Brize Norton Dental Centre

Carterton, Oxfordshire, OX18 3LX

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 Brize Norton Dental Centre on 20 August 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

Located in Oxfordshire, Brize Norton Dental Centre is a 6-chair practice providing a routine, preventative and emergency dental service to a military population of 4,000 service personnel.

The dental centre core hours are Monday to Thursday 08:00 – 17:00 hours and Fridays 08:00 – 14:00.

This duty rotates around the Central & Wessex 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 Military Dental Officer	One
Unit Military Dental Officer	Two
Civilian dentists	Two
Nurses	Seven (five posts currently vacant leaving just 2 in post currently)
Practice manager	One

Hygienist	One
Administrator	One

Our Inspection Team

This inspection was undertaken by a CQC inspector supported by a dentist, and a practice manager/dental nurse specialist advisor. CQC's National Professional Advisor for dentistry also attended in a shadow capacity.

How we carried out this inspection

During the inspection we spoke with many members of staff including the Senior Dental Officer (SDO), dentists, dental nurses, the hygienist, administrators 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:

- The dental centre had systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- Systems for assessing, monitoring and improving the quality of the service were in place. Staff made changes based on lessons learnt.

Notable Practice

- Relevant Medicines and Healthcare products Regulatory agency (MHRA) alerts were sent out to patients' families and also displayed on the patient information board in the waiting room. A recent example was an alert was raised for faulty EpiPens (used to administer adrenaline for use in severe allergic reactions).

The Chief Inspector recommends to the practice:

- Continue to engage with the contractor to secure deep cleaning is provided within the cleaning contract.

The Chief Inspector recommends to DPHC:

- The regional team keeps staffing levels under review to ensure there is clinical resilience in the system.

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 involving patients. 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. The ASER register showed 2 significant events had been raised in the last 12 months.

Accidents and near misses involving 'non-patients' or staff were reported via the Defence Unified Reporting and Lessons system (MySafety). Staff had a good understanding of the types of incidents that met the criteria for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (referred to as RIDDOR).

Incidents and significant events were discussed during practice meetings. A Central Alerting System and Medicines and Healthcare products Regulatory agency (MHRA) register was in place. Alerts were disseminated by Regional Headquarters to the dental centre, their receipt was acknowledged and any actions taken were recorded. The practice manager had also registered with the MHRA to receive email alerts.

The practice manager also sent out relevant alerts to patients' families and also displayed information on the patient information board in the waiting room. A recent example was an alert was raised for faulty EpiPens (used to administer adrenaline for use in severe allergic reactions).

Reliable safety systems and processes (including safeguarding)

All staff were trained in safeguarding to a level appropriate for their role. Staff were aware of their responsibilities if they had concerns about the safety of patients who were vulnerable due to their circumstances. A register of all patients under the age of 18 was in place.

There was a recent tabletop exercise (scenario) carried out in August 2024 to test the efficiency of the protocol and staff knowledge around safeguarding, points were raised and discussed. There was a safeguarding information board in the staff room that contained contact information for local safeguarding leads and included, Oxfordshire NHS safeguarding contacts and internal safeguarding processes. The dental centre also had an easy access link on their SharePoint page to their safeguarding policy. Included in the policy was

- Emergency Duty Team
- John Radcliffe Hospital Assessment Team – If a 'Place of Safety' is required for medical reasons.
- Kingfisher Team – To report concerns 'Child Sexual Exploitation'.

- Link to Oxfordshire.gov.uk – concerns about 'Child Radicalisation'.
- Oxford Rose Clinic – Female Genital Mutilation (FGM)

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

There was a fixed alarm in place for use in medical emergencies, this was situated in the corridor and was used to alert administrative staff that there was an emergency. The sound produced by the button did not sound in the main corridor and anyone in the clinical area would not be made aware of the emergency. There was also no way for administrative staff to alert others if there was an incident in reception. We discussed the purchasing of personal alarms and immediately following the inspection the dental centre confirmed they did so.

The dental centre 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 resilience and continuity plan (BCP) was in place and had last been reviewed in May 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, IT outages, 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. A recent example of when the BCP was implemented was when there was an IT outage and appointments had to be cancelled and re booked.

Medical emergencies

The Senior dental officer (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.

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 and in reception. Scenario based training was undertaken every 6 months delivered by the SDO.

Out-of-date equipment and medicines were disposed of in a timely and efficient way. There was a robust stores/consumable system in place to check expiry dates and stock rotation.

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. All patients were reviewed 3 days after they were prescribed antibiotics to assess their response to treatment.

Patients experiencing severe pain were seen at the dental centre 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 all new staff. 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.

Monitoring health & safety and responding to risks

The health and safety lead for the base carried out an annual safety, health, environment and fire (referred to as SHEF) in August 2024. A risk register was held and risks were managed in accordance with the ‘4 Ts’ (transfer, tolerate, treat, terminate). A range of regularly reviewed risk assessments were in place including assessments relevant to the premises, staff and clinical care.

The 5-yearly fire risk assessment was undertaken in July 2024 and it identified 3 risks that had been actioned. The fire alarm was checked weekly and firefighting equipment and evacuation measures were checked each month. Staff advised us that they had participated in an annual fire evacuation drill. A plan of the building was displayed indicating the fire exits and muster point.

A Control of Substances Hazardous to Health (COSHH) risk assessment was in place and was reviewed annually, with the last being in August 2024. COSHH assessments and safety data sheets were readily available to staff.

There was a legionella risk assessment for the building in place and the monthly temperature checks of the sentinel outlets (first and last taps on the water distribution system). The legionella risk assessment was carried out in June 2024.

Dipslide testing used to check for bacteria in water was completed monthly. Quarterly dipslide tests were sent to an external organisation for assessment and up to date records were kept. If required, shock treatment was used to clear deposits and bacterial contamination from dental unit waterlines if required as per protocol.

The dental centre 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. All inoculation injuries were reported to the practice manager and the SDO who assessed the situation and sought advice as appropriate. The incident was reported using the significant event reporting process if involving a patient and/or MySafey (recently changed from DURALS) if involving staff. There had been no sharps injuries in the past 12 months.

Infection control

The regional lead for infection prevention and control (IPC) was responsible for IPC at the dental practice as currently there was no certified lead. Two nurses were currently on the IPC level 2 course.

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.

IPC Audits were conducted annually via the IPC Audit Information Portal on SharePoint. The most recent audits included:

- Non-Patient Areas: March 2024
- Environmental Patient Areas: September 2023
- Equipment Management: August 2024
- General Management: August 2024
- Hand Hygiene: August 2024
- PPE Management: August 2024
- Sharps Management: November 2023
- Specimen Management: August 2024
- Spillage Management: August 2024
- Waste Management: August 2024
- Decontamination Management: August 2024.

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

Environmental cleaning was carried out by a contracted company with high-risk areas cleaned twice a day. A cleaning schedule was in place which was monitored by the practice manager. If required, the practice manager reported any inconsistencies or issues

to the cleaning manager. Deep cleaning was not currently included in the contract, the practice manager had requested an addition to the contract which was to be agreed and actioned via the estate management team.

Decontamination took place in a central sterilisation services department 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 placed into orange bags no more than 3 quarters full, tie wrapped and labelled with the appropriate code. They were then transferred to the lockable yellow bin located outside the dental centre. The key was secured in the key cabinet in the practice managers office. Clinical waste was collected every week and all associated paperwork including the contract were held in the IPC folder. Consignment notes were sent to the practice manager electronically every week by the contractor.

Sharps were placed in a recognised and rigid container and did not exceed 3 quarters full or kept for 3 months after the opening date. Once a sharps was full the box was securely closed, labelled with the appropriate code and then transferred to a lockable yellow bin located outside the dental centre.

Pharmaceutical waste including medicines and emergency drugs were disposed of via the medical centre. Gypsum and amalgam were disposed of as hazardous waste by the registered waste carrier appointed to the dental centre. A waste pre-acceptance agreement was in place at the dental centre and dated October 2023.

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. Portable appliance testing was undertaken annually by the station’s electrical team in September 2023. Although all equipment was latex free, all staff were trained in recognising signs and symptoms of latex allergy and the medical emergency procedure. There was also a latex allergy risk assessment in place.

A log of prescriptions was maintained and prescriptions were sequentially numbered and stored securely. Minimal medicines were held in the dental centre. Patients obtained medicines through the dispensary in the medical centre. Two antibiotic prescribing audits had been completed within the past 6 months, 1 was completed to assess compliance with guidance. A change to practice as a result of this audit was the introduction of tympanic thermometers (thermometer used in the ear) for more adequate clinical assessment of patients with possible sepsis. A further audit was undertaken to determine the correct and safe process for recording of serial numbers of each prescription.

Medicines that required cold storage were kept in a fridge, and cold chain audit requirements were in place and recorded. Temperature monitoring of the medical fridge was carried out twice daily. Ambient temperature monitoring was carried out twice daily using a minimum/maximum thermometer and the temperature recorded. Ambient temperature was defined as between and including 10 – 25 Celsius. Some products were licensed up to 30 Celsius. Medical products requiring ambient temperature storage were not refrigerated and were labelled to not store above 25 Celsius. Medical products within the emergency bag were stored at ambient temperatures. Due to the requirement to be easily accessible the bag was located where ambient temperatures fluctuated more frequently, so temperatures were monitored and recorded twice daily. Any discrepancies in temperatures were recorded and reported to the regional pharmacist.

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 and signed and dated Local Rules were held in reception. A rectangular collimator was available on all intra oral units.

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

The dental care records for patients showed the dentist justified, graded and reported on the X-rays taken. The dentists carried out radiology audits every 3 months.

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 (referred to as 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. Visits to the various squadrons had been useful at increasing the team knowledge about the occupational constraints of a particular unit.

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 dental centre used an oral health pathway to ensure patients saw the right dental care professional for their needs. During their periodontal inspection (PDI), the dentist scored the patent's gum health from 0-4 which helped to diagnose gingivitis (inflammation of the gums) and periodontal disease. If diagnosed, the patient was referred to one of the nurses for oral health guidance including ways to improve brushing and interdental cleaning. After this, a further follow up appointment was arranged again with the nurses. This appointment would include plaque indices which identified any areas being missed when brushing. If levels were below 30% then the patient would be referred to the hygienist for further treatment. Failure in reducing to less than 30% meant any hygienist intervention would be unsuccessful in the long-term.

An audit had been completed to measure the effectiveness of this pathway and to assess if patients placed onto the periodontal pathway by clinicians had engaged with the Oral health education (OHE) nurse and had gone forward and completed their course of periodontal treatment with the dental hygienist or dentist. A sample of 51 patients was

selected for the purpose of the audit. All of the records assessed were of patients who attended their initial appointment with the OHE nurse over a period of a month in 2023. The audit showed that 57% of patients completed their course of treatment on the Periodontal Pathway. The majority of patients who did not complete their appointments did not rebook after the initial OHE appointment and did not attend a review with the OHE nurse and therefore did not proceed on the pathway. Following the audit the findings were discussed and an action plan made for improvement. This work was ongoing.

Nurses had a wide range of enhanced skills including qualifications as oral health educators, and 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. One of the nurses had been supported in undertaking a course in taking dental impressions, this had led to them taking their own clinic and consequently saving 5 hours (over a period of 1 month) in dentist's clinical time.

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 dental tourism and what to expect if choosing to have aesthetic dental treatment abroad. Information leaflets about a variety of topics were available for patients to take away. The dental centre team participated regularly in health fairs facilitated by the station, the last was in May 2024.

One of the staff team had previously visited the local school and given basic oral health advice to the children, showing them how to brush properly and give advice and information about a healthy diet. This had temporarily stopped but was hoped to be reinstated in the future.

Staffing

The dental centre served a population of 4,000 personnel. The dental centre was operating with only 66% of its workforce currently. This was due to 5 dental nurse positions being vacant. The acute shortage of nurses was a great hindrance to the dental centre and it was actively preventing a reduction in the waiting times for patients, as not all dentists could provide a clinic because they did not have support from a dental nurse. The SDO would expect to work 3 days clinically in surgery but presently averaged 1 day per week. This restricted patient access to care. This had been recorded on the risk register and regional headquarters were aware.

The hygienist supported the SDO in completing hygiene treatment and additional treatments such at impression taking, taking radiographs and fluoride application, allowing all to work closely to the top of their scope of practice.

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.

There was a generic Defence Primary Healthcare (DPHC) dental induction booklet in place for all new staff that had been adapted to meet the requirements for induction. The induction process contained all relevant information for temporary healthcare workers staff and permanent staff.

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. On return from CPD events, staff were encouraged to share the experience with the team to facilitate team development. An in-service training schedule was devised and delivered depending on the needs of the team. Regional training days were held every 6 months, led by the regional training officer.

Working with other services

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

Referrals for oral surgery could be made to the maxillofacial oral surgery department at the John Ratcliffe Hospital in Oxford for secondary care, currently there is a 52 week wait for routine care. There was also a DPHC oral surgeon at Lyneham Dental Centre, who was able to complete more simple oral surgery there within a month, which was a huge asset to the practice. A spreadsheet was maintained of referrals and checked frequently. Urgent referrals followed the 2-week cancer referral pathway.

Both the deputy practice manager and the receptionist had oversight of referrals. A referral log was maintained and reviewed frequently.

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 staff team had completed training in the Mental Capacity Act (2005) and this was supplemented by peer review sessions and case discussions.

Are Services Caring?

Respect, dignity, compassion and empathy

In advance of the inspection, patient feedback cards were sent to the dental centre A total of 42 patients responded and feedback was entirely positive with complimentary comments about the kindness of staff and the level of care received.

Care and consideration was given not only to the patients but also to the families that could not access acre at the dental centre. The Senior Dental Officer (SDO) had met with the local Integrated Care Board to highlight the need for families to have access to appropriate dental provision within the local area. The SDO had also contacted the local authority health prevention team and offered to provide face-to-face meetings or online webinars to provide oral health advice to those people that were finding difficulty accessing services.

The dental centre had received and recorded 28 compliments in 2024. The majority of them were related to quality of care, clinical care or staff assistance and had been received either verbally, written or via the Patient Experience Tool (referred to as PET) survey.

Staff were aware of their responsibility to respect people's diversity and human rights. Feedback received via the patient survey indicated patients felt respected and supported throughout.

The dental centre 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. Patients were identified using an anxiety scale on the medical history form they completed upon arrival, and reception staff could alert the clinical team if needed. Patients with repeatedly failed to attend or who avoided treatment were recognised as potentially nervous patients and were treated with additional care.

Patients from other units were seen on request. One patient was seen from another unit on request as they were nervous and had previously had a bad experience at another dental centre, plans were in place to continue to provide care for this patient. Another patient who was recently diagnosed with a chronic disease had received additional support and care from the dental centre staff, planning their future care as their condition deteriorates, and ensuring that the patient has the tools they need to support their own dental health in the future.

The waiting area was close enough to the reception for conversations not to be overheard. There was a sign at reception stating that patients can request privacy for confidential conversations and there were several rooms that could adequately facilitate such requests. Patient privacy was provided within clinical rooms when undergoing treatment and discussion.

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.

Information about the service, including opening hours and access to emergency out-of-hours treatment, was displayed outside the entrance to the building and was available in the dental centre information 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 a range of techniques were used to facilitate patient understanding including radiographs, pocket charts, patient leaflets and models of treatment options. The SDO understood that patients learned in different ways and was happy to facilitate this via the use of various educational media.

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 and tooth surface loss.

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 December 2023. The audit found the building met the needs of the patient population, staff and people who used the building. The dental centre comprised of a diverse staff team and encompassed both male and female members and were able to offer patient treatment from either gender. The team fully embraced diversity and inclusion (D&I) and recognised and considered the protected characteristics under the Equality Act 2010. All staff, both military and civilian were up-to-date for their annual D&I training.

Access to the service

At the time of the inspection, the next available routine appointment with a dentist could be accommodated within 6 weeks and to see the hygienist the wait was 4 weeks. Patients requiring an emergency appointment during working hours could be seen on the same day.

In order to accommodate those patients that worked shifts and were unable to make a dental appointment within normal working hours, the dental centre offered appointments until 19:00 hours several days a week. This had proved successful and patient feedback was positive.

Out-of-hours (OOH), patients had access to the duty dentist within the region. Patients were triaged and seen as necessary. Information about the service, including opening hours and access to an emergency OOH service was displayed on the front door of the dental centre and in an information leaflet.

Concerns and complaints

The SDO was the lead for complaints and the practice manager was the deputy. Complaints were managed in accordance with the Defence Primary Healthcare complaints policy and all the staff team had completed complaints training. Patients were made aware of the complaints process through the dental centre information leaflet and in reception. Complaints, suggestions and compliments were a standing agenda item at practice meetings. They were discussed and reviewed for trends, lessons learned and to drive improvement.

Are Services Well Led?

Governance arrangements

The Senior Dental Officer (SDO) had overall responsibility for the management and clinical leadership of the dental centre. The practice manager had the delegated responsibility for the day-to day administration of the service. Due to workforce constraints with dental nurses, the SDO had increased administrative time which gave capacity to fulfil additional governance and assurance activities in house, as well as conducting their Regional SDO duties.

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.

Short morning team huddles were held to ensure consistent team communication. An established programme of practice meetings, training, clinical staff meetings and peer review was in place. The weekly executives meeting was attended by the SDO, to understand the operational tempo of the station, the team was briefed accordingly during the weekly practice meeting. The practice manager attended the health and wellbeing meeting quarterly.

Internal and regional processes were established to monitor service performance. Key performance indicators and dental targets were reviewed by Regional Headquarters (RHQ) and the Chain of Command. The dental centre used the Health Assessment Framework (referred to as HAF); internal quality assurance system used to monitor safety and performance. The last internal assurance review was completed in December 2022 and that there were no outstanding actions.

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.

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 were encouraged with environmentally awareness and to use the recycling bins. Staff only printed essential documents. The cycle to work scheme was encouraged, and when ordering goods larger numbers were ordered to reduce the carbon footprint with excess deliveries.

Leadership, openness and transparency

The dental centre team was a mixture of both military and civilian staff. The team worked well together and had a good working relationship. They shared ideas, innovation and worked collaboratively in the sharing of duties.

The team participated in regular 'white space' sessions to allow for team building opportunities. They also got involved with force development around the station to gauge what each department does, this helped them better understand and relate to their patient population.

The staff talked positively about the leadership within the dental centre. Staff said they felt appreciated and were treated with respect by the whole team. Members of staff said they felt empowered by their secondary duties and responsibilities and were able to take ownership and pride in subjects they enjoyed or found interest in. The Chain of Command actively looked to reward staff for their hard work and achievements via the use of schemes such the 'in year reward'. This was highlighted by staff as a great incentive.

Staff said they felt confident and empowered to discuss issues and concerns they had identified and escalated. Staff were aware of the whistleblowing policy and were also aware of the Freedom to Speak Up (FTSU) process within the region. Staff were encouraged to raise concerns. There was information regarding the FTSU in all the staff rooms and toilets and there was also a link on SharePoint. There was a comments box placed in the staffroom for anonymous submissions although all staff when asked, stated they were quite happy to speak up and the team have an open-door policy.

Learning and improvement

There was a dedicated lead for clinical audit and quality improvement. We saw many examples of quality improvement initiatives, these included

- The reform of a medical history questionnaire to reduce the time taken to complete by the patient and to initiate discussion in surgery and to ensure that adequate information was obtained in a concise manner.
- A flow chart to was created to assist reception staff with identification of whether patients were entitled to care.
- A specific dental centre email address had been created purely for X-ray referrals. This had been provided to the hospital to which the referral was made. The hospital sent an email with a code which the dental centre then accessed via a link to the hospital site whereby the image could be obtained and downloaded direct to DMICP (electronic patient record).

An audit schedule and register was in place. All the required mandated audits had been completed in 2024, including infection prevention and control, controlled drugs, equality access, clinical waste and radiography. Many best practice audits had also been

undertaken, including an antibiotic prescribing audit, a periodontal pathway audit and a periodic dental inspections 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

To monitor how well the dental centre was performing, patients were encouraged to complete the Patient Experience Tool (referred to as the PET survey). To access the survey a quick response or QR code was visible in the dental centre and printed copies were also available. A suggestion box in the waiting area was another method that patients could submit feedback. An example of changes made as a direct result of patient feedback was the initiation of later appointments for shift workers.

So far this year the dental centre had received feedback from 615 patients. It showed 99% of patients reported that they were generally satisfied with their healthcare and 93% of patients said that they felt they were treated with kindness and compassion.

Staff could provide feedback during their annual and mid-term appraisal review. Additionally, there was staff feedback box located in the staff room where staff could post ideas and suggestions.