high quality care. Staff told us that they would happily have their relatives cared for here and would have treatment here themselves.

## Informed Decisions

- Arrangements were in place to ensure staff understood the requirements of the Mental Capacity Act 2005 and applied these when delivering care and treatment. For example, we reviewed the records for one patient who had been assessed as lacking capacity to make decisions and for whom a decision had been made regarding tooth extraction. Appropriate people, including relatives and an Independent Mental Capacity Advocate (IMCA), had been involved in the decision making process. The discussion had been clearly documented in the patient's notes and this had been subsequently reviewed and updated.
- Patients and their families were appropriately involved in and central to making decisions about their care and the support needed. Planned care was consistent with best practice as set down by national guidelines.
- Patient records evidenced that staff were assessing the patient's capacity to be able to give valid consent using the Mental Capacity Act (MCA).
- Relatives and/or the patient's representative were involved in discussions around the care and treatment where it was appropriate. Staff gave us examples times when they had completed mental capacity assessments and as a result discussed care and treatment with advocates about providing treatment in the patients best interest.
- Staff had a good understanding of consent and applied this knowledge when delivering care to patients.
- Staff had received training around consent and had the appropriate skills and knowledge to seek consent from patients or their representatives.

Good

# Are Community Dental Services caring?

- We observed positive interactions between staff, patients and/or their relatives when seeking verbal consent and the patients we spoke with confirmed their consent had been sought prior to care being delivered.

### Emotional support

- Staff were clear on the importance of emotional support 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. Patients told us that the staff understand the importance of building trust when delivering care.

### Promotion of self-care

- Staff told us they felt an important part of their job was to promote self-care and educate people and they used a range of literature which was available to do this.
- One patient told us that staff explained what she needed to do after her extraction and gave her information of who to contact in any emergencies. The patient told us they did not worry because staff had given them all the information and reassurance of what to do if they were concerned. They told us staff gave them confidence in the service.

Good

# Are Community Dental Services responsive to people's needs?

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

## Summary

The service was responsive to people's needs and people from all communities could access treatment if they met the service's criteria. Effective multidisciplinary team working and effective links between the different clinics, ensured a responsive service and people were provided with care that met their needs, at the right time and without avoidable delay. Staff were forward thinking and innovative with their ideas in a way which helped them to provide a more responsive and effective service to patients with head and neck cancer.

Incidents, accidents or near misses were reported on the organisations risk management system and the information governance department collated and reported on any trends. These trends and information was however not fed back to the staff at the dental clinics. They were aware of this and planned to implement 'dashboard' overview of common themes and disseminate this back to staff by December 2014.

## Service planning and delivery to meet the needs of different people

- The Clatterbridge clinic had been set up and designed to improve dental care for patients with head and neck cancer. This unit was unique as it was located on the oncology site at Clatterbridge Hospital.
- The dental clinic would liaise with the mould team who would ensure they had access to relevant information for example X-rays. The Lead Nurse told us that they worked very closely with the mould room team (this team was responsible for making radiation template masks for patients to ensure radiation is correctly directed to the tumour). This department was situated next to the dental clinic. This team acted as a central 'hub' if any advice was required. For example, patients had often been seen in hospitals initially outside of the area and the referring dentist could not always access important information needed to treat patients.
- The Lead Nurse told also us how they regularly worked with consultants at Aintree Hospital to ensure a seamless service. The nurse told us some people undergo surgery prior to coming to the dental clinic but if these people were also assessed as needing extractions, this could be done during the surgery to save patients going through the extractions post surgery.
- The clinic had devised and published a booklet in order to better inform patients about head and neck radiotherapy. Staff had recognised that there was a gap in informing people about what to expect and wanted to be able to give them something to take home for future reference.
- The Lead Nurse showed us that the patient was also given a warning card to take with them for further dental appointments. This was to ensure that any dentist treating the patient in the future would be alerted to the fact that the patient had received radiotherapy. The warning card also had a contact number patients could use should they have any concerns about their oral health in the interim period before seeing their own dentist.
- Staff were forward thinking and innovative with their ideas in a way which helped them to provide a more responsive service to patients with head and neck cancer. For example, at the Clatterbridge clinic staff had made DVDs for people with learning difficulty pertaining to radiotherapy and what to expect.
- At the Victoria Central clinic staff had made booklets with pictures for children to understand the procedure of sedation. Staff responded to peoples needs and would ensure communication was of a high standard.
- Accessibility to the clinics we visited were good with some services provided on the first floor level with lifts and stairs. All locations viewed as part of our inspection were fully accessible for people with a physical disability or who required the use of a wheelchair.

## Access to the right care at the right time

- Staff spoken with reported that in a large number of cases 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 on-going treatment could be resumed by the referring dentist.

Good

# Are Community Dental Services responsive to people's needs?

- Referral systems were in place should the dental service decide to refer a patient on to other external services such as orthodontic or maxillofacial specialists.

## Meeting the needs of individuals

- Three out of the four clinics we inspected were referral based specialised services. The target group were patients with special needs. All of the patients were seen within national guidelines of 18 weeks. Staff told us the average wait was only 2-8 weeks.
- Staff told us if anyone was in pain they were often seen within 24 hours. Patients confirmed this.
- Staff told us that waiting times for a domiciliary visit were in line with the clinic services.
- The Leasowe clinic was not run on a referral based system but more like a 'high street' dental clinic. This was set up to respond to the needs of the local community in an area which was identified as needing a dental clinic for people unable to afford private dental care.
- The dental nurses described how they were able to adjust appointment schedules to accommodate extra patients due to patient cancellations. This demonstrated an efficient use of resources and making effective use of consultant time.
- Staff told us how they were meeting the needs of the patients they saw with complex needs. For example, staff within the clinics engaged with other service providers, such as the mental health teams and adult social care providers. We observed one dentist communicating with a person with dementia and the next of kin of another person who had hearing difficulties. Staff were able to adapt the way in which they communicated to ensure they were understood.
- There were good mechanisms for information sharing between the different clinics and referral back to patient's own dentist for those who only used the service occasionally.
- In one clinic we were told that some patients cancelled their appointments at the last minute. This could be due to transport issues. The receptionist offered alternative appointments to meet their needs and would ensure this was communicated to the dentist if it happened more than once.
- The service had in place procedures to deal with repeated non-attendance issues, this enabled them to monitor and report any concerns to the local authority. Staff gave us an example of how they had concerns of a potentially neglected child that had repeat non-attendance. This was escalated to the safeguarding team.
- All staff received mandatory training in consent, safeguarding vulnerable adults, the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards (DoLS). In addition to the mandatory training, staff working within the dental service had received training for caring for patients with dementia and those who displayed challenging behaviour.
- Staff 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.
- All patients had access to an out-of-hours dental service. This was given to people when they visited, was on the answering machines of all local dentists and was advertised on the internet.

## Complaints handling (for this service) and learning from feedback

- Staff told us that the trust was open and transparent about complaints and concerns and that they were encouraged to improve or develop services where issues had been raised by patients and their families. They were aware that a log of all complaints was held on a centralised system. These were investigated, dealt with and followed up by the Clinical Director.
- We saw limited information in the clinics telling patients how they can complain about the service if they were not happy. Staff told us that if people wanted to complain they would tell them and they would document it and try to resolve the issue immediately.
- Formal complaints were listened to and acted on. The service maintained records of any formal complaints received within each service, together with details of the outcomes and any action taken to improve the service. The process included defined timescales for investigation and draft response and development of action plans addressing the areas of concern identified.
- Incidents, accidents or near misses were reported on the organisations risk management system and the information governance department collated and reported on any trends. These trends and information

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was however not fed back to the staff at the dental clinics. They were aware of this and planned to a provide 'dashboard' overview of common themes and disseminate this back to staff by December.

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# Are Community Dental 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 with organisational, governance and risk management structures in place. The senior management team were visible and the culture was seen as open and transparent.

Staff confirmed they understood the vision of the trust. However they were not aware of the strategic plans for the organisation. Staff were anxious that the service was going out to tender. They were uncertain of the future for all of the clinics. Some staff told us there was a lack of communication with the trust at times.

Staff also expressed concerns about reducing the domiciliary care service over the next three years with a view to stopping it altogether. Staff felt it was a vital service to the local community. Staff felt there would be a gap in provision of care to those who are housebound.

Staff felt well supported and could raise any concerns with their line manager. Many staff told us that it was a good place to work. It was apparent through discussions with all members of the team that the Clinical Director was considered a strong and capable leader.

## Vision and strategy for this service

- It was evident from discussions with the senior dental officers and senior dental nurses that the service was well led with a forward thinking and proactive Clinical Director.
- Staff spoke of how the senior management and their team managers within the service had provided good support and leadership. Staff told us they felt all of the team were approachable and had an open door policy.
- Senior dental officers told us how they felt receptionist and dental nurses went above and beyond in supporting them. The team respected one another. All the staff were very positive and complementary towards each other, at all seniority levels. All staff said it was a good place to work, that they felt they were appreciated and making a difference to the community.
- We observed that staff were passionate about working within the service and providing good quality care for patients. Staff were proud about the quality of the service they provided.
- Staff confirmed they understood the vision of the trust. However they were not aware of strategic plans for the organisation. Staff were anxious that the service was going out to tender. They were uncertain of the future for all of the clinics.
- Some staff told us there was a lack of communication with the trust at times. There were plans to reduce the domiciliary care visiting service over the next three years with a vision to stopping it altogether. Staff felt it was a vital service to the local community and there would be a gap in provision of care to those who are housebound. Staff felt they had not had opportunity to discuss their concerns with trust leaders or the commissioners.

## Leadership of this service

- It was apparent through discussions with all members of the team that the Clinical Director was a strong and capable leader.
- Clinicians stated that there is an open door policy with respect to the Clinical Director who was always on hand to provide professional support and advice.

## Culture within this service

- Staff reported to us that they had opportunities to meet with managers and members of the senior management team.
- We saw and were told the culture was an open transparent one.
- They told us they have seen the Chief Executive and members of the management team of the trust in some clinics and felt as though they would be approachable. However, they did not feel they had been provided with the opportunity to talk openly to the Chief Executive about their concerns for the future of the service.
- Staff confirmed that they felt valued in their roles and that managers within the service were “very approachable”, “supportive” and visible.

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# Are Community Dental Services well-led?

- The majority of staff said there was visible leadership across the organisation and expressed confidence that any concerns raised with senior managers would be acted on.
- They all felt that the Lead Nurse and Clinical Director would act in a prompt manner if they raised any concerns to them.

## Public and staff engagement

- We saw some areas of good practice across all clinics such as patient forums to help staff gain feedback of patient's views of the service. Staff responded to these suggestions.
- At the Leasowe Clinic, a patient forum had been set up in order to gain feedback. Letters had been sent out to all patients inviting them to the group but attendance had been low. However, the clinic had taken action in response to issues raised. In a previous meeting people had told staff they felt the interior looked tired so they responded by having the clinic redecorated.
- The staff were very patient focused and provided patient centred care. Clinical Leadership was also evident at a local level with individual clinicians and the local team managers.

## Innovation, improvement and sustainability

- The culture of the service appeared to be that of continuous learning and improvement. All staff had the opportunity to take further qualifications to enhance the patient experience dependant on the outcome of their appraisal and subsequent personal development plan.
- The team described how the dental nurses had undergone additional training in dental radiography, conscious sedation, impression taking and oral health promotion which enabled the service to provide enhanced care for patients.
- A number of the dentists had additional post graduate degrees and diplomas, which enabled the service to provide increasingly complex care to a diverse patient base.
- 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.
- Staff reported that they had access to mandatory, on-going training and continuous professional development opportunities, which had been funded by the Trust.
- Training records viewed demonstrated that staff had completed mandatory and other continuous professional development courses and systems were in place to ensure refresher training was undertaken periodically.
- Staff were allowed to feedback their ideas about the service and were encouraged to be innovative.