

## Episkopi Dental Centre

Episkopi Garrison, BFPO 53, Cyprus

### 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?	<b>No action required</b>	✓
Are services effective?	<b>No action required</b>	✓
Are services caring?	<b>No action required</b>	✓
Are services responsive?	<b>No action required</b>	✓
Are services well led?	<b>No action required</b>	✓

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# Summary

## About this inspection

We carried out an assurance visit of Episkopi Dental Centre on 7 October 2024. We gathered evidence remotely and undertook a visit to the practice.

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

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

This assurance visit 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 the Western Sovereign Base Area (WSBA) of Cyprus and part of the Defence Primary Healthcare (DPHC) Dental Overseas Region, Episkopi Dental Centre is a 3-chair practice providing a routine, preventative and emergency dental service to a Military and Civilian patient population of 2,500.

It is one of two centres in the WSBA with Akrotiri, a 25-minute drive away being the other. The Military Units we serve include: The Theatre Reserve Infantry Battalion (currently 1PWRR); NB: The TRIB (and their Family Members) changeover every 2 years and they are on high-readiness for Operational Deployment. Also, HQ BFC, Episkopi Station and CJPU (Police). Our civilian patient base is made up primarily of SBA personnel, UK Based Civilians (UKBCs) and Family Members (UKFM) of both military and entitled civilian patients.

The dental centre is co-located with the medical centre and PHEC facility.

Clinics are held 5 days a week with appointments available from 0710 – 1530 hours on Monday and 0710 – 1330 on Tuesday through to Friday. Daily emergency treatment appointments are available. Hygiene support is currently carried out by a part-time hygienist (shared with Akrotiri) although this post will be gapped from December 2024.

A regional emergency rota provides access to a Dental Team out of hours including over the weekend and holiday periods.

Secondary care support is provided through a private contract with the AMC (American Medical Centre) in Nicosia for oral and maxillofacial surgery (OMFS) and oral medicine. Urgent access is available at the dental centre, but for urgent OMFS out-of-hours, patients

would attend (via DPHC Ambulance if appropriate) the local state hospital (Limassol General Hospital).

Orthodontic treatment is provided with a DPHC Civilian Specialist Orthodontist, who works at Akrotiri DC.

Advanced Restorative Treatment is available for Service Personnel through the DPHC's Defence Centre for Rehabilitative Dentistry and its Managed Clinical Network (in the UK).

### The staff team at the time of the inspection

Senior Dental Officer (SDO) (military)	1
Dentist (Military RSDO)	1 (PT clinical; 50% equivalent)
Dental hygienist (civilian)	1 (PT; 50% equivalent)
Dental nurses (civilian)	1 FT; Gapped 1 PT; Gapped (locum) 1 PT; 50% equivalent
Practice manager (military)	1 (Gapped; Temp cover from DC SHAPE, Belgium Aug – Dec 24)
Receptionist (Cypriot National Civilian)	1

### Our Inspection Team

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

### How we carried out this inspection

Prior to the inspection we reviewed information about the dental centre provided by the practice. During the inspection we spoke with the SDO, dental nurse, receptionist 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 spoke with 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 effectively used the DMS-wide electronic system for reporting and managing incidents, accidents and significant events.

- Systems were in place to support the management of risk, including clinical and non-clinical risk.
- Suitable safeguarding processes were established, and staff understood their responsibilities for safeguarding both adults and children.
- 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 treated patients with dignity and respect and 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.
- 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.
- There was no CSSD at Episkopi Dental Centre although a workaround had been put in place. The team had split the decontamination equipment across the three dental surgeries in order to comply with national practice guidelines for the decontamination of dental instruments. This arrangement was working for the team as this is a three chair practice and so space was not significantly compromised.
- Systems for assessing, monitoring and improving the quality of the service were in place, although the SDO had had little capacity to extend and develop this work.

### **We identified the following areas of notable practice:**

Each staff member had a key fob for printing such that patient identifiable information could not accidentally be printed in the wrong location. This ensured that confidentiality of patient identifiable information was better protected.

Half the controlled drugs stock was protected by a pharmacy grade tamper tab which was serialised and recorded in the log. This ensured that access to controlled drugs was limited to those with authorisation to access them.

The SDO demonstrated initiatives to support the climatization of anxious patients and children. This in turn meant that the dental team could better meet the dental healthcare requirements of patients who were nervous. Props and videos on the surgery screen were available for the children for reassure them.

A proactive approach was taken in relation to preventative care and supporting patients to promote optimal oral health. This was undertaken in line with the Delivering Better Oral Health toolkit. Children were supported to understand good brushing techniques and free

toothbrushes were available. The dental team regularly participated in health fairs and also visited the local school and nursery.

DPHC had funded a 5 year subscription for all dental personnel to assist with meeting both CDP learning and mandatory courses. This included training around supporting dental patients with a learning disability and autism awareness.

**The Chief Inspector recommends to Defence Primary Healthcare (DPHC) Overseas Regional Team:**

- Ensure that where significant workforce changes occur at the same time, that support is afforded to the dental team to remedy this. Horizon scan and succession plan such that the dental centre is not left severely understaffed in any one period.
- Determine the true patient need at Episkopi Dental Centre (including families and eligible civilians) and resource accordingly.
- In order to provide a clear and optimal care pathway for patients requiring surgical extraction at the oral surgery provider on island, agree pre and post-surgery antibiotic prescribing guidelines with the AMC.
- Ensure that staff understand how to access general anaesthetic for children under three years of age who require it.
- Explore the possibilities and benefits of a more coordinated pan-island approach to maximise standardisation, provide a platform for clinical peer review and cross-practice sharing of best practice. To ensure that all suspected oral cancer cases are referred without delay, a consistent approach to the management of 2 weeks referrals across the Island is required.
- Review the regional duty of candour log to identify the dental centre for each entry made.

**The Chief Inspector recommends to the Dental Centre**

All areas where staff could work alone should contain a system to summons assistance and this system must be regularly tested.

**Mr Robert Middlefell BDS**

**National Professional Advisor for Dentistry and Oral Health**

## Our Findings

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### Are Services Safe?

#### Reporting, learning and improvement from incidents

The Automated Significant Event Reporting (ASER) DMS-wide system was used to report, investigate and learn from significant events and incidents. All staff had access to the system to report a significant event and had completed training. Staff we spoke with were clear in their understanding of the types of significant events that should be reported, including near misses. A record was maintained of all ASERs and this was categorised to support identification of any trends. A review of these showed that each had been managed effectively and included changes made as a result. Two ASERs had been recorded by the current team and were being processed within acceptable timelines. In addition, staff were aware when to report incidents in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff we spoke with had a good understanding of their responsibilities and reporting requirements.

The Senior Dental Officer (SDO) and practice manager were informed by regional headquarters (RHQ) about national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and the Department of Health Central Alerting System (CAS). They were also signed up individually to receive the alerts directly. Any relevant alert received was discussed at practice meetings. We noted that recent alerts had appropriately acted upon. The team would cover any absence between themselves.

#### Reliable safety systems and processes (including safeguarding)

The SDO was the safeguarding lead for the Dental Centre and had level 3 training, including for children. Cover could be provided by other staff across the base and a list was displayed. There was a single point of contact safeguarding website which staff could access island-wide. The safeguarding policy and information about personnel in key roles were displayed. 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.

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. There was scope to review the regional duty of candour log to identify the dental centre for each entry made.

The dentist was always supported by a dental nurse when assessing and treating patients. There was a hygienist working in the dental centre. The hygienist had a panic alarm button and also a doorbell to summons help. However the other two surgeries had no alarm system.

A whistleblowing policy was in place and displayed on the practice noticeboard and there was a link on the SharePoint site. Staff had received whistleblowing training delivered 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 and also on the SharePoint page.

We looked at the practice's arrangements for the provision of a safe service. The practice manager had all the appropriate training for health and safety. The PM was the building custodian and the newly appointed receptionist was due to undertake training for the role. The practice manager also was the SHEF lead with Health and Safety responsibility for the dental centre. A risk register was maintained, and this was reviewed each month by the PM and SDO, the last review was carried out in October 2023. A range of risk assessments were in place, including for the premises, staff and legionella. We were shown around the building by the custodian (the practice manager for the medical centre) and there no major concerns.

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. 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 had last been reviewed in September 2024 – it was signed as read by all staff. The BCP set out how the service would be provided if an event occurred that impacted its operation. The plan included staff shortages, loss of power, radiography failure, adverse weather conditions and loss of compressed air, loss of refrigeration. The BCP could be accessed remotely should access to the building be restricted. Guardroom staff held a hard copy.

There were challenges in identifying the size of the child population who were entitled to access the service. The SDO had made efforts to signpost parents through proactive engagement with teachers, schools and midwifery services.

### Medical emergencies

The medical emergency standard operating procedure from Defence Primary Healthcare (DPHC) was followed. The automated external defibrillator (AED) and emergency grab bag were well maintained however they were not securely stored including 3 ampoules of a controlled drug. The window was not lockable and opened onto a road. Within days of the inspection completing, the dental team forwarded evidence to show that the situation had been remedied and that the window was now lockable. Daily checks of the medical emergency kit were undertaken and recorded by the dental nurse who had been given specific training to undertake the role. A review of the records and the emergency grab bag demonstrated that all items were present and in-date. External checks for controlled drugs should be undertaken on a quarterly basis (SOP 3-7-4): there had been a lapse earlier in the year, but checks were now up to date. 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 AED. The team completed basic life support, cardiopulmonary resuscitation and AED training annually. Training that used simulated emergency scenarios was undertaken each time a new staff member arrived. This was supplemented by the dental centre undertaking walk through scenarios and review of medical emergency protocols.

First aid, bodily fluids and mercury spillage kits were available and were in date. The practice used the duty medic for any first aid requirements. Staff were aware of the signs of sepsis and sepsis information was displayed in the surgeries. Panic alarms were not in place.

### 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.

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. A fire risk assessment had been undertaken and there were no recommendations requiring action. Arrangements for routine monitoring of firefighting equipment were in place. The practice manager was the named health and safety lead and had a comprehensive tracker that detailed checks and deadlines. Staff received annual fire training provided by the unit and an evacuation drill of the building was conducted annually. 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 was reviewed annually by the practice manager. COSHH data sheets were in place and had been reviewed. A log sheet was maintained of each hazardous product with links to the safety data sheets.

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 the need for the CSSD.

### Infection control

The 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 refresher IPC training every 6 months. IPC audits were undertaken annually and the most recent was undertaken in July 2024. The audit noted the lack of appropriate CSSD facility.

We checked the surgeries used by the dentist and the hygienist. The surgeries 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 dental practice manager who reported any inconsistencies or issues to the cleaning manager. The practice manager was satisfied that the current contract was sufficient for the practice needs. The dental nurse carried out weekly deep cleans within clinical areas. A deep clean was also undertaken by the contracted cleaners of all non-clinical areas during leave periods.

Decontamination took place within the dental surgeries due to their being no central sterilisation services department. 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.

An externally contracted legionella risk assessment had been carried out in September 2022 and this supplemented the more detailed unit legionella management plan that covered all the required areas. A protocol for the prevention and management of legionella was in place. This protocol detailed the process for flushing taps and disinfecting water lines. Waterlines were flushed for a minimum of two minutes in the morning and 30 seconds between patients. Overseas locations have not been included in the quarterly water testing schedule due to location and the posting timeframes. The team therefore relied on dip slides to ensure water quality. No growth had been noted and the team confirmed that if a growth were present, a Bio Clear shock/ re-test would be carried out. The base also organised 3 monthly water testing.

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, secured and away from public view.

### 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 in November 2023. 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.

Consumables expiry was managed by labelling each incoming item with its expiry date and this was made easily visible. Staff confirmed that consumables orders were delayed at times, on average between 3-6 months. Staff managed this by holding larger numbers of stock items. Audits were carried out to check expiry dates.

A manual log of prescriptions was maintained and prescriptions were sequentially numbered and stored securely. The SDO conducted monthly checks of sequential serialised number sheets to maintain traceability and accountability for any missing prescriptions. No medicines were held in the practice. Patients obtained medicines through the dispensary in the medical centre. Glucagon (a hormone used to treat low blood sugar levels) was stored in the fridge in easy reach of the emergency trolley. The practice had undertaken an audit of antibiotics prescribing and the SDO used the SDCEP App (containing *Prescribing for Dentistry* guidance).

We noted that there were no scissors or razor for use during a medical emergency and best practice guidelines dictate that these should be available.

Prescriptions from AMC were on a different formulary to the British National Formulary (BNF, provides key information on the selection, prescribing, dispensing and administration of medicine). Therefore some of the medication being requested was outside of the scope of the BNF, for example, patients were being prescribed pre-operative antimicrobials before extractions. This had been identified and flagged up by both the SDO at Episkopi and Dhekelia and was an issue for the 3 military dental centres on island.

### 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 (UK overseas RPA) and Radiation Protection Supervisor (RPS) were identified for the practice. Signed and dated Local Rules were available along with safety procedures for radiography. The Local Rules were updated in and reviewed annually or sooner if any change in the policy was made, any change in equipment took place or if there was a change in the RPS.

Evidence was in place to show equipment was maintained annually last done in November 2023. Staff requiring IR(ME)R (Ionising Radiation (Medical Exposure) Regulations 2017) 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 and was due to undertake another.

Orthopantomography or (OPG, a type of X-ray scan that gives a panoramic or wide view of the lower face) images requested from Limassol and Larnaca General Hospitals were of poor quality (blurred image, poor patient positioning) and did not always provide the dose of ionising radiation used. This was a recognised problem across the Island and the risk had been articulated to the RSDO, with an audit being conducted by the orthodontist based in Dhekelia.

## Are Services Effective?

### Monitoring and improving outcomes for patients

The treatment needs of patients were assessed by the dentists in line with recognised guidance, such as National Institute for Health and Care Excellence (NICE) 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.

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 SDO. We noted that all met key performance indicators. For example, 72% of patients were NATO Category 1 (were -in-date for their dental check-up and had no treatment outstanding).

Patients who required teeth to be extracted could be referred to The American Medical Centre (AMC) for routine extraction procedures. The SDO had raised a concern around the oral surgeon at AMC prescribing prophylactic antimicrobials pre-operatively for surgical extractions. Per the 'Antimicrobial Prescribing in Dentistry Good Practice Guidelines' issued by the Faculty of Dentistry, there is no evidence to support the routine use of prophylactic antimicrobials in reducing the risk of postoperative complications after extraction of wisdom teeth, or teeth requiring surgical extraction. The SDO at Dhekelia Dental Centre had taken action on behalf of all three dental centres on island and written to the oral surgery department at the AMC asking them not to prescribe any medication pre-treatment and confirming that the dental centres will see patients post-operatively and prescribe if required. The SDO at Episkopi confirmed that they explained the challenges around prescribing to patients in advance of their appointment with the AMC oral surgeon. We spoke with a patient who had recently had extractions undertaken at the AMC. They confirmed that the difference in prescribing practice had been explained to them, although they did outline that the oral surgeon had made their views on the difference in prescribing practice known. There was therefore scope to provide a clear and optimal care pathway for patients requiring surgical extraction at the oral surgery provider on island, by agreeing pre and post-surgery anti-biotic prescribing guidelines with the AMC.

Staff we spoke with did not have a clear view on provision for children under three years of age experiencing trauma to access treatment under general anaesthetic. We therefore sought clarification from the acting RSDO who confirmed that a care pathway was in place. This requires clear and swift communication to the teams delivering on the ground in Cyprus.

### Health promotion & prevention

A proactive approach was taken in relation to preventative care and supporting patients to ensure optimum oral health. The hygienist was also the local oral health co-ordinator and took the lead on health education campaigns. Dental care records showed that lifestyle habits of patients were included in the dental assessment process. The dentist and hygienist provided oral hygiene advice to patients on an individual basis, including discussions about lifestyle habits, such as smoking and alcohol use. Patients could be referred to the medical centre for smoking cessation and dietary advice. The oral health coordinator maintained a health promotion area in the patient waiting area. Displays were clearly visible and at the time of inspection included Halloween tooth decay display. These were changed monthly. A health fair was attended in September for newly arrived patients and the SDO and hygienist had undertaken visits to the both the nursery and the school.

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 and was thorough.

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 dental nurse was aware of the General Dental Council requirements to complete continued professional development (CPD) over a 5-year cycle and to log this training. Staff could access CPD courses and webinars.

The dental team were working hard to deliver the best level of care possible within their limited resources and manage continuity of care arrangements in the UK. Every patient we spoke with confirmed that they appreciated this commitment to their oral health needs. Nevertheless, we noted that workforce changes over the summer had left significant staffing gaps which the incoming SDO had then been tasked with resolving – this had reduced her capacity to undertake clinical governance and improvement work.

The oral health needs assessment that was used to decide the staff resource requirement takes into account the military population only. At Episkopi, the dental team were required to provide an NHS equivalent service to families, many who had not been able to secure NHS care in previous locations. Many arrived with high oral health needs and this meant the staff team were stretched by spontaneous demand.

### Working with other services

The SDO confirmed that most patients requiring a suspected oral cancer (children and adults) would need to travel back to the UK to access NHS services. However patients registered with Akrotiri and Dhekelia dental centres were referred to the American Medical Centre (AMC) for initial referrals for suspected oral cancer. Routine oral surgery referrals could be made to the American Medical Centre (AMC) and there was an average wait of 2 weeks. Referrals could be made to the Defence Centre for Restorative Dentistry (DCRD) for secondary restorative advice, although at the time of this inspection no patients had been sent back to the UK to use this service. Orthodontic services were available on island by referral to Akrotiri dental centre and the average wait to be seen was 3-4 weeks. Referrals were managed on a central spreadsheet.

The SDO expressed a challenge for the referral of dental trauma cases for children under 3 years of age that may require general anaesthesia. The SDO highlighted that this issue had been raised as a risk to the Med Branch. We sought clarification from the acting RSDO and noted that a care pathway was in place. However this needed to be swiftly communicated to the dental teams delivering on the ground in Cyprus.

The practice worked closely with the medical centre in relation to patients with long-term conditions impacting dental care. The Chain of Command was informed if military patients failed to attend their appointment.

### 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 oral surgery, full written consent was obtained in addition to a written surgical checklist. 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.

## 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 Episkopi Dental Centre. The practice had conducted their own patient survey and a total of 39 responses had been captured in 2024. All respondents confirmed they were content with the standard of their dental care and all said that staff treated them with dignity and respect. We also took the opportunity to speak with six patients who were registered at the dental centre and all confirmed that any contact they had had with the dental team had been kind and compassionate.

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. Patients could also be referred back to the UK for sedation if this was required.

The waiting area for the dental centre was well laid out to promote confidentiality. A room was available if anyone wished to speak to the reception team in a private space.

Access to a translation service was available for patients who did not have English as their first language. The staff members included staff who could speak Nepalese and Greek and patients could have translation provided by them. Information on telephone interpretation was displayed on the patient information board and there was a protocol for staff to follow. As there was only one dentist, patients could not opt to see someone of the opposite gender. However they could ask to be seen by a dentist at another dental centre on the island. None of the patients responding to the survey or who we spoke with suggested that this caused them an issue.

### Involvement in decisions about care and treatment

Patient feedback suggested staff provided clear information to support patients with making informed decisions about treatment choices. The dental records we looked at indicated patients were involved in the decision making and recording of discussion about the treatment choices available.

## Are Services Responsive?

### Responding to and meeting patients' needs

The 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. Any urgent appointment requests would be accommodated on the same day. 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 September 2024. The audit found the following issue: a need for a hearing loop which is on order. Staff had received training around diversity and inclusion.

### 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.

Patients could access a routine appointment with the SDO within four weeks and urgent appointments were available on the same day. All patients responding to the survey and who we spoke with confirmed that access to dental appointments was good.

### Concerns and complaints

The Senior Dental Officer (SDO) was the lead for complaints and the practice manager deputised. Complaints were managed in accordance with the DPHC complaints policy. The team had all completed complaints training that included the DPHC complaints' policy. A process was in place for managing complaints, including a complaints register for written and verbal complaints. Five complaints had been recorded in the last 12 months and all had been resolved.

Patients were made aware of the complaints process through the practice information leaflet and a display in the practice. Patients we spoke with confirmed that they knew how to complain but had not needed to.



## Are Services Well Led?

### Governance arrangements

The Senior Dental Officer (SDO) had overall responsibility for the management and clinical leadership of the practice, with support from the Regional Headquarters. They were relatively new into post and had invested a large proportion of their time on arrival into the dental centre on recruitment. Due to the wholesale departure of several key staff, the SDO had needed to immediately fill a number of staffing gaps. Whilst the team were delivering a responsive, effective and safe service, we noted that the staffing establishment in place was based around the military patient population only – this meant that staffing requirements excluded the true patient need at Episkopi Dental Centre because families and eligible civilians had not been included in any health needs assessment. The practice manager was seconded in from another overseas team and 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. Effective risk management processes were in place. A system of checks and audits was in place to monitor the quality of service provision. However due to capacity constraints (around the urgent need to recruit to several key posts), and being new to post, the SDO had not been able to conduct extensive audit work as yet. The clinicians carried out peer case discussions regularly.

A previous internal Assurance Review had taken place in November 2023 and the service was given the grading of 'full assurance' and an action plan was in place. Performance against military dental targets, complaints, staffing levels, staff training, audit activity, the risk register and significant events were all shared with the team and regional headquarters staff. The Health Assurance Framework (HAF) was used as part of the practice manager handover, it was a live document, updated regularly by the practice. The practice manager monitored the HAF monthly for changes and updates.

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. Duties were distributed throughout the staff team 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 were in place to clarify the responsibilities of those with lead roles. Practice meetings were held every month, these had an agenda and were minuted. There was a weekly huddle which involved all staff. There were also weekly meetings with the regional team. All staff felt they had input and could speak freely in the

knowledge they would be 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. We inspected all three dental centres on island concurrently and noted that there were opportunities for a more coordinated pan-island approach to maximise standardisation, provide a platform for clinical peer review and cross-practice sharing of best practice.

### 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. There were social opportunities and team events to ensure that all team members did not feel isolated. 'Whitespace' was used to reward individuals and team building opportunities were appreciated by all.

### Learning and improvement

Given the requirement for the SDO to undertake urgent workforce recruitment on arrival post, there had been little capacity to deliver quality assurance processes to encourage learning and continuous improvement. With the full team now almost in situ, the SDO recognised that this work was important going forward. The SDO was the CIP lead.

The dental centre had collaborated with other dental centres to assess the utility of sick parade appointments.

The team had enabled a text message service to remind patients to attend appointments with reducing FTAs.

The team offered appointment times to offer appointments outside of school hours.

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.

There was scope to formalise peer review arrangements across the island.

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

Quick response or 'QR' codes were displayed in each surgery and at various points throughout the practice for patients to use to leave feedback. There were also paper methods available and staff were always available should the patient want to give verbal feedback.

The SDO listened to staff views and feedback at meetings and through informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. All staff completed the continuous attitude survey where results were fed up to DPHC headquarters.