Wattisham Dental Centre

Wattisham Airfield, Ipswich, Suffolk, IP7 7RA

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 Wattisham Dental Centre on 5 August 2024. We gathered evidence remotely and 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 (CQC's) 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 Suffolk and part of the Defence Primary Healthcare (DPHC) Dental East Region, Wattisham Dental Centre is a 2-chair practice providing a routine, preventative and emergency dental service to a military patient population of approximately 1,420 service personnel. Families are signposted to nearby dental practices. The dental centre is co-located with the medical centre within a 2 storey building and is situated on the ground floor of the building. The medical centre and the dental centre have their own reception and waiting area.

Clinics are held 5 days a week Monday to Thursday 08:00-12:30 hours 13:30-17:00 and Friday 08:00-13:30 hours. Daily emergency treatment appointments are available. Hygiene support is currently carried out by a hygienist provided by Dental Centre Colchester for 1 day each month. A regional out-of-hours emergency rota provides access to a dentist when the practice is closed. An out-of-hours number is provided on the dental centre's answer phone for patients to call the duty dentist and following triage, the patient can be seen at a military dental centre. If the patient is on leave, they can access 'My Healthcare Hub' (a DPHC application used to advise patients on services available online) to find the nearest military dental centre number and to obtain the on call number. Minor oral surgery referrals are seen either in local NHS primary care dental practices who have a Tier 2 contract, usually in Ipswich, or for more complex oral surgery and oral medicine cases, at Ipswich Hospital. DPHC's Defence Centre for Rehabilitative Dentistry and its Managed Clinical Network provides support for other more complex endodontic, restorative and periodontal referrals.

The staff team at the time of the inspection

Senior Dental Officer (SDO) (civilian)	1 (full-time)
Dentist (civilian)	1 (part-time 0.6 whole time equivalent)
Dental nurses (civilian) Dental nurses (military)	2 1
Practice manager (military)	1

Our Inspection Team

This inspection was undertaken by a CQC inspector supported by a dentist and a practice manager/dental nurse specialist advisors.

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 SDO, civilian dentist, dental nurses and 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. We also 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.
- The practice used the DMS-wide electronic system for reporting and managing incidents, accidents and significant events. We found that significant events had been discussed but not always added to the register.
- Systems were in place to support the management of risk, including clinical and non-clinical risk. Removing retired risks from the active register would improve visibility of current issues.
- Suitable safeguarding processes were established, and staff understood their responsibilities for safeguarding adults.
- The required training for staff was up-to-date and they were supported with continuing professional development.
- The clinical team provided care and treatment in line with current guidelines. Record keeping was of a high standard.
- Staff took care to protect patient privacy and personal information.

- The appointment and recall system met both patient needs and the requirements of the Chain of Command. Clinic rotas were flexible and had been adapted to meet the forecasted demand.
- Leadership at the practice was inclusive and effective. Staff worked well as a team and their views about how to develop the service were considered.
- An effective system was in place for managing complaints.
- Medicines and life-saving equipment were available in the event of a medical emergency. Simulation training could be enhanced to ensure all staff are familiar with any new equipment and the processes to follow in the event of an emergency.
- Staff worked in accordance with national practice guidelines for the decontamination of dental instruments.
- Systems for assessing, monitoring and improving the quality of the service were in place. Staff made changes based on lessons learnt.

We identified the following areas of notable practice:

- Members of the team delivered ‘maintaining good oral health hygiene’ presentations to the individual regiments. The last was delivered in February 2024 was attended by 90 serving personnel. The presentation including sections on the correct brushing techniques (included a demonstration on how to brush your teeth), flossing, gum disease, oral cancer and the prevention of dental caries. The practice reported that patients often booked appointments based on the knowledge imparted on them during the presentations. Of note, there was a reported increased awareness of reasons that service personnel may be deemed not fit to deploy on oral health grounds. We were shown how emails requested appointments increased following the delivery of the presentation.

The Chief Inspector recommends to the practice:

- Strengthen the governance process to ensure the wider discussion on significant events is recorded and confirmation that alerts are discussed at practice meetings and are included in the minutes.
- Review the format and assessments relating to substances that are hazardous to health to ensure there are clear directions to follow for products held within the dental centre.
- Implement a process to manage the vaccination booster schedule for staff members.

Mr Robert Middlefell BDs National Professional Advisor for Dentistry and Oral Health (on behalf of CQC’s Chief Inspector of Primary Medical Services and Integrated Care)

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. Staff were required to complete ASER training which had recently been refreshed in May 2024. Two of the staff had not been present to complete the refresher session so it had been planned into their training programme. 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, this was categorised to support identification of any trends. A total of 2 ASERs had been recorded in the previous 12 months. A review of these showed that each had been discussed and changes made as a result. Significant events were a standing agenda item at practice team meetings and staff unable to attend could review records of discussion, minutes of these meetings were held in a shared electronic folder (known as SharePoint). However, a review of the minutes from practice meetings highlighted that an ASER raised had not been discussed at the meeting but had been included on the ASER register.

Staff were aware when to report incidents in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Through discussion with members of staff, it was clear that they had a good understanding of their responsibilities and reporting requirements.

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. There was no system to acknowledge alerts had been read by staff, and although they were a standing agenda item at practice meetings, minutes did not always make reference to recent alerts (applicable to the practice). There was a register of alerts held on SharePoint. This was maintained and included a note of actions taken. A buddy system was in place, a practice manager from another dental centre in the region to provided cover when the practice manager at Wattisham was on leave.

Reliable safety systems and processes (including safeguarding)

The Senior Dental Officer (SDO) was the safeguarding lead and had level 2 training. The Senior Medical Officer, based in the same building, was trained to level 3. All other members of the staff team had completed level 2 safeguarding training. Staff were aware of their responsibilities if they had concerns about the safety of patients who were vulnerable due to their circumstances. The safeguarding policy, key personnel together with contact numbers were accessible via SharePoint and on the staff room noticeboard.

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 dentists were always supported by a dental nurse when assessing and treating patients. Although lone working seldom happened, arrangements were in place for a member of staff in the medical centre to be the first point of contact for any lone worker. In the event of there being no staff in the medical centre, the guardroom would be informed so they would monitor the lone worker. This was in the process of being written up into an in house policy. No alarm system was used but the layout of the dental centre meant any call for help would be audible. A risk assessment of lone working had been carried out and the station lone working policy was displayed on the health and safety noticeboard.

A whistleblowing policy was in place and could be accessed via SharePoint. Staff had whistleblowing training delivered annually, the most recent in April 2024, and said they would feel comfortable raising any concerns. Staff also had the option to approach the regional 'Freedom to Speak Up Champion'. Contact details were displayed on the staff room noticeboard. Through conversations with staff, we were assured that they were aware of the processes should they experience talking to a whistleblower. They were also clear on how they could report any concerns and spoke of an open culture in which they felt confident to raise any issues and that would be listened to and acted on.

We looked at the practice's arrangements for the provision of a safe service. The practice manager was a trained risk assessor and had completed role specific training in relation to risk and safety. A risk register was maintained, and this was reviewed annually as a minimum.

A range of risk assessments were in place, including for hazardous substances, fire and legionella. We found that the risk management process could be strengthened with the inclusion of remedial action on the written risk assessment. In addition, the governance could be improved by retiring completed risks off the current register and by escalation to region when appropriate, for example, when staffing levels were deemed a risk to continuation of the services provided.

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 dentists routinely used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment and for the majority of restorative work. Floss ligatures (to secure the dam) were used with the support of the dental nurse. A split dam was used if required. Rubber 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 was regularly tested, the most recent had been carried out in February 2024. The BCP had last been revised in June 2024, contact details were current and updated annually. The BCP set out how the service would be provided if an event occurred that impacted its operation. A major incident plan had been carried out in May 2022. The plan included telephone failure, fire, loss of water and compressor failure. A list of key contacts listed on the plan included staff members and the maintenance contractor. The plan could be improved by inclusion of

further contact details such as 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 medical emergency standard operating procedure from Defence Primary Healthcare (DPHC) was followed. There was an appointed lead (SDO) and deputy (civilian dental practitioner) for medical emergencies. The automated external defibrillator (AED) and emergency trolley were well maintained and securely stored, as were the emergency medicines. A daily check of the medical emergency kit was undertaken and recorded by the dental nurses who had been given specific training to undertake the role. A review of the records and the emergency trolley demonstrated that all items were present and in-date. Reviews of the emergency medicines were done at headquarter level. All staff knew where to find medical oxygen, emergency drugs and equipment. A new emergency response bag had been introduced and staff were yet to be fully familiarised so we discussed the benefit of scenario based training using the new kit. This would also support some staff who were unsure where to access information of what to do in the event of a medical emergency despite an out-of-hours and working hours protocol being displayed on the staff noticeboard. The practice manager was aware of this and planned to arrange training for when staffing levels allowed time.

Records identified that staff were up-to-date with training in managing medical emergencies, including emergency resuscitation and the use of the AED. The team completed basic life support, cardiopulmonary resuscitation and AED training annually. Training that used simulated emergency scenarios was undertaken annually. We highlighted that the template for emergency triage on DMICP (the clinical operating system) did not have mention of deterioration in the patient nor sepsis.

First aid, bodily fluids and mercury spillage kits were available. The practice used the duty medic for any first aid requirements. Staff were aware of the signs of sepsis and information was displayed in the surgeries.

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. The DBS check was managed by station and civilian personnel were checked every 3 years, military personnel every 5 years. A record of vaccinations was held but it did not clearly identify booster dates for staff.

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 (SHEF) team carried out workplace health and safety inspections at 6 month intervals. In addition, the practice manager was the named health and safety lead and sought advice from the SHEF advisor on any issues. The unit carried out a fire risk assessment of the premises every 5 years with the most recent assessment undertaken in January 2024. The practice manager was the fire warden for the premises and the fire system was regularly checked by the building custodian. We highlighted that the dental centre should maintain their own formal assurance that the checks were being completed.

Staff received annual fire training provided by the unit and an evacuation drill of the building was conducted in July 2024. Portable appliance testing had been carried out in line with policy. A Control of Substances Hazardous to Health (COSHH) risk assessment was in place and had been reviewed in January 2024 by the SDO. COSHH data sheets were available as hard copies for 14 items but there were 40 online assessments. The cleaning contractor's COSHH sheets had not been reviewed since November 2018 according to the inventory and review sheet displayed on the cleaning cupboard. Although not the responsibility of the practice, this should be raised with the contractor as part of the monitoring checks.

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.

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 staffing, recorded in February 2024 as being at a critical level. We discussed how this may have been mitigated if it had been escalated to region.

Infection control

A dental nurse had the lead for infection prevention and control (IPC) and had completed the required 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 IPC refresher training every 6 months. IPC audits were undertaken twice a year with the most recent dated April 2024. A document check was carried out quarterly by regional headquarters.

We checked the surgeries. They were clean, clutter free and met IPC standards, including the fixtures and fittings. Environmental cleaning was carried out by a contracted company twice a day and this included cleaning in between morning and afternoon clinics. The cleaning contract was monitored by the practice with any inconsistencies or issues recorded and reported to the cleaning manager. Spot checks had yet to be introduced but the practice manager was satisfied that the current contract was sufficient for the practice needs and deep cleaning arrangements were in place. The cleaning cupboard was tidy and well organised and staff could access it if needed in between the routine daily cleaning.

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.

A legionella risk assessment had been carried out by the practice. This supplemented the more detailed unit legionella management plan that covered all the required areas. However, despite requests from the practice manager, the dental centre experienced difficulty when seeking assurance that action had been taken when water temperatures recorded were outside of the parameters. This had been resolved at the time of inspection but was an issue in March 2024 when a new boiler had been installed. In addition, the practice manager had experienced delays when requesting the information on temperatures recorded. Although this information had been recently obtained, we highlighted that it should have been added to the risk register and escalated.

A protocol for the prevention and management of legionella was in place. This protocol detailed the process for flushing taps and disinfecting water lines. A log sheet was maintained to evidence daily flushing of all taps for two minutes at the beginning of the day and in between patients. Monthly water samples were sent for testing and evaluation reports retained.

Arrangements were in place for the segregation, storage and disposal of clinical waste products, including amalgam, sharps, extracted teeth. The clinical waste bin, external of the building, was locked and secured. Clinical waste was collected weekly and consignment notes were provided by the contractor. Waste transfer notes were retained and were audited annually. We saw that the practice manager actively followed up on the audit to chase any missing consignment notes.

Equipment and medicines

An equipment log was maintained to keep a track of when equipment was due to be serviced and a forecast maintenance programme was in place. There was a formalised system for fault reporting available on SharePoint in the equipment care master spreadsheet. The autoclave and ultrasonic bath had been serviced in June 2024. The servicing of all other routine equipment, including clinical equipment, was in-date in accordance with the manufacturer’s recommendations. A Land Equipment Audit was not included on the audit calendar but had been undertaken in July 2024, the report had yet to be received at the time of inspection. Portable appliance testing was undertaken annually by the station’s electrical team.

A manual log of prescriptions was maintained and prescriptions were sequentially numbered and stored securely. The SDO conducted quarterly checks of sequential serialised number sheets to maintain traceability and accountability for any missing prescriptions. Minimal medicines were held in the practice. Patients obtained medicines either through the dispensary in the medical centre or through a local pharmacy. Medicines that required cold storage were kept in a fridge, and cold chain audit requirements were in place and recorded. Glucagon (a medicine used to treat low blood sugar levels) was stored both in the fridge and in the emergency bag (the shelf life had

been reduced due to this storage being at ambient temperature). The practice carried out audits of prescribing and we saw that action plans were implemented to address any findings when applicable. Although this is not a requirement, it is good practice and improves clinical oversight. Prescribing audits were on the practice audit plan but had not been prioritised due to the low numbers of items prescribed.

Radiography (X-rays)

The practice had suitable 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 (RPS) were identified for the practice. Signed and dated Local Rules were available in each surgery along with safety procedures for radiography. The Local Rules were updated in March 2024 and reviewed annually or sooner if any change in the policy, equipment or staff was made, any change in equipment took place or if there was a change in the RPS. A copy of the Health and Safety Executive notification was retained and the most recent radiation protection advisory visit was in November 2023.

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

The dental care records for patients showed the dentists justified, graded and reported on the X-rays taken. The SDO carried out an intra-oral radiology audit every 6 months in May and November.

Are Services Effective?

Monitoring and improving outcomes for patients

The treatment needs of patients was assessed by the dentists in line with recognised guidance, such as National Institute for Health and Care Excellence and Scottish Intercollegiate Guidelines Network guidelines. Treatment was planned and delivered in line with the basic periodontal examination - assessment of the gums and caries (tooth decay) risk assessment. The dentists referenced appropriate guidance in relation to the management of wisdom teeth, taking into account operational need.

The dentists followed appropriate guidance in relation to recall intervals between oral health reviews, which were between 6 and 24 months depending on the patient's assessed risk for caries, oral cancer, periodontal and tooth surface loss. In addition, recall was influenced by an operational focus, including prioritising patients in readiness for rapid deployment.

We looked at patients' dental care records 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 dentists 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 team and updates discussed at every practice meeting. The SDO provided a clear steer of any prioritisation required. We noted that performance was in line with key performance indicators. For example, 79% of patients were category 1 (had completed a dental check-up and cleaning within the past year) and category 2 (deployable but with a treatment need) combined.

Health promotion & prevention

A proactive approach was taken in relation to preventative care and supporting patients to ensure optimum oral health. One of the dental nurses was qualified as an oral health educator (OHE) and took the lead on health education campaigns supported by a deputy who had completed the fluoride course and had submitted a request to region to enrol on the OHE course. The hygienist did provide education to patients but only attended one day a month. The nurses and hygienist were not trained in smoking cessation beyond 'Very Brief Advice on Smoking' (VBA) so patients were referred to the medical centre for this service (VBA is an evidence-based intervention designed to increase quit attempts among patients who smoke).

Dental care records showed that lifestyle habits of patients were included in the dental assessment process. The dentists and hygienist provided oral hygiene advice to patients on an individual basis, including discussions about lifestyle habits, such as smoking and alcohol use. Oral health promotion leaflets were given to patients and the oral health lead

and deputy maintained a health promotion board in the patient waiting area. Pictorial aids were utilised to provide clear advice and make the board more prominent. Displays at the time of inspection included a campaign to educate on the consequences of smokeless tobacco on oral health. There was a calendar of health promotion that linked into national campaigns such as mouth cancer awareness month (November) and 'smile month' in June and 'no smoking day' in March.

In addition, members of the team delivered 'maintaining good oral health hygiene' presentations to the individual regiments. The last was delivered in February 2024 and was attended by 90 serving personnel. The presentation including sections on the correct brushing techniques (included a demonstration on how to brush your teeth), flossing, gum disease, oral cancer and the prevention of dental caries. The practice reported that patients often booked appointments based on the knowledge imparted on them during the presentations. Of note, there was a reported increased awareness of reasons that service personnel may deemed not fit to deploy on oral health grounds. We were shown how emails requested appointments increased following the delivery of the presentation.

The dentists described the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Staffing

The induction programme included a generic programme and induction tailored to the dental centre. Staff spoke positively of a supportive culture that assisted them into their new roles.

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 covers all the mandated requirements at the right times. The in-house training programme ran on an annual rolling plan, all staff were used to deliver training to help them learn in multiple ways and increase their confidence. Staff we spoke with felt empowered by their involvement in delivering training and commented that it resulted in a better understanding throughout the team. A recent example was given where the team divided up the IPC training and led on the delivery of specific areas (sharps, ultrasonic bath, steriliser transfer of instruments from surgery to the central sterile supply department, packaging of instruments once cleaned). Wednesday afternoons were allocated as protected time for training and practice meetings.

All dental nurses that were asked were aware of the General Dental Council (GDC) requirements to complete continued professional development (CPD) over a 5-year cycle and to log this training. Most staff had subscribed to a specialist online training provider for mandatory training that had been designed by the GDC so that dental professionals could maximise CPD activities they chose to complete. This was supplemented by in-service training, for example, in safeguarding and infection prevention and control.

All staff managed their own CPD requirements and had no issues accessing or completing the required work. Staff attended CPD events both online and in person. Regional training was also provided. Recent examples included the IR(ME)R (Ionising Radiation Medical Exposure Regulations) training in December 2023 and smoking cessation that was

planned for September 2024. The practice manager attended the regional practice managers' meetings, conducted remotely.

The staff members we spoke with confirmed that the staffing establishment and skill mix was appropriate to meet the dental needs of the patient population and to maximise oral health opportunities. Although the number of patients would justify an extra day each week for a dentist, the capacity of the building (having only 2 surgeries) meant that this would impact on the oral health clinics provided. Dental nurses had and were being upskilled to take images and apply fluoride to reduce the workload on the dentists. The dental team were working to deliver the best level of care possible whilst adhering responding to short notice rapid deployment pressures. The SDO had coordinated their annual leave to be away at the same time as the unit and in readiness for their return from deployment.

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 dentists followed NHS guidelines, the Index of Orthodontic Treatment Need and Managed Clinical Network parameters for referral to other services. Patients could be referred to the Ipswich Hospital secondary care. A spreadsheet was maintained of referrals and checked weekly. Each referral was actioned by the referring clinician once the referral letter was returned. Urgent referrals followed the 2-week cancer referral pathway. The SDO completed monthly checks to maintain an overview.

The practice worked closely with the medical centre in relation to patients with long-term conditions impacting dental care. In addition, the doctor reminded the patient to make a dental appointment if it was noted on their record during a consultation that a dental recall was due. The Chain of Command was informed if patients failed to attend their appointment.

The practice manager attended the unit health committee meetings at which the health and care of vulnerable and downgraded patients was reviewed. At these meetings, the practice manager provided an update on the dental targets and discussed any specific needs such as upcoming deployment.

Consent to care and treatment

Clinical staff understood the importance of obtaining and recording patient's consent to treatment. Patients were given information about treatment options and the risks and benefits of these so they could make informed decisions. The dental care records we looked at confirmed this. Verbal consent was taken from patients for routine treatment. For more complex procedures, full written consent was obtained. Feedback from patients confirmed they received clear information about their treatment options.

Clinical staff had a good awareness of the Mental Capacity Act (2005) and how it applied to their patient population. Training was included as part of the mandatory training programme. Staff told us that they took time to explain treatments so that patient could make informed decisions.

Are Services Caring?

Respect, dignity, compassion and empathy

We took into account a variety of methods to determine patients' views of the service offered at Wattisham Dental Centre. The practice had conducted their own patient survey using the General Practice Assessment Questionnaire feedback tool. A total of 106 responses had been captured in 2023. A total of 99% of respondents said they were generally happy with their healthcare and 97% said they would recommend the dental practice to family and friends. A total of 96 out of 106 patients responded to say that their privacy and dignity was respected (9 who responded said that the meeting and greeting prior to their appointment was very good, the remaining respondents said it was fairly good. All 106 respondents said they were treated with kindness and compassion (90% described their treatment as excellent, 10% as good). We invited patients to provide feedback in advance of the inspection through a comment card. A total of 14 were completed and all contained positive comments on the service provided.

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. Continuity of seeing their preferred clinician was facilitated on request from the patient or clinician. However, staff reported that such requests were not common except for when the dentist was completing a course of treatment in which case the next appointment would be made with the same clinician. Patients could also be referred for hypnosis or treatment under sedation as a final option, done by referral to Ipswich Hospital.

The waiting area for the dental centre was well laid out to promote confidentiality.

Access to a translation service was available for patients who did not have English as their first language. Information on telephone interpretation was displayed on the staff information board and there was a protocol for staff to follow. Certain forms had been translated into foreign languages when there was a requirement. Patients were able to request a clinician of the same gender but as both dentists were male, they would be signposted to a nearby military facility where there was a female dentist. However, staff reported that no such requests had been made in their time at the practice.

Involvement in decisions about care and treatment

Patient feedback suggested staff provided clear information to support patients with making informed decisions about treatment choices. Four of the comment cards included positive feedback on the informative approach of the staff. The dental records we looked at indicated patients were involved in the decision making and recording of discussion about the treatment choices available. Oral health information models were used to explain and provide demonstrations of treatment.

Are Services Responsive?

Responding to and meeting patients' needs

The practice took account of the principle that all regular serving service personnel were required to have a periodic dental inspection every 6 to 24 months depending on a dental risk assessment and rating for each patient. Patients could make routine appointments between their recall periods if they had any concerns about their oral health. The clinical team maximised appointment times by completing as many treatments as possible for the patient during the 1 visit. Any urgent appointment requests would be accommodated on the same day, emergency appointments were protected in the morning and afternoon. Feedback from patients suggested they had been able to get an appointment with ease and at a time that suited them. One comment was made about the lengthy wait for an appointment but 2 patients complimented the rapid access to emergency appointments. Staff explained that they had been through a period where routine appointments had been impacted with the dentists had taken leave in readiness for patients returning from deployment. In addition, the Senior Dental Officer (SDO) had been supporting another of the dental centres within the region.

Promoting equality

In line with the Equality Act 2010, an Equality Access Audit was completed annually using a Defence Primary Healthcare standard template. We reviewed the most recent audit that had been completed in February 2024. The audit found the building met the needs of the patient population, staff and people who used the building. Staff we spoke with told us that had never encountered the need for a hearing loop at the reception desk. Consideration was documented in the audit and the decision was made to review the need on a case-by-case basis. The facilities included automatic doors at the entrance, visible and audible fire alarms, car parking spaces close to the entrance for disabled patients and wheelchairs were available from the medical centre. Emergency lighting was in place to direct to the nearest fire exit.

Access to the service

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 was included as part of the recorded message relayed by telephone when the practice was closed. Through the 'My Healthcare Hub', patients could also access the information.

The wait time for a routine dental appointment was 8 weeks, patients were prioritised dependant on need and urgent appointments were protected each day. Oral health education clinic availability had been impacted by annual leave in August so there was a single appointment available in September and good availability in October. The hygienist had availability for the August clinic.

Concerns and complaints

The SDO was the lead for clinical complaints and the practice manager was the named contact for compliments and suggestions. They also were the appointed investigations' officer and deputy. Complaints were managed in accordance with the Defence Primary

Healthcare (DPHC) complaints policy. The team had all completed complaints training that included the DPHC policy. A process was in place for managing complaints, including a register for written and verbal complaints. One complaint had been recorded in the last 12 months. It was investigated and responded to appropriately and in a timely manner. Any complaint would be discussed in a practice meeting with complaints, compliments and suggestions a standing agenda item at every meeting. Minutes recorded included a summary of any lessons learnt.

Patients were made aware of the complaints process through the practice information leaflet and a display in the practice. The practice had a box in the waiting area for patients to post any feedback. However, this was in the direct line of sight from reception so did not facilitate feedback being given out of sight from the reception area to promote confidentiality of any comments. We discussed the potential use of quick review codes that would support patients with giving feedback anonymously.

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. Risk management processes were in place but could be strengthened with more escalation when appropriate, removal from the register where risks were mitigated or no longer required assessment. Checks and audits were in place to monitor the quality of service provision. The clinicians, including the hygienist, carried out peer case discussion. Practice meetings were used as a forum to discuss findings, review any clinical specific policy changes, new standard operating procedures and any new materials.

An internal Healthcare Governance Assurance Visit took place in December 2021. The practice was given a grading of ‘substantial assurance’. A management action plan (MAP) was developed as a result; actions identified had been completed or were in progress. Performance against military dental targets, complaints, staffing levels, staff training, audit activity, the risk register and significant events were all uploaded onto SharePoint and could be viewed by region, DPHC headquarters and anyone granted access. The Health Assurance Framework (HAF) was used as part of the practice manager handover. It was a live document and was updated regularly by the practice. The SDO and the practice manager monitored the HAF monthly for changes and updates. This was also discussed at practice meetings so all staff had an awareness of the document and its contents. The MAP was reviewed monthly and updated as actions were completed. The MAP was also monitored regularly by the regional headquarters and DPHC headquarters.

All staff felt well supported and valued. Staff told us that there were clear lines of communication within the practice and gave positive comments on the teamwork. Although the SDO and practice manager were responsible for the leadership and management of the practice, duties were distributed throughout the staff to ensure the correct subject matter expert had the correct role. All staff were encouraged to have input into the governance and assurance frameworks. Terms of reference (TORs) were in place for most staff to clarify the responsibilities of those with lead roles. Work was underway to have TORs completed for all staff. Practice meetings were held monthly (during the protected time allocated on a Wednesday afternoon), these had an agenda and were minuted. All

staff felt they had input and could speak freely as well as being listened to. Minutes were sighted at the visit and confirmed to include all the required standing agenda items.

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. A reporting system was in place should a confidentiality breach occur (on the ASER system via the SDO). Staff had completed the Defence Information Management Passport training, data protection training and training in the Caldicott principles.

Leadership, openness and transparency

Staff told us the 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. Staff described leaders as supportive and considerate of the views of all staff. Staff spoke of the practice being an enjoyable place to work, of note, the practice manager was new to the role and felt very well supported by the SDO who retained some responsibilities in order to prevent an overload. The SDO was supporting the dental centre at Marham for 2 days each week. This had impacted the amount of time required to ensure that governance systems were fully effective. The patient list size warranted 2 full-time dentists but due to there only being 2 surgeries, oral health education clinics would be impacted. However, we found that there had been no impact on patient care but wait times to see a dentist had been longer at times.

Learning and improvement

Quality assurance processes to encourage learning and continuous improvement were effective.

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

Paper methods were available for patients to leave feedback and staff were always available should the patient want to give verbal feedback. The General Practice Assurance and Quality (GPAQ) questionnaire was used monthly to review feedback, the SDO used the filter functions to dig deeper into the results and look for trends that appear. As the GPAQ is a live system, it means the information can also be accessed by the regional headquarters and DPHC headquarters who can then conduct trends analysis for wider regional trends. Updates are then fed to the staff and the unit. The overall feedback had been positive but we also found examples of changes following comments from patients. For example, a waiting time audit was introduced after a number of patients had commented on long wait times for an appointment.

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. All staff completed the continuous attitude survey where results were escalated to DPHC headquarters.