

Sultan Dental Centre

Gosport, PO12 3BY

Defence Medical Services inspection report

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information given to us by the practice and patient feedback about the service.

Are services safe?	No action required	✓
Are services effective?	No action required	✓
Are services caring?	No action required	✓
Are services responsive?	No action required	✓
Are services well led?	No action required	✓

Contents

Summary.....	3
Are services safe?.....	5
Are services effective?.....	10
Are services caring?.....	13
Are services responsive?.....	14
Are services well led?	15

Summary

About this inspection

We carried out an announced comprehensive inspection of Sultan Dental Centre on 3 August 2023.

As a result of the inspection we found the practice was safe, effective, caring, responsive and well-led in accordance with the Care Quality Commission's (CQC) inspection framework.

CQC does not have the same statutory powers with regard to improvement action for the Defence Medical Services (DMS) under the Health and Social Care Act 2008, which also means that the DMS is not subject to CQC's enforcement powers. However, as the military healthcare Regulator, the Defence Medical Services Regulator (DMSR) has regulatory and enforcement powers over the DMS. DMSR is committed to improving patient and staff safety and will ensure implementation of the CQC's observations and recommendations.

This inspection is one of a programme of inspections that the CQC will complete at the invitation of the DMSR in their role as the military healthcare Regulator for the DMS.

Background to this practice

Located in Portsmouth, Sultan Dental Centre is a 4-chair practice providing a routine, preventative and emergency dental service to a military population of approximately 1500 service personnel.

The Dental Centre is open Monday to Thursday with clinical hours 08:00 to 12:00 and 13:00 16:30 and on a Friday 08:00 to 12:30. Out-of-hours (OOH) arrangements are in place through a duty dental officer who is contactable 24 hours a day and 7 days a week. This duty rotates around the London/South Region Dental Officers and military/civilian nurses.

The staff team comprises.

Senior Dental Officer	1
Civilian Dentist	1
Military Dental nurses	2
Civilian Dental Nurse	2
Receptionist	1
Dental Therapist	1
Practice Manager	1

Our Inspection Team

This inspection was undertaken by a CQC inspector and a dentist specialist advisor.

How we carried out this inspection

Prior to the inspection we reviewed information about the dental centre provided by the practice. During the inspection we spoke with the Senior Dental Officer, practice manager, dental nurse and the dental therapist. We looked at practice systems, policies, standard operating procedures and other records related to how the service was managed. We checked the building, equipment and facilities. We also reviewed patient feedback about the practice.

At this inspection we found:

- Feedback showed patients were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.
- Leadership at the practice was inclusive and the team worked well together.
- The practice used the DMS-wide electronic system for reporting and managing incidents, accidents and significant events.
- Systems were in place to support the governance and risk management of the practice.
- Suitable safeguarding processes were established and staff understood their responsibilities for safeguarding adults and young people.
- Staff were up-to-date with appraisals, required training and continuing professional development.
- Clinicians provided care and treatment in line with current guidelines.
- Staff worked in accordance with national practice guidelines for the decontamination of dental instruments.
- Processes for assessing, monitoring and improving the quality of the service were in place including audit.
- Arrangements were in place to support the safe use of X-ray equipment.
- Medicines and life-saving equipment were available in the event of a medical emergency.

The Chief Inspector recommends the station.

- Ensure systems for the management of Legionella are strengthened, providing clear information pertaining to routine including water safety checks.

Mr Robert Middlefell BDS

National Professional Advisor for Dentistry and Oral Health

Our Findings

Are Services Safe?

Reporting, learning and improvement from incidents

All staff had a log-in to the Automated Significant Event Reporting (ASER) DMS-wide system to report a significant event (SE). Evidence of individual training was seen. Duty of Candour training had also been completed. Minutes confirmed SEs were a standing agenda item at practice meetings. We saw a recent example where an ASER had been raised following an incident when an incorrect solution had been used for irrigation of a dry socket. The patient was treated immediately when the error was realised and there was no harm caused to them. Duty of Candour was used to inform the patient of what had happened and an ASER raised. Following this incident, new protocols were introduced and included the labelling of all syringes.

Staff were aware of when and how to report incidents in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. Staff accidents were reported via the Defence Unified Reporting and Lessons System (referred to as DURALS).

A process was in place to monitor and share with the staff team national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority and the Department of Health Central Alerting System (CAS). The practice manager was registered to receive alerts directly from the CAS website. In addition, alerts were received through the regional 'Direction and Guidance' bulletin and were printed and added to the staff folder. Alerts were also discussed at the practice meetings.

Reliable safety systems and processes (including safeguarding)

The safeguarding lead was the Senior Dental Officer (SDO) and the deputy was the practice manager. Both were trained to level 3 in safeguarding. All other members of the staff team had completed safeguarding training at a level appropriate to their role. Staff we spoke with were aware of their responsibilities if they had concerns about the safety of patients who were vulnerable due to their age or circumstances.

A notice board contained up-to-date safeguarding policies and the contact details for reporting a safeguarding concern. Six patients under the age of 18 were registered with the dental centre at the time of the inspection. The SDO attended the quarterly unit health committee meetings and if appropriate would be made aware of any vulnerable patients.

The dentist was always supported by a dental nurse when assessing and treating patients. The dental therapist would usually have a nurse with them for all procedures. However, currently due to workforce shortages the therapist had no routine chairside support, so this meant they were confined to hygiene treatments only. A nurse was allocated wherever possible to facilitate the whole range of treatments that the therapist was able to offer. The practice manager also stepped in to support with chairside assistance when required.

Every room within the dental centre had an alarm to call for help in an emergency and they were tested regularly. There was a dedicated telephone number that all staff were aware of to alert the medical centre and ask for assistance from a doctor. The protocol for this was displayed in reception.

Staff were aware of how to raise concerns through whistleblowing processes. Whistleblowing and Freedom to Speak Up information was displayed. All staff had received training in Freedom to Speak Up and Listen Up training.

The dentist routinely used rubber dams in line with guidance from the British Endodontic Society. Floss ligatures (to secure the dam clamp) were used with the support of the dental nurse. Rubber dam usage was mandated for endodontics (root canal treatment) and used for all restorations where it could be placed.

The business continuity plan (BCP) was reviewed in April 2023. The plan included staff shortages, loss of power, adverse weather conditions and loss of compressed air.

Medical emergencies

All staff were aware of medical emergency procedures and knew where to find medical oxygen, emergency drugs and equipment. The team completed basic life support, cardiopulmonary resuscitation and automated external defibrillator (AED) training annually. An AED was available in the dental centre.

Formal training that used simulated emergency scenarios had been undertaken in July 2023. We were given a detailed description of the 4 scenarios tested, following the training, staff reflected on what went well and identified a few areas for development.

First aid kit, bodily fluids and mercury spillage kits were available. Training records confirmed staff were up-to-date with first aid training. Clinical staff were aware of the signs of sepsis and had received training. We discussed the benefit of visual sepsis management protocols, this was implemented immediately and they were then displayed in and around the dental centre.

Patients were made aware of what to do if their condition deteriorated including giving them information leaflets and the emergency contact numbers for out of hours care.

Staff recruitment

The full range of recruitment records for permanent staff was held centrally. The practice manager had access to the DMS-wide electronic system so could demonstrate that relevant safety checks had taken place at the point of recruitment, including an enhanced Disclosure and Barring Service (DBS) check to ensure staff were suitable to work with vulnerable adults and young people. DBS checks were renewed in line with organisational policy.

Managed by the practice manager, the registration status of staff with the General Dental Council, their indemnity cover and vaccination status was monitored.

Monitoring health & safety and responding to risks

The practice manager was trained in Institute of Safety and Health training (referred to as IOSH), they were the lead for safety, health, environment and fire (referred to as SHEF). Health and safety information was displayed at the practice, including the named health and safety representative.

Measures in place to minimise the spread of COVID-19 included a risk assessment updated in March 2023 and practice protocol (January 2023) based on the DPHC COVID-19 standard operating procedure. Information about COVID-19 was displayed around the dental centre including the COVID-19 pathway.

The unit responsible for health and safety carried out an annual risk assessment. The 5-yearly fire risk assessment was undertaken in July 2019. The fire system was checked each week. A fire marshal was identified for the building. The staff team were up-to-date with fire training and a fire evacuation drill was conducted in September 2022.

Control of Substances Hazardous to Health (COSHH), risk assessments and data sheets were available in paper and electronic formats. The risk assessments were reviewed annually or if there was a change of product. They were last reviewed in July 2022. COSHH products were stored securely.

A legionella risk assessment for the building had been undertaken in October 2022. Clinical staff described the process for the flushing of dental unit water lines (DUWL) in accordance with the local legionella risk assessment. The sentinel water outlets (nearest and furthest outlets from hot and cold-water tanks) were checked each month by the property management team. There were no records evident, staff told us the dental centre were given no formal assurances by the property team that the temperatures were in the correct range to minimise the risk of Legionella in the water system. We discussed that it would be more efficient if these were automatically sent to the practice.

The practice followed relevant safety laws when using needles and other sharp dental items. Sharps boxes were labelled, dated and used appropriately. The local risk assessment and protocol for the management of sharps and needle stick injuries was displayed in clinical areas. All staff had received training in the management of sharps.

We looked at the practice's arrangements for the provision of a safe service. A risk register was maintained and risks were up-to-date. The risk register was a standing agenda item at the practice meetings. The main issue identified was the inability to use the new steriliser machines due to the inadequate electrical supply. A Statement of Need (SON) had been raised and the practice were waiting for this to be done.

Infection control

The practice manager was the lead for infection prevention and control (IPC) and had the specific training for this role. The local IPC policy took account of the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health. The staff team was up-to-date with IPC training. IPC audits were undertaken twice a year, the last being completed in February 2023.

Decontamination of dental instruments took place in the Central Sterile Services Department (CSSD). Sterilisation was undertaken in accordance with HTM 01-05. Validation checks were in place to monitor that the ultrasonic baths and autoclaves were working correctly. Records of temperature checks and solution changes were maintained. Instruments and materials were routinely checked by staff: we saw that the sterilisation use-by-date was in place and we did not note any out-of-date items. Within the CSSD, ventilation was provided by an extraction ventilation system and an opening window,

The premises was cleaned in the morning and throughout the day by a member of the by the cleaning agency, the dental centre was visibly clean throughout. There were arrangements in place for formal deep cleaning. Spot checks were carried out daily by both the practice manager and the cleaning company manager.

A clinical waste contract was in place that covered gypsum, amalgam, teeth and sharps. The locked and secured clinical waste bin was located outside the building. The dental centre maintained its own clinical waste log and all entries in the log were accurate. Waste transfer notes and copies of consignment notes were retained. The clinical waste company collected waste when required so there was the option of increased uplifts if needed. A pre acceptance audit was completed in October 2022.

Equipment and medicines

An equipment care policy was in place and displayed on the equipment care board. An equipment log was maintained to keep a track of when equipment was due to be serviced. The practice manager had also devised an online equipment log that encompassed weekly equipment checks and service dates.

The compressor, steriliser, ultrasonic bath and X-ray equipment were in-date for servicing. All other routine equipment, including clinical equipment, had been serviced in accordance with the manufacturer's recommendations. Routine portable appliance testing was undertaken and was last done in October 2022. A faults log was in place to track the reporting and management of faulty equipment. Packaged instruments were stamped with an expiry date. All equipment held at the practice was latex free.

A system was in place for the management of stock and one of the nurses took the lead for ensuring there was adequate stock. Surplus items and instrument packs were kept securely.

Serialised prescription pads were stored securely and a log of prescriptions issued was kept. Medicines were stored securely. Medicines requiring cold storage were kept in a fridge. The temperature of the fridge was checked twice daily in accordance with organisational guidance. The first round of an antimicrobial audit was completed in June 2023, with a second round currently underway to monitor compliance.

Radiography (X-rays)

The practice had arrangements to ensure the safety of the X-ray equipment. The required information in relation to radiation was located in the radiation protection file. A Radiation Protection Advisor and Radiation Protection Supervisor were identified for the practice.

Signed and dated Local Rules were available in the surgery along with safety procedures for radiography and the Health and Safety Executive notification.

Evidence was in place to show equipment was maintained in accordance with manufacturer's instructions.

Radiology audits were undertaken every 6 months, the last being undertaken in July 2023. The dentist reviewed each digital image and provided justification, quality assurance grading and an outcome in the patient's clinical records. Staff requiring Ionising Radiation Medical Exposure Regulations (referred to as IR(ME)R) training had received relevant updates.

Are Services Effective?

Monitoring and improving outcomes for patients

The treatment needs of patients were assessed in line with recognised guidance, such as NICE guidelines and Scottish Intercollegiate Guidelines Network (SIGN). The dentist followed the guidance from the British Periodontal Society regarding periodontal staging and grading; basic periodontal examination - assessment of the gums and caries (tooth decay). European Society of Endodontics guidance was used to inform endodontic treatment pathways and standards. They also referenced appropriate guidance in relation to the management of wisdom teeth, considering operational need.

We looked at 5 patients' dental records to corroborate our findings. The records were comprehensive and included information about the patient's current dental needs, past treatment, medical history and treatment options. The diagnosis and treatment plan for each patient was clearly recorded and showed that treatment options were discussed with the patient. Patients completed a detailed medical and dental history form at their initial consultation, which was verbally checked for any changes at each subsequent appointment. Records confirmed patients were recalled in a safe and timely way.

Clinicians had good knowledge of their patients and of their deployment status. They adjusted recalls and reviewed in line with risk and the deployment of personnel. Downgrading of personal was discussed in conjunction with the patient's doctor to facilitate completion of treatment. The military dental fitness targets were closely monitored by the SDO. The key performance indicator for category 1 patients was 76% (category 1 are those patients dentally fit to deploy with minimum risk of dental morbidity for 12 months).

Sultan was an extremely busy practice with a high throughput of patients and the SDO provided a full range of practice including complex tooth extractions and endodontics and prosthodontics (artificial replacements for teeth, dentures crowns bridges etc)

Health promotion and prevention

A proactive approach was taken in relation to preventative care and supporting patients to ensure optimum oral health. A nurse was the lead on health education campaigns and had a holistic approach to managing their patients with prevention at the heart of their approach and targeted toward self-maintenance by the patient. A full range of treatment and prevention rationale was used.

A range of oral health promotion leaflets was available for patients in the waiting area and was regularly changed and updated. There was a large display on Human Papillomavirus (HPV) including photographs and easy to read information. Health fairs were supported by attendance from members of the team and were topical. Most recently they targeted 'Turkey Teeth' showing the oral health implications of this procedure. One of the nurses devised a quiz and obtained some funding for prizes (electric toothbrush and teeth whitening toothpaste).

Clinicians carried out the periodontal work in line with the 'Delivering Better Oral Health toolkit'. In accordance with recent Defence Primary Healthcare (DPHC) guidance to drive oral health promotion, patients were asked at their appointment about dietary habits,

smoking and alcohol use and a brief intervention was given. Our review of dental records confirmed this. The application of fluoride varnish and the use of fissure sealants were options considered if clinically necessary. Equally, high concentration fluoride toothpaste was recommended to some patients.

We saw feedback from numerous patients who had complimented the staff at the dental centre on the care and support given to them especially in improving and educating them on their own dental hygiene routine.

Access to the 'My Healthcare Hub' was available via the Defence Gateway Portal on the practice leaflet. The site provided information about Defence Primary Healthcare covering medical, dental, mental, rehabilitation (physio) and occupational healthcare services. Guidance was available on the site in regard to current dental service delivery and the locations of military dental centres throughout the UK and Overseas. The site also answered some frequently asked questions and offered some self-help if patients experiencing dental problems.

All naval patients had access to the 'My Navy' application on their phones, this included information on all their medical and dental provision including when they were due for checks ups and appointments.

Staffing

An induction programme was in place. We looked at the organisational-wide electronic system that recorded and monitored staff training and appraisal. Through this, we confirmed that all staff had undertaken training they were required to complete.

The system showed clinical staff were undertaking the continuing professional development (CPD) required for their registration with the General Dental Council (GDC). Staff were aware of the GDC requirements to complete CPD over a 5-year cycle and said they felt supported and were given the opportunity to do so.

Working with other services

The SDO advised us that referral support was efficient and timely. For restorative, periodontal, orthodontics and endodontics, a formal referral was made through the Defence Centre for Rehabilitative Dentistry.

Staff were aware of the referral protocol in place for suspected oral cancer under the national 2-week wait arrangements. This was initiated in 2005 by NICE to help make sure patients were seen quickly by a specialist. There was a practice referral log, which was used to track referrals. This was checked regularly to ensure urgent referrals were dealt with promptly and other referrals were progressing in a timely way.

Consent to care and treatment

Patients were given information about treatment options and the risks and benefits of these so they could make informed decisions. The patient records we reviewed indicated reference to consent was always made, including the taking of verbal consent when

undertaking a periodic dental inspection. For more complex procedures, full written consent was obtained.

Clinical staff had received training of the Mental Capacity Act (2005) and how it applied to their patient population. They received regular refresher training and had good awareness of the subject.

Are Services Caring?

Respect, dignity, compassion and empathy

All sources of feedback indicated staff treated patients with kindness, respect and compassion. All 30 comments cards that we received from patients at the inspection included comments about how kind and friendly staff were.

For patients who were particularly anxious, the practice had an approach to understand the reason for anxiety, provided longer appointments and time to discuss treatment and invite any questions. Several patients' feedback we read said how the staff had given them time and this helped overcome their anxiety.

Access to a translation service was available for patients who did not have English as their first language.

Involvement in decisions about care and treatment

All sources of patient feedback suggested the clinicians provided clear information to support patients with making informed decisions about treatment choices. Patient leaflets were used to illustrate treatment options. Patients were shown their radiographs using the screens on the dental chairs. The SDO used the whiteboard to demonstrate options using pictures and diagrams. Old labwork was used to show prosthodontic options and photos were used to show possible treatment outcomes.

Are Services Responsive?

Responding to and meeting patients' needs

The Senior Dental Officer (SDO) followed appropriate guidance in relation to recall intervals between oral health reviews; typically, they set the recall interval at 3-18 months and adapted this for high-risk patients where required. They also aligned recall intervals dependant on patient's deployment status. Periodontal patient recalls were aligned to clinical assessments at 3-6 months dependent on risk.

The unit's administrative assistants gave advanced notice of new patients. This information was used for planning and enabled the dental centre to maximise block bookings for periodontal dental inspections and potentially maximise dental fitness.

Patients could make routine appointments between their recall periods if they had any concerns about their oral health. At the time of the inspection, the waiting time for a periodic dental inspection or check-up appointment was 5-6 weeks.

Promoting equality

In line with the Equality Act 2010, an Equality Access Audit was completed in October 2022. The dental centre was located on the ground floor and had suitable access arrangements for wheelchair users.

Access to the service

The opening hours of the dental centre were displayed in the premises, recorded on the answer phone message and available in the practice leaflet. On the day appointment slots were available to see patients with urgent needs.

Information about the service, including opening hours and access to an emergency out-of-hours (OOH) service, was displayed in the practice and on the practice leaflet. OOH provision was provided through a duty dental officer who was contactable 24 hours a day and 7 days a week. This duty rotated around the London/South Region Dental Officers and military/civilian nurses.

Concerns and complaints

The SDO was the lead for complaints. Complaints were managed in accordance with the Defence Primary Healthcare complaints policy. A process was in place for managing complaints, including a complaints register for written and verbal complaints. Complaints were a standing agenda item at the practice meetings. Patients were made aware of the complaints process through the practice information leaflet and information in the waiting area.

Are Services Well Led?

Governance arrangements

The Senior Dental Officer (SDO) had overall responsibility for the management and clinical leadership of the practice. The practice manager had the delegated responsibility for the day-to-day administration of the service. The staff team were a committed and hardworking team.

Staff were clear about current lines of accountability and secondary roles. They knew who they should approach if they had an issue that needed resolving. The SDO had overall responsibility for the management of risks for the service. These risks were fed into the regional risk register and in turn then from the regional headquarters to Defence Primary Healthcare (DPHC) headquarters. The risk register as well as the business continuity plan were seen at the visit and confirmed to be thorough. They were monitored on a regular basis for updates/compliance and changes.

A framework of organisation-wide policies, procedures and protocols was in place. In addition, there were local dental specific protocols and standard operating procedures that took account of current legislation and national guidance. Staff were familiar with these and they referred to them throughout the inspection. The General Dental Council standards were displayed in the practice.

Internal and regional processes were established to monitor service performance. An Internal Assurance visit was undertaken in November 2021 and the dental centre was rated with 'substantial assurance'.

The regional Governance, Performance, Assurance and Quality (GPAQ) dashboard was used to monitor significant events. The practice used the internal quality assurance tool, the electronic Health Assurance Framework, to monitor safety and performance. A management action plan was in place and updated as actions were completed.

Dental targets were monitored and discussed at the practice meetings. A monthly governance return was completed for the regional team which included performance against military dental targets, complaints, staffing levels, staff training, audit activity, the risk register and significant events.

Staff we spoke with were clear that their remit was to support patients to benefit from the best possible healthcare outcomes which, in turn, supported operational capability. This included a preventative approach which involved proactive health promotion support and lifestyle advice.

The dental centre had forged close links with all the units it supported and tailored the service to their specific needs to support rapid deployments. The practice had a good working relationship that was located nearby.

Information governance arrangements were in place and staff were aware of the importance of these in protecting patient personal information. Each member of staff had a login password to access the electronic systems and were not permitted to share their passwords with other staff. Measures were taken to ensure computers were secure and screens not accessible to patients or visitors to the building. A reporting system was in

place should a confidentiality breach occur. Staff had completed the Defence Information Management Passport training, data protection training and training in the Caldicott principles to protect confidential patient information.

Leadership, openness and transparency

Staff told us the team worked well together with the collective aim to provide patients with a good standard of care. Staff described an open and transparent culture and were confident any concerns they raised would be addressed without judgement. All staff told us they were well supported and felt valued.

Staff events were held every 3 months where all staff enjoyed a social event. Alongside this on a weekly basis all staff went to the gym for a fitness session together. Staff we spoke with described this as a great morale booster and something everyone enjoyed.

Learning and improvement

Quality improvement activity (QIA), including audit, was used to promote learning and continuous development. The range of QIA included environmental, equipment and inventory checks. Regular audits included infection prevention and control, yearly antibiotic audits and radiology, an emergency pain audit and records audits.

Looking for ways to improve patient care and ensure safety, the practice manager introduced a QR code joining/leaving form allowing new patients to complete forms online instead of visiting the dental centre. They also devised an online equipment log that encompassed weekly equipment checks and service dates.

The SDO attended regular meetings with their peers within the region so that they could discuss any new guidance and discuss more complex cases. They also had frequent, informal discussions with other dental colleagues at regional meetings.

Staff received mid and end of year annual appraisals and these were up-to-date.

Practice seeks and acts on feedback from its patients, the public and staff

Options were in place for patients to leave feedback about the service including links to a Quick Reference (QR) code to access the patient experience survey and a suggestions/compliments box in the waiting area. The GPAQ dashboard was used to monitor patient feedback. Staff highlighted improvements made as a result of feedback. For example, a patient attended the dental centre and found the reception desk not staffed and no staff evident as they were all in a meeting. As a result of this, a sign was made and used to inform patients that staff were in a meeting and to ring and leave a message or to call back.

Staff had the option to complete the organisational feedback surveys. In addition, staff could provide feedback at practice meetings and through informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.