

Nelson Dental Centre

Queen Street, Portsmouth, Hampshire, PO1 3HH

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	✓

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Summary

About this inspection

We carried out an announced comprehensive inspection of Nelson Dental Centre on 19 September 2023.

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

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

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 Hampshire and part of the Defence Primary Healthcare (DPHC) Dental London South Region, Nelson Dental Centre is a 9-chair practice and is the largest Royal Navy dental centre providing routine, preventative and emergency dental care to a military patient population of over 5,000. Nelson is one of three Naval Base ports for the Royal Navy, home to the two aircraft carriers and in excess of 30 other ships of the Portsmouth Surface Flotilla. Nelson houses 2 headquarters for senior personnel and is a Phase 2 training establishment for the Royal Marine Band Service and Royal Corps of Military Music School. The dental centre is co-located with the medical centre within a 2-storey building. The main clinical area is situated on the first floor of the building with ample staff changing facilities, rest room and conference room. The Dental Centre offers disability access, with a surgery located on the ground floor and lift access available via the medical centre.

Clinics are held 5 days a week Monday to Thursday 08:00-12:00 hours and 13:00-16:30 hours and Friday 08:00-13:30 hours. Daily emergency treatment appointments are available. Hygiene support is currently carried out by a full-time locum hygienist. A regional rota provides 24/7 advice and access to a dental team outside of normal working hours for emergency requirements. Minor oral surgery and oral medicine referrals are made locally via an integrated referral management platform (Vantage Rego) with an average time of 18 weeks until treatment is completed. DPHC's Restorative Managed Clinical Network receives other referrals. Nelson Dental Centre has two clinicians who are able to provide Tier 2 care in periodontics (gum health) and endodontics (treatment of tooth pain) on referral to the Managed Clinical Network.

The staff team at the time of the inspection

Senior Dental Officer (SDO)	1
Deputy SDO	1
Dentist (civilian)	1
Locum dentist	1
Foundation dentist *	1
Dental hygienist (locum)	1
Dental nurses (civilian)	3
Dental nurses (military)	1
Trainee dental nurse (military)	1
Practice manager (military)	1
Receptionist (civilian)	1
Leading Hand Fleet **	1
Fleet Office administrator **	1
Stores manager	1

*A foundation dentist is newly qualified and needs to carry out one year of vocational training

**The Fleet Office staff managed the equipment and patient recall for the ships at sea

Our Inspection Team

This inspection was undertaken by a CQC inspector 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, dentists, the hygienist, 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.

We identified the following notable practice, which had a positive impact on patient experience:

The dental centre maximised health promotion work and monitored the success of each promotion. Oral health promotion work was promoted widely throughout the barracks and in 2022, the oral health lead had received an award in recognition of the work.

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 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 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.
- 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.

Mr Robert Middlefell BDS

National Professional Advisor for Dentistry and Oral Health

Our Findings

Are Services Safe?

Reporting, learning and improvement from incidents

The Automated Significant Event Reporting (ASER) DMS-wide system was used to report, investigate and learn from significant events and incidents. All staff had access to the system to report a significant event. The staff team completed 6 monthly informal ASER training with the practice manager. 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 3 ASERs had been recorded in the previous 12 months. A review of these showed that each had been managed effectively and included changes made as a result. Significant events were discussed at practice team meetings. Staff unable to attend could review records of discussion; minutes of these meetings were held in a shared electronic folder (known as SharePoint). In addition, staff were aware when to report incidents in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff we spoke with had a good understanding of their responsibilities and reporting requirements, an ASER would be raised and sent to regional headquarters (RHQ).

The Senior Dental Officer (SDO) and practice manager were informed by 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 discussed at practice meetings and filed with a note of actions taken. Alerts were acknowledged as read by staff signing an online copy of the practice meeting minutes. Any relevant alert received was discussed at the following practice meeting, held weekly. In the absence of the practice manager, the SDO was registered to receive alerts. They were also detailed in the weekly 'directive and guidance' notes that were sent to the multiuser email box and then forwarded out to the team for actioning.

Reliable safety systems and processes (including safeguarding)

The SDO was the safeguarding lead and had level 2 training. Cover was provided by the Principal Medical Officer in the medical centre who was level 3 trained. The safeguarding policy and personnel in key roles were displayed on a noticeboard and on SharePoint. 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. There was a log to record duty of candour, for example, when there had been a Caldicott (personal data) breach. 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 was normal for the hygienist, there was always another member of staff in the dental centre. Each surgery room had a panic alarm button that allowed staff to call for assistance. The hygienist was supported with administrative duties by a dental nurse when available.

A whistleblowing policy was in place and displayed on the staff noticeboard. Staff had whistleblowing training delivered every 6 months 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 in the staff room and on SharePoint where links were up-to-date.

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 monthly as a minimum. The last review was carried out in September 2023 by the SDO. A range of risk assessments were in place, including for the premises, staff and legionella. The COVID-19 risk assessment had been reviewed and revised frequently as the restrictions had reduced. The practice was following relevant safety legislation when using needles and other sharp dental items. Needle stick injury guidance was available in the surgeries 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. Floss ligatures (to secure the dam) or clamps 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 had last been reviewed in July 2023 with the arrival of the new SDO. The BCP was designed to facilitate rapid return to functionality and effectiveness in the event of a minor or major disruption to working practices. The plan set out how the service would be provided if an event occurred that impacted its operation. This included staff shortages, loss of power, radiation faults, loss of information systems and loss of compressed air. Key contacts and contact details were included throughout the plan and there was a link to the DPHC directory that had up-to-date contact names and numbers. The BCP could be accessed remotely should access to the building be restricted. We were given an example of when the BCP had been tested due to IT outages and a simulated response to an emergency scenario when the building required evacuation. Testing was included in the plan and consisted of a real-time evacuation exercise, a full simulated exercise and a desktop walkthrough.

Medical emergencies

The medical emergency standard operating procedure from Defence Primary Healthcare (DPHC) was followed. The automated external defibrillator (AED) and emergency trolley were well maintained and securely stored, as were the emergency medicines. Daily checks of the medical emergency kit 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 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 at least annually and more frequently to accommodate new joiners. Training that used simulated emergency scenarios was undertaken annually as a minimum, sometimes with medical centre staff involvement. For example, In September 2023, a simulation of a patient having chest pains was used to conduct a walkthrough of the emergency procedure.

First aid kit, bodily fluids and mercury spillage kits were available. The practice had a first aid trained dental nurse and being colocated with the medical centre, could also use the duty medic for any first aid requirements. Staff were aware of the signs of sepsis and information was displayed in the surgeries. There was a sepsis protocol kept with the emergency trolley. Panic alarms to attract attention in the event of an emergency were audible throughout the building. The emergency alarm system was tested monthly, issues found were recorded and actioned.

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 facilitated by the Royal Navy and civilian personnel were checked every 3 years, military personnel every 5 years.

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

Monitoring health & safety and responding to risks

A number of local health and safety policy and protocols were in place to support with managing potential risk. The safety, health, environment and fire team carried out a 3 yearly check. The practice carried out an annual workplace health and safety inspection and completed monthly spot checks. In addition, the practice manager was the named health and safety lead and had a comprehensive tracker that detailed checks and deadlines. A monthly rolling programme included checks on the fire extinguishers and fire escapes. The unit carried out a fire risk assessment of the premises every 5 years with the most recent assessment undertaken in September 2020. The building custodian was the fire warden for the premises and regularly checked the fire system. Staff received annual fire training provided by the unit and the fire emergency evacuation plan was conducted in June 2023 (evacuation drills of the building were repeated every 6 months). 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 June 2023 with the change of SDO. COSHH data sheets were in place and were reviewed annually. A log sheet was maintained of each hazardous product with links to the safety data sheets. All staff had signed this log sheet. Display screen equipment user assessments were carried out every 2 years and all staff were in-date.

DPHC had produced a standard operating procedure for the resumption of routine dentistry during the COVID-19 pandemic. The dental team demonstrated that they were adhering to the guidance in order to minimise the risk of the spread of COVID-19. A risk assessment had been last updated in July 2023. Staff who tested positive or displayed symptoms were told not to attend work. Staff identified as vulnerable would not be involved in the treatment of high-risk patients. Patients with COVID or suspected COVID had their appointment deferred if deemed appropriate by a dentist. Hand sanitiser was provided throughout the building and the practice provided the option for staff, patients and visitors to wear personal protective equipment. Clinical staff knew which aerosol generating procedures presented a low or high risk depending on whether high volume suction and/or a rubber dam was used. These patients were identified by a screening questionnaire in advance of the appointment. Ventilation was used within the building; cleaning routines and infection prevention and control (IPC) procedures were adhered to.

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.

Infection control

One of the dental nurses had the lead for 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. The trainee dental nurse received monthly training. IPC audits were undertaken twice a year and the most recent was in April 2023. 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 manager and IPC lead and the practice reported any inconsistencies or issues to the cleaning manager. A record was kept of the monitoring. This provided an audit trail for any reported issues. 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 in September 2022 and this covered all the required areas of the water system for the building. 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 weekly flushing of all taps for two minutes and as part of the open and closure process for

the building. Appropriate and routine microbial testing took place and temperature checking was carried out on sentinel taps (nearest and furthest outlets from hot and cold water tanks). Action points from the September 2022 risk assessment had been followed up.

Arrangements were in place for the segregation, storage and disposal of clinical waste products, including amalgam, sharps, extracted teeth. These arrangements were audited annually to ensure clinical waste was managed appropriately. The clinical waste bin, external of the building, was locked, secured and away from public view. Clinical waste was collected weekly and consignment notes were provided by the contractor. Waste transfer notes were retained by the IPC lead. These were checked weekly and audited annually.

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 the last 12 months. 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 completed in September 2023 and recommendations made in the previous year's report had been actioned. Portable appliance testing was undertaken annually by the base's electrical team. All equipment within the dental centre was latex free.

A manual log of prescriptions was maintained and prescriptions were sequentially numbered and stored securely. The practice manager conducted monthly 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 hormone used to control blood sugar levels) was in easy reach of the emergency trolley. It was not in the fridge but the shelf-life had been reduced in line with manufacturer's guidelines. The practice had carried out recent audits of antimicrobial prescribing (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. Future audits were planned with the return to established staffing levels.

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 September 2023 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. A copy of the Health and Safety Executive notification was retained and the most recent radiation protection advisory visit was in October 2021.

Evidence was in place to show equipment was maintained annually, last done in July 2023. 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 dentists carried quality assurance after every X-ray. The intra-oral radiology audit had not been completed when the practice was short staffed but these had re-started in September 2023 and repeat cycles were planned.

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 (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. 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 SDO. We noted that the performance indicators were lower following a period of short staffing. For example, 61% of patients (firm base and fleet) were category 1 (had completed a dental check-up and cleaning within the past year). However, these were improving now that 5 dentists were in place. An effective patient recall process was in place and this included a proactive approach to those on ships due back to the firm base. The completion of dental check-ups was hindered by a high level of patients failing to attend their appointment. We saw that the dental centre was sending reminder messages and had regular ongoing communication with the units to try and improve attendance rates. Auditing of 'failed to attend' appointments took place monthly and a review of the data showed early signs of improvement.

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 and took the lead on health education campaigns. All dental nurses were trained in smoking cessation for 'Very Brief Advice on Smoking' (VBA) so patients were referred to the medical centre for smoking cessation (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 coordinator maintained a health promotion area in the patient waiting area. Displays were clearly visible and at the time of inspection and included a campaign to educate on the impact of alcohol and smoking on oral health. There was a display on self-care that educated patients on how best to clean and brush teeth. Each month, the health promotion subject was changed. The campaigns were featured on the family day and open day for the base. Each promotion was evaluated and a health promotion report was submitted to the regional healthcare coordinator. An award had been received by the oral health lead in 2022 in recognition of the oral health programme and activity. Health tokens were used to measure how useful patients found the health promotion campaigns. Members of staff from the dental centre attended families days and unit health fayres and displayed dental health promotion information around the base as well as in the building.

The application of fluoride varnish and the use of fissure sealants were options the dentists considered if necessary. Equally, high concentration fluoride toothpaste was recommended to some patients.

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.

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 a 6 monthly rolling plan. All staff participated in the delivery of 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 promoted an inclusive culture and resulted in a better understanding throughout the team.

Dental nurses were aware of the General Dental Council requirements to complete continued professional development (CPD) over a 5-year cycle and to log this training. Staff had subscribed to a specialist online training provider for mandatory training that had been designed by the General Dental Council so that dental professionals could maximise CPD activities they chose to complete. All staff managed their own CPD requirements and had no issues accessing or completing the required work. Staff attended CPD events as required and the practice manager attended the regional practice managers' meetings.

Members of the practice team 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. This had not been the case until recently but the practice manager was praised by staff for providing continuity and managing effectively through a difficult period when staffing levels had been an issue. The dental team were working to deliver the best level of care possible whilst catching up on routine check-ups and responding to short notice rapid deployment pressures.

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 Queen Alexandra Hospital, Portsmouth for secondary care. A spreadsheet was maintained of referrals and this was 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 maintained oversight of the status of referrals.

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.

Practice staff attended the unit health committee meetings at which the health and care of vulnerable and downgraded patients was reviewed. At these meetings, the dental centre staff provided an update on the dental targets.

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.

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 Nelson Dental Centre. The practice had conducted their own patient survey in using the General Practice Assessment Questionnaire (GPAQ) feedback tool. A total of 90 responses had been captured between August 2022 and August 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.

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 by the addition of a patient alert on their record. Patients could also be referred for treatment under sedation as a final option, done by referral to Queen Alexandra Hospital, Portsmouth or Royal Hants Hospital, Southampton (through the Vantage Rego referral system, the online dental referral system used at Nelson).

The waiting area for the dental centre was well laid out to promote confidentiality . Practice staff advised us that all necessary questions were asked in advance of the patient arriving (by telephone) so that conversations at the reception desk were minimised. A text reminder sent out the day before instructed patients to not attend with COVID-19 symptoms.

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 patient information board and there was a protocol for staff to follow. Patients were able to request a clinician of the same gender but would be directed to HMS Excellent to see a female dentist.

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. Pictorial aids were used to help explain treatments to patients, dentists told us that they discussed prescription options and material choices.

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 same 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.

Promoting equality

In line with the Equality Act 2010, an Equality Access Audit had been completed in June 2023. The audit found the building met the needs of the patient population, staff and people who used the building. The facilities included automatic doors at the entrance, visible and audible fire alarms, a clearly signed accessible toilet, car parking spaces close to the entrance for disabled patients and wheelchairs were available. A non-slip ramp at the front entrance allowed patients to enter the building without having to use steps. There was a lift for patients to use if unable to use the stairs and a surgery on the ground floor with disability access (wide corridors from the main entrance and a wide doorway for ingress). There was no hearing loop at the reception desk but staff we spoke with told us that they had never encountered the need for one.

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, on the practice SharePoint site and was included as part of the recorded message relayed by telephone when the practice was closed. Through the My Healthcare Hub, a Defence Primary Healthcare (DPHC) application used to advise patients on services available, patients could also access this information.

Waiting times to see a clinician for a routine appointment (including a hygienist appointment) were 2 to 3 weeks. Each dentist had a daily emergency appointment that patients could phone for on the day.

Concerns and complaints

The Senior Dental Officer (SDO) was the lead for clinical complaints and the practice manager was the named contact for compliments and suggestions. Complaints were managed in accordance with the DPHC complaints policy. The team had all completed complaints training that included the DPHC complaints' policy. Refresher training was delivered at 6 month intervals. A process was in place for managing complaints, including a complaints register for written and verbal complaints. Three verbal complaints had been recorded in the last 18 months. The complaints were investigated and responded to appropriately and in a timely manner. There was no theme to the complaints, each had

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been in isolation. Any complaint would be discussed in a practice meeting and 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 that included the policy. The practice had a box in the waiting area and patients could scan a quick response or 'QR' code from one of a number of posters discreetly positioned on walls throughout the building. QR codes were also printed on the reverse of appointment cards. In this way, patients were able to give feedback out of sight from the reception area to promote confidentiality of any comments.

The practice had received 11 written and verbal compliments in the previous 12 months. The main themes were around the clinical care and the friendliness of staff.

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 (BCP) were seen at the visit and confirmed to be thorough. They were monitored on a regular basis for updates/compliance and changes. There was a link on the BCP to the Defence Primary Healthcare (DPHC) directory so staff could gain quick access to essential contacts. The practice manager maintained a 'compliance tracker' of audit work which was RAG (red, amber, green) rated to provide a simple view of the status for each audit. All were in-date and those audits approaching their repeat date had been highlighted in amber.

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 and checks and audits were in place to monitor the quality of service provision. The clinicians, including the hygienist, carried out peer case discussions each month. In addition, quarterly peer review was held with clinicians from other military dental centres in the Portsmouth region. The periodontal and referral logs were reviewed together with any cases clinicians wished to discuss. This forum was used to review any clinical specific policy changes, new standard operating procedures and any new materials.

An Internal Assurance Review visit took place in October 2022. The practice was given a grading of 'full assurance'. A management action plan (MAP) was developed as a result; actions identified had been completed or were in progress. The MAP was reviewed monthly and updated as actions were completed. The MAP was also monitored regularly by the regional headquarters and DPHC headquarters. 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 effectively and it was a live document, 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 SDO highlighted that the effective use of the HAF by the practice manager had helped support the practice through a period when staffing levels were significantly lower than the established numbers. We saw that there was an ease of access through the HAF using links and this provided resilience for the day-to-day management tasks.

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. A mixture of civilian and military staff provided resilience and continuity (2 of the civilian staff had in excess of 20 years' service). 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 week on a Wednesday morning; these had an agenda and were minuted. Staff at all levels 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. Audit findings were shared with the whole team at the weekly practice meetings. Staff spoke of the practice being an enjoyable place to work, of note, the team building and activities that included a recent treasure hunt around the historic dockyard where funding had been secured for prizes. The in-house training supported policies and was delivered by all staff members in turn. Staff from the dental centre held roles within the regional team. For example, the SDO was also the Regional Senior Dental Officer and the practice manager the Group Practice Manager for the military dental centres at HMS Excellent and Thorney Island Barracks. Of note, the practice manager was consistently praised by colleagues throughout the inspection.

Learning and improvement

Quality assurance processes to encourage learning and continuous improvement were effective. The dental centre had implemented guidance set out by DPHC around the safe return to dental care provision during the COVID-19 pandemic.

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

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

Quick response or 'QR' codes were displayed in each surgery and at various points throughout the practice for patients to use to leave feedback, there was also paper methods available too 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 practice manager used the filter functions to dig deeper into the results and look for trends that appear. A QR code on the patient information leaflet allowed patients to access the survey electronically. 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 at weekly meetings. The feedback had been positive and there were no examples of changes or negative experiences from patients. Patient feedback data was summarised by the practice and reviewed at practice meetings.

The SDO and practice manager 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.