Hamworthy Napier Road Dental Centre

Hamworthy Barracks, Poole, BH15 4NQ

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

About this inspection

We carried out an announced comprehensive inspection of Hamworthy Dental Centre on 4 July 2024. We gathered evidence remotely and also undertook a visit to the practice. 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 Defence delivered healthcare under the Health and Social Care Act 2008, which also means that Defence delivered healthcare 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 Defence delivered healthcare. DMSR is committed to improving patient and staff safety and will take appropriate action against CQC's observations and recommendations.

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

Background to this practice

Hamworthy dental centre is in located in Poole in Dorset. The dental centre is a 2-chair practice providing a routine, preventative and emergency dental service and in service oral surgery provision to 1,200 service personnel.

The dental centre is open Monday to Thursday 07:45-16:30 hours and Fridays from 08:00 to 13:30 hours. A duty rota is in place for the Southwest Region Dental Officers and nurses. Emergency out-of-hours is provided by the duty Dental Officer.

The staff team at the time of the inspection

Senior Dental Officer	1
Nurses	2
Practice manager	1
Hygienist	1 (3 days)

Our Inspection Team

This inspection was undertaken by a CQC inspector supported by a dentist, who undertook the inspection remotely, and a practice manager/dental nurse specialist advisor.

How we carried out this inspection

During the inspection we spoke with the Senior Dental Officer (SDO), 2 dental nurses and the practice manager. We looked at practice systems, policies, standard operating procedures and other records related to how the service was managed. We also checked the building, equipment and facilities and reviewed feedback from patients who were registered at the dental centre.

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. Staff took care to protect patient privacy and personal information.
- The practice effectively used the DMS-wide electronic system for reporting and managing incidents, accidents and significant events.
- Local systems were in place to support the management of risk, including clinical and non-clinical risk.
- Suitable safeguarding processes were established and staff understood their responsibilities for safeguarding adults.
- Appraisals and required training for staff were up-to-date, and staff were supported with continuing professional development.
- Clinicians provided care and treatment in line with current guidelines. An audit calendar was in place.
- Leadership at the practice was inclusive and effective. The team worked well together and staff views about how to develop the service were considered.
- An effective system was in place for the management of complaints.
- Medicines and life-saving equipment were available in the event of a medical emergency.
- Staff worked in accordance with national practice guidelines for the decontamination of dental instruments.

Mr Robert Middlefell BDS

National Professional Advisor for Dentistry and Oral Health

Our Findings

Are Services Safe?

Reporting, learning and improvement from incidents

The Automated Significant Event Reporting (ASER) DMS-wide system was used to report, investigate and learn from significant events and incidents. All staff had access to the system to report a significant event and had completed up-to-date training. Staff we spoke with were clear in their understanding of the types of significant events that should be reported, including near misses. A record was maintained of all ASERs, these were reviewed and managed effectively and included changes made as a result. Significant events were discussed at practice team meetings. Staff unable to attend could review records of discussion, minutes of these meetings were held in a shared electronic folder (known as SharePoint). In addition, staff were aware when to report incidents in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff we spoke with had a good understanding of their responsibilities and reporting requirements. We discussed holding a separate log to record staff accidents, the team agreed to introduce this.

The practice manager was informed by regional headquarters about national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority and the Department of Health Central Alerting System. Alerts were also sent directly to staff via email and they were then discussed at practice meetings.

Reliable safety systems and processes (including safeguarding)

All staff were trained in safeguarding to a level appropriate for their role. The safeguarding policy and personnel in key roles were displayed on a noticeboard in reception and was linked onto SharePoint. Staff were aware of their responsibilities if they had concerns about the safety of patients who were vulnerable due to their circumstances.

Clinical staff understood the duty of candour principles and this was evident in patient records when treatment provided was not in accordance with the original agreed treatment plan. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

The dentist was always supported by a dental nurse when assessing and treating patients. Although lone working was normal for the hygienist, there was always another member of staff in the dental centre and a lone worker risk assessment was in place. The practice had a good relationship with the medical centre team whom they could call on for additional support if needed.

Staff were aware of the whistleblowing policy and were aware of the pathway for raising concerns. All staff we spoke with said they felt empowered to raise concerns or speak up if needed.

The chaperone policy was displayed in the reception and was accessible for patients to view. It was also available electronically on SharePoint.

We looked at the practice's arrangements for the provision of a safe service. A risk register was maintained, and this was reviewed regularly. A range of risk assessments were in place, including for the premises, staff and legionella. The practice was following relevant safety legislation when using needles and other sharp dental items. Needle stick injury guidance was available in the surgery in the form of a written 'sharps protocol'.

The dentist routinely used dental 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. Dental dam usage was mandated for endodontics (root canal treatment) and used for all restorations where it could be placed.

A comprehensive business continuity plan (BCP) was in place and had last been reviewed in June 2024. The BCP set out how the service would be provided if an event occurred that impacted its operation. The plan included staff shortages, loss of power, radiography failure, adverse weather conditions and loss of compressed air. A list of key contacts listed on the plan included senior members of the regional team, nearby dental centres, the Radiation Safety Officer, the Radiation Protection Advisor and the compressed air authorised person. The BCP could be accessed remotely should access to the building be restricted.

Medical emergencies

The SDO was the lead for medical emergencies. Checks of the medical emergency kit were undertaken and recorded by the dental nurses. A review of the records and the emergency trolley demonstrated that all required items were present. All staff were aware of medical emergency procedure and knew where to find medical oxygen, emergency drugs and equipment.

Records identified that staff were up-to-date with training in managing medical emergencies, including emergency resuscitation and the use of the Automated External defibrillator (AED). The team completed basic life support, sepsis training, cardiopulmonary resuscitation and AED training annually.

First aid, bodily fluids and mercury spillage kits were available and checked regularly to ensure they were in-date. Staff were aware of the signs of sepsis and sepsis information was displayed in the surgeries. Scenario based training was undertaken every 6 months with the last being completed in September 2023, this included medical centre staff.

Out-of-date equipment and medicines were disposed of in a timely and efficient way. One of the nurses had implemented a robust stores/consumable excel spreadsheet that detailed, via a colour coded system, when stock items were due to expire.

We discussed with the SDO how patients were made aware of what to do if they experienced pain or their condition deteriorated. Post operative instructions were explained to the patient, particularly following extractions and endodontics. Patients experiencing severe pain were seen at the practice on the same working day. The patient information leaflet also outlined what to do if having a dental problem.

Staff recruitment

The practice manager had oversight of the recruitment of permanent and locum staff. The full range of recruitment records for permanent staff was held centrally. Evidence was in place to confirm that recruitment checks had been completed for staff new to the practice. These included a Disclosure and Barring Service check to ensure staff were suitable to work with vulnerable adults and young people. The registration status of staff with the General Dental Council, indemnity cover and the relevant vaccinations staff required for their role were also monitored.

Monitored by the practice manager, a register was maintained of the registration status of staff with the General Dental Council, indemnity cover and the relevant vaccinations staff required for their role.

Monitoring health & safety and responding to risks

A number of local health and safety policy and protocols were in place to support with managing potential risk. The safety, health, environment and fire team carried out an annual workplace health and safety inspection and completed monthly checks. In addition, the practice manager completed 6 monthly audits, delivered safety briefs, had oversight of fire safety, conducted risk assessments and ensured compliance with radiation safety.

The unit carried out a fire risk assessment of the premises every 5 years with the most recent assessment undertaken in August 2020. The medical centre practice manager was the fire warden for the premises and regularly checked the fire system. Staff received annual fire training provided by the unit and an evacuation drill of the building was conducted in May 2024.

A Control of Substances Hazardous to Health (COSHH) risk assessment was in place and was reviewed annually. COSHH assessments were printed out to allow access to staff as required and in case of IT failure. Safety data sheets were held in a folder in the practice and were also kept electronically.

There was a legionella risk assessment for the building in place and the monthly temperature checks of the sentinel water outlets (first and last taps on the water distribution system). The legionella risk assessment was carried out in February 2022.

Dipslide testing used to check for bacteria in water was completed monthly. Quarterly dipslide tests were sent to an external organisation for assessment. The last quarterly assessment report was received in June 2024. If required, a stand-alone purge of the water lines was undertaken. Water lines were flushed for 2 minutes at the start of each session and for 10 to 20 seconds between patients.

The practice followed relevant safety laws when using needles and other sharp dental items. The sharps boxes in clinical areas were labelled, dated and used appropriately. The training log confirmed staff had received in-service training on how to manage sharps injuries, snapping ampoules and drawing up syringes.

Infection control

The practice manager was the lead for infection prevention and control (IPC) and had completed the required IPC lead training. The IPC policy and supporting protocols took account of the guidance outlined in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health. All the staff team were up-to-date with IPC training and records confirmed they completed refresher IPC training every 6 months. IPC audits were undertaken twice a year and the most recent was undertaken in May 2024.

We checked the surgeries they were clean and clutter free. Display screen equipment (DSE) was in each surgery and located appropriately.

Environmental cleaning was carried out by a contracted company with high-risk areas cleaned twice a day. All areas were colour coded and these corresponded with the cleaning schedule which was monitored by the practice manager. If required, the practice manager reported any inconsistencies or issues to the cleaning manager.

Decontamination took place in a central sterilisation services department (CSSD) accessible from the surgeries. Sterilisation of dental instruments was undertaken in accordance with HTM 01-05. Records of validation checks were in place to monitor that the ultrasonic bath and autoclave were working correctly. Records of temperature checks and solution changes were maintained. Instruments and materials were regularly cleaned with arrangements in place to check materials to ensure they were in date.

Arrangements were in place for the segregation, storage and disposal of clinical waste products, including amalgam, sharps, extracted teeth. Clinical waste was bagged and labelled and transferred into a lockable container and contracted for disposal. Paperwork was retained via a local register in the dental centre and cross-referenced once confirmation of its disposal was received.

Equipment and medicines

An equipment log was maintained to keep a track of when equipment was due to be serviced. The autoclave and ultrasonic bath had been serviced appropriately. The servicing of all other routine equipment, including clinical equipment, was in-date in accordance with the manufacturer’s recommendations.

A log of prescriptions was maintained and prescriptions were sequentially numbered and stored securely. The prescription log was reviewed 6 monthly to identify any trends. Minimal medicines were held in the dental centre. Patients obtained medicines either through the dispensary in the medical centre or through a local pharmacy. Antibiotic usage was monitored and an audit completed annually.

Radiography (X-rays)

Suitable arrangements were in place to ensure the safety of the X-ray equipment. The required information in relation to radiation was located in the radiation protection file. The SDO was identified as the Radiation Protection Supervisor . Signed and dated Local Rules were displayed in each surgery along with safety procedures for radiography. A rectangular collimator was available on all intra oral units.

Evidence was in place to show equipment was maintained annually with the last done in June 2024. All staff requiring Ionising Radiation Medical Exposure Regulations (referred to as IR(ME)R) training, had received relevant updates.

The dental care records for patients showed the dentist justified, graded and reported on the X-rays taken. The SDO carried out an intra-oral radiology audit in February 2024.

Are Services Effective?

Monitoring and improving outcomes for patients

The treatment needs of patients was assessed by the dentist in line with recognised guidance, such as National Institute for Health and Care Excellence (NICE) and Scottish Intercollegiate Guidelines Network guidelines.

All clinicians understood the underlying occupational health requirements of patients including prioritisation for assessment based on the Periodontal Disease inspections (referred to as PDI) and treatment. A basic periodontal examination, assessment of the gums and caries (tooth decay), was carried out at each periodontal inspection. The dentist referenced appropriate guidance in relation to the management of wisdom teeth, considering operational need.

Recall was influenced by an operational focus, including prioritising patients in readiness for rapid deployment. We looked at the dental care records for 6 patients to corroborate our findings. The records included information about the patient's current dental needs, past treatment and medical history. The diagnosis and treatment plan for each patient was clearly recorded together with a note of treatment options 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. The dentist followed the guidance from the British Periodontal Society around periodontal staging and grading. Records confirmed patients were recalled in a safe and timely way.

The Senior Dental Officer (SDO) discussed the downgrading of personnel in conjunction with the patient's doctor to facilitate completion of treatment. The military dental fitness targets were closely monitored by the SDO.

Health promotion & prevention

A proactive approach was taken in relation to preventative care and supporting patients to ensure optimum oral health. The practice manager had enhanced skills including a qualification as an oral health educator and they were trained in fluoride application. The application of fluoride varnish and the use of fissure sealants were options the clinicians considered if clinically necessary. Equally, high concentration fluoride toothpaste was recommended to some patients.

Dental care records showed that lifestyle habits of patients were included in the dental assessment process. The dental AUDIT-C was used. This is a tool completed with the patient to capture their alcohol usage. If the audit identified patients at a higher risk from increased alcohol consumption then they were encouraged to seek further help and could be offered referral to primary medical care, or anonymously through external sources if preferred.

A variety of dental health promotion information was available in the waiting area. At the time of the inspection information included a large display in SNUS (a smokeless powdered form of tobacco that is consumed orally by way of a pouch that is held on the gums) and nicotine patches. Information leaflets about a variety of topics were available

for patients to take away. The practice participated regularly in health fairs facilitated by the base, the next one was planned the following week.

Staffing

The dental centre served a population of 1,100 who supported personnel of the highest priority and where there was always a squadron deployed, a squadron at readiness and a squadron in training. The hygienist supported the SDO in completing hygiene treatment and additional treatments such at impression taking and fluoride application, allowing all to work closely to the top of their scope of practice. There were significant challenges in recruiting a civilian hygienist (shared between Poole and Blandford) and locums were not suitable due to essential security clearance. The current hygienist was due to leave in the next few months with no replacement being sourced, this had been identified as a risk and was recorded the risk register.

We looked at the organisational-wide electronic system used to record and monitor staff training and confirmed staff had undertaken the mandated training. The practice manager monitored the training plan and ensured it covered all the mandated requirements at the right times.

All dental nurses that we asked were aware of the General Dental Council requirements to complete continued professional development (CPD) over a 5-year cycle and to log this training. All staff managed their own CPD requirements and had no issues accessing or completing the required work. Staff attended CPD events as required and the practice manager attended the regional practice managers' meetings.

Working with other services

The SDO confirmed patients were referred to a range of specialists in primary and secondary care for treatment the practice did not provide. The dentist followed NHS guidelines, the Index of Orthodontic Treatment Need and Managed Clinical Network parameters for referral to other services.

The dental centre had formed good working relationships with consultants at Portsmouth hospital. Twice yearly the dental centre hosted a 'consultants day' whereby dental consultants were invited into the practice to experience what care was provided to patients and the nuances associated with the population group.

Patients could be referred to Portsmouth Hospital for secondary care. Good liaison with the hospital had been developed recently as the SDO was undertaking a MSc in Oral Surgery at Peninsula University in Plymouth and as a result had secured an honorary contract with Poole hospital. This would improve access for higher priority cases.

A spreadsheet was maintained of referrals and checked frequently. Urgent referrals followed the 2-week cancer referral pathway.

Alginate impressions and models were taken and sent to the laboratory; these were usually sent back completed within 2 to 3 weeks.

Consent to care and treatment

Feedback from patients confirmed patients were given information about treatment options and the risks and benefits of these so they could make informed decisions. The patient records we looked showed verbal or written consent was obtained depending on the treatment undertaken. The SDO had a good awareness of the Mental Capacity Act (2005) and provided an example of how it could apply to their patient population.

Are Services Caring?

Respect, dignity, compassion and empathy

In advance of the inspection, patient feedback cards were sent to the practice. A total of 15 patients responded and feedback was entirely positive with complimentary comments about the care they had received and the kindness of staff.

Staff were aware of their responsibility to respect people's diversity and human rights. Feedback received via the patient survey indicated patients were pleased with the way staff treated them. Emerging themes suggested staff were both professional, kind and extremely helpful.

The practice had strategies to support patients who were anxious about dental treatment. These included allocating extra time for the appointment and ensuring the patient was not kept waiting.

The Senior Dental Officer (SDO) and one of the nurses recently spent the day, in their own time, at a Dentaid clinic providing dental care to the homeless community in the area. This was something they hoped they could do again to help those with no access to dental services.

The waiting area was close enough to the reception for conversations not to be overheard. The reception computer screens were not visible to patients and staff said that they did not leave personal information where other patients might see it. Staff password protected patient's electronic care records and backed these up to secure storage.

Staff had a good understanding of the confidentiality guidelines General Data Protection Regulation and the need to ensure patient privacy. All staff were in date with Caldicott training and were aware of the Caldicott principles and the use of confidential information.

Information about the service, including opening hours and access to emergency out-of-hours treatment, was displayed in the entrance to the building and available in the practice leaflet and online.

Staff could support patients who did not speak English as a first language through a translation service.

Involvement in decisions about care and treatment

Patient feedback suggested staff provided clear information to support patients with making informed decisions about treatment choices. During their appointment patients were shown treatment plans and their x-rays to enable them to understand better and make informed choices. The dental records we looked at indicated patients were involved in the decision making and recording of discussion about the treatment choices available.

Are Services Responsive?

Responding to and meeting patients' needs

The dental centre were aware that all regular service personnel were required to have a periodic dental inspection, depending on a dental risk assessment and rating for each patient. A review of 6 patients' records demonstrated standardised allocation, based on a variety of risks for caries, periodontal disease, oral carcinoma and tooth surface loss. All 6 patients were placed on 12-month review for dental recall. We noted that recall interval was not reviewed at each subsequent consultation in accordance with Defence Primary Healthcare (Dental) standard operating procedures. However, the hygienist placed patients on a periodontal recall of 1, 3, 4 and 12 months, which was notable and best practice.

Patients could make routine appointments between their recall periods if they had any concerns about their oral health. Feedback from patients suggested they had been able to get an appointment with ease and at a time that suited them.

Promoting equality

In line with the Equality Act 2010, an Equality Access Audit had been completed in March 2024. The audit found the building met the needs of the patient population, staff and people who used the building.

Access to the service

The practice undertook a survey to gauge if patients were satisfied with the access to appointments. Twenty patients responded and all said they felt that the wait time for an appointment was appropriate. The survey highlighted that not all patients knew the out-of-hours (OOH) numbers or the email address they could use to change an appointment. As a result of this the practice have made improvements to where this information was advertised to raise patient awareness. Information about the service, including opening hours and access to emergency out-of-hours treatment, was displayed on the front door, in the practice leaflet and on the dental centre SharePoint site.

Patients had access to the duty dentist within the region OOH. Patients were triaged and seen as necessary. The practice information leaflet detailed dental access OOH arrangements.

At the time of the inspection, the next available routine appointment with a dentist could be accommodated within 1 to 2 weeks. Patients requiring an emergency appointment during working hours could be seen on the same day. At the time of the inspection, an appointment was available with a hygienist within 2 weeks.

Concerns and complaints

The Senior Dental Officer (SDO) was the lead for clinical complaints and the practice manager was the named contact for compliments and suggestions. Complaints were managed in accordance with the DPHC complaints policy. The team had all completed complaints training that included the DPHC complaints' policy. Patients were made aware

of the complaints process through the practice information leaflet and a display in the practice.

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. 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 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.

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 practice had forged close links with all the units it supported and tailored the service to their specific needs to support rapid deployments.

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. Discussions with patients were held away from reception if requested. Staff had completed the Defence Information Management Passport training, data protection training and training in the Caldicott principles.

Staff were encouraged with environmentally awareness and to use the recycling bins. Staff only printed essential documents.

Leadership, openness and transparency

The SDO was supportive, encouraging and well respected by the staff team. They consistently went above and beyond to help others achieve their goals. An example of this was whilst working at the dental centre a member of staff undertook an access course. They received support from both the previous dentists allowing time to write essays and undertake research. When the SDO came into post they supported the practice manager

getting fluoride clinics up and running, helping them with reflection logs, and allowing them to have time out to give oral health education talks all whilst managing family life. Staff described the SDO as an inspiring person who believes that each individual can achieve their goals with the right support.

The staff team was cohesive and 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. The team enjoyed many social events together including paddle boarding and lunches out.

Learning and improvement

The SDO was the lead for clinical audit/quality improvement. An audit schedule and register was in place. All the required audits had been completed in 2024, including infection prevention and control, controlled drugs, equality access, clinical waste and radiography. Best practice audits had also been undertaken, including an antimicrobial prescribing audit and a consultation records audit. Some data collection work had begun with regard to nicotine pouch use which would be used at a later date to inform an audit.

Staff received mid and end of year annual appraisal and these were up-to-date. These were supported by personal development plans tailored to individual staff members. Staff spoke positively about support given to complete their continued professional development in line with General Dental Council requirements.

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

Quick response or ‘QR’ codes were displayed at various points throughout the dental centre for patients to use to leave feedback, there was also paper forms available and staff were always available should the patient want to give verbal feedback. The General Practice Assurance and Quality (referred to as GPAQ) questionnaire was used monthly to review feedback.

The SDO listened to staff views and feedback at 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. A staff survey was undertaken based on psychological safety the responses based on their own experiences within the dental centre were very positive.