

## Northwood Dental Centre

Eastbury Park, Northwood, Middlesex, HA6 3HP

### 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 announced comprehensive inspection of Northwood Dental Centre on 21 November 2023. We gathered evidence remotely and undertook a visit to the practice.

**As a result of the inspection we found the practice was safe, effective, caring, responsive and well-led in accordance with Care Quality Commission's (CQC) 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 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 Northwest London and part of the Defence Primary Healthcare (DPHC) Dental London and South Region, Northwood Dental Centre is a 3-chair practice providing a routine, preventative, oral surgery and emergency dental service to a military patient population of approximately 1,800 including NATO staff. Families are signposted to nearby dental practices. The dental centre is co-located with the medical centre within a 2 storey building and is situated on the lower floor of the building.

Clinics are held 5 days a week Monday to Thursday 08:00-12:30 hours and 13:30-16:30 hours and Friday 08:00-12:30 hours. Daily emergency treatment appointments are available. Hygiene support is currently carried out by a part-time hygienist, who from December 2023 is increasing their part time hours. A regional emergency rota provides access to a dentist for out-of-hours emergency provision. A number is provided for patients to call a dentist and, following triage, the patient can be seen at a military dental centre. The dental centre provides minor oral surgery and referrals are accepted from within the London and South Region. Soft tissue biopsies of in-house oral surgery patients are sent to Watford General Hospital for histological evaluation and reporting. Secondary care support is available from the local NHS hospital trusts via Vantage Rego (an integrated online referral platform) and through the DPHC's Defence Centre for Rehabilitative Dentistry and its Managed Clinical Network.

## The staff team at the time of the inspection

Senior Dental Officer (SDO) (military)	1
Dentist (civilian)	1 (full-time)
Dental hygienist (civilian)	1 (part-time)
Dental nurse (civilian)	2
Dental nurse (military)	1
Dental nurse (trainee)	1
Practice manager (military)	1

## Our Inspection Team

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

## How we carried out this inspection

Prior to the inspection we reviewed information about the dental centre provided by the practice. During the inspection we spoke with the SDO, civilian dentist, the dental nurses and practice manager (the hygienist was not working on the day we visited). We looked at practice systems, policies, standard operating procedures and other records related to how the service was managed. We also checked the building, equipment and facilities. We also reviewed feedback from patients who were registered at the dental centre.

### At this inspection we found:

- 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. Steps had been taken to improve wait times to see the hygienist. The emergency appointment allocation was based on analysis of the service requirement.
- 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.

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

- Feedback consistently showed a high level of patient satisfaction, of note, with explanations and discussion about care and around decisions about their treatment. Clinicians utilised a wide range of resources to help make explanations clear and put the patient at ease.
- The Senior Dental Officer (SDO) provided an oral surgery service to patients and had developed the administration processes to support the service. This enabled military patients from around the London and Southeast Region to be seen for treatment much quicker, compared with NHS secondary care, thereby making a significant contribution to enhancing force preparation and operational readiness of the service patient population. This was further highlighted by the ability of the SDO to take short notice Oral Surgery if there was an outstanding operational need, such as a Royal Navy patient with problems in port for a short period or a Service patient being deployed imminently.

**We recommend to the practice:**

- Implement regular simulation training to test the business continuity plan.

**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. The staff team complete initial ASER training as part of the induction and then annual refresher 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, this was categorised to support identification of any trends. There had been no incidents recorded in the past 12 months and a total of 3 ASERs had been recorded since 2022. A review of these showed that each had been managed effectively and included changes made as a result. The last recorded incident from September 2022 involved incorrect lab work received from the contract laboratory. Learning applied was to ensure all lab work is checked correctly on receipt, as per standard operating procedures (SOPs), which had been followed in this case. 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).

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. Staff accidents were reported via the Defence Unified Reporting and Lessons System (referred to as DURALS).

The practice manager was informed by regional headquarters (RHQ) and the Government website 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). Alerts were recorded on a spreadsheet that included a summary and link to the alert together with a record of any actions taken. They were then discussed at practice meetings and filed with a note of actions taken. The notifications of alerts arrived by email into the group inbox so colleagues covered for the practice manager during any absence.

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

The Senior Dental Officer (SDO) was the safeguarding lead and had level 2 training. The Senior Medical Officer based in the same building was available as a level 3 trained safeguarding lead. The safeguarding policy and personnel in key roles were displayed on the patient information noticeboard. 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. No patients under the age of 18 were registered with the dental centre at the time of the inspection.

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. A duty of candour protocol was displayed in the patient waiting area. 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.

A whistleblowing policy was in place and displayed in both the reception waiting area and in the staff room. Staff had whistleblowing training delivered annually 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 reception waiting area and could also be accessed through an online link.

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, this included colour coded categorisation. Activities or processes identified as higher risk were reviewed monthly, medium risks annually and low risk every 2 years as a minimum. The last review was carried out in April 2023. A range of risk assessments were in place, including access and egress for the premises, legionella and general office activities. 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 surgery in the form of a written 'sharps protocol'.

The dentists routinely used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment and for Aerosol Generating Procedures (AGPs) due to COVID-19. 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 May 2023. The BCP set out how the service would be provided if an event occurred that impacted its operation. The plan included loss of information systems (including DMICP, the clinical operating system), loss of power, radiography fault and loss of compressed air. A list of key contacts listed on the plan included the maintenance contractor, nearby dental centres, the Radiation Safety Officer and the Radiation Protection Advisor (identified by job role but not named). 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 operation challenges, for example, bottled water was being used due to an issue with the water system. However, there was no regular programme of simulated testing having been carried out in accordance with section 8 of the plan.

### Medical emergencies

The medical emergency SOP from 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 was undertaken and recorded by the dental nurses who had been given specific training to undertake the role. The civilian dentist carried out a weekly check and the SDO a monthly check. 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 every 6 months. Training that used simulated emergency scenarios was undertaken every 6 months and tested in-hours and out-of-hours procedures. The last training had been delivered to all staff in June 2023.

First aid, bodily fluids and mercury spillage kits were available. The practice had their own trained first aider and also 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 to attract attention in the event of an emergency were connected to the medical centre and to reception.

### **Staff recruitment**

The full range of recruitment records for permanent staff was held centrally. The practice manager had access to the DMS-wide electronic system so could demonstrate that relevant safety checks had taken place at the point of recruitment, including an enhanced Disclosure and Barring Service (DBS) check to ensure staff were suitable to work with vulnerable adults and young people. The DBS check was managed by station and civilian personnel were checked every 3 years, military personnel every 5 years.

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

### **Monitoring health & safety and responding to risks**

A number of local health and safety policy and protocols were in place to support with managing potential risk. The safety, health, environment and fire team carried out an annual workplace health and safety inspection and supported the practice manager who was the designated safety lead. The practice manager managed the control of visitors with a safety brief, maintained oversight of fire safety, radiation safety and carried out risk assessments. The unit carried out a fire risk assessment of the premises every 5 years with the most recent assessment undertaken in April 2021. The civilian dental practitioner was the departmental fire warden for the premises and the medical centre was the lead for the building as a whole. Monthly checks were carried out on the fire system. Staff received annual fire training provided by the unit and an evacuation drill of the building was conducted in August 2023. The fire drill was evaluated and found to be effective, no recommendations had been made. 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 managed by the SDO and practice manager. This had last been reviewed in June 2023. COSHH data sheets were in place and were accessible to all staff. A log sheet was maintained of each hazardous product with links to the safety data sheets. Items were



held in a lockable container within the storeroom together with a hard copy of the risk assessment and safety data sheet.

A full and detailed legionella risk assessment had been carried out at the practice in August 2021. This covered all areas of the water system in the building and a copy was held by the practice manager. Monthly monitoring of water temperatures were conducted by the Safety, Health, Environment and Fire (SHEF) team and the practice manager retained the reports and checked that temperatures were within the acceptable range. Water lines were flushed at the end of each week and left to dry. Quarterly flushing was undertaken and samples tested externally. Water quality checks were carried out quarterly with all results held on SharePoint.

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 access and egress with 1 fire door not suitable as an exit. Two alternative fire doors met health and safety requirements based on the number of people and the dimensions were sufficient for wheelchairs.

### Infection control

The practice manager 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. At the time of inspection, the practice manager was reviewing the schedule in order to stagger the training courses so some courses such as hand hygiene were overdue a refresher. IPC audits were undertaken twice a year and the most recent was undertaken in October 2023. The last full audit had been completed in May 2023 and a 90% compliance score was achieved (there was no areas of non-compliance, the scoring is lowered when there is no washer disinfectant in place). A document check was carried out quarterly by regional headquarters. Air quality reports were carried out annually and test results were in-date and met the requirements according to HTM02-01 Dental Compressed Air.

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. Higher risk areas were cleaned twice a day and the schedule included cleaning in between morning and afternoon clinics. The cleaning contract was monitored by the unit and the practice manager reported any inconsistencies or issues to both the cleaning manager and to the unit (who owned the contract). The practice manager had obtained a copy of the cleaning contract and was satisfied that the current agreement was sufficient for the practice needs. Deep cleaning took place twice each year during holiday periods in the summer and at Christmas. 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.

Arrangements were in place for the segregation, storage and disposal of clinical waste products, including amalgam, sharps, extracted teeth. The clinical waste bins were stored externally of the building. Individual bins were locked and securely stored within a locked compound. Clinical waste was collected weekly and consignment notes were provided by the contractor. Waste transfer notes were retained by the IPC lead and were audited annually. We highlighted that disposal certificates should be requested and retained in order to have full traceability of waste disposal.

### Equipment and medicines

An equipment care policy was in place and displayed in the practice manager's office. An equipment log was maintained to keep track of when equipment was due to be serviced. The compressor, steriliser, ultrasonic bath and X-ray equipment were in-date for servicing. All other routine equipment, including clinical equipment, had been serviced in accordance with the manufacturer's recommendations. A faults log, held on SharePoint, was in place to track the reporting and management of faulty equipment. Packaged instruments were stamped with an expiry date. All equipment held at the practice was latex free.

A Land Equipment Audit was completed in August 2023 and no recommendations were made. Portable appliance testing was undertaken annually by the station's electrical team. A system was in place for the management of stock and one of the nurses took the lead for ensuring there was adequate stock. Surplus items and instrument packs were kept securely. A spreadsheet had been collated with automatic colouring codes to identify when items were approaching their expiry date (amber) or had expired (red).

A prescription log was held online and was accessible to all clinicians. 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. Some medicines were held in the practice, these included antibiotics and analgesics (pain relief medicines) held in a bag ready for out-of-hours emergency dental care. 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 treat low blood sugar levels) was stored in the fridge in easy reach of the emergency trolley. The practice had not carried out any recent audits of 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.

### 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 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 2022.

Evidence was in place to show equipment was maintained annually, last done in January 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 SDO carried out an intra-oral radiology audit every 6 months.

## 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.

Clinicians had good knowledge of their patients and of their deployment status. They adjusted recalls and reviewed in line with risk and the deployment of personnel. Downgrading of personnel was discussed in conjunction with the patient's doctor to facilitate completion of treatment. The military dental fitness targets were closely monitored by the Senior Dental Officer (SDO). For example, 72% of patients were category 1 (had completed a dental check-up within the past year) or category 2 (treatment required but deployable at acceptable risk).

Northwood Dental Centre was an extremely busy practice with a high throughput of patients including many from countries within NATO. This contributed to a high treatment need with differing levels of dental care between nations. A total of 22% of the patients being category 4 (initial dental inspection required).

### 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 (the plan was to hand this across to the hygienist once there was capacity). Staff attended unit health fairs with the most recent held in October 2023. A wide selection of oral health promotion leaflets were given to patients and the oral health coordinator maintained a health promotion area in the patient waiting area. Displays clearly visible and at the time of inspection included a campaign to educate on the symptoms and prevention of mouth cancer. There was also a

targeted campaign in the lead up until Christmas to raise awareness of the impact alcohol and sugar has on dental health.

Clinicians carried out the periodontal work in line with the 'Delivering Better Oral Health toolkit.' In accordance with recent Defence Primary Healthcare (DPHC) guidance to drive oral health promotion, patients were asked at their appointment about dietary habits, smoking and alcohol use and a brief intervention was given. Our review of dental records confirmed this. The application of fluoride varnish and the use of fissure sealants were options considered if clinically 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 monthly rolling plan, all staff were used to deliver training to help them learn in multiple ways and increase their confidence. Training requirements were updated and presented at each practice meeting.

All dental nurses that were asked were aware of the General Dental Council requirements to complete continued professional development (CPD) over a 5-year cycle and to log this training. All staff managed their own CPD requirements and had no issues accessing or completing the required work. Staff were encouraged to complete 5 days of CPD activities each year. Regular internal training sessions were held on alternate Mondays after the practice meeting. Regional training days were attended as CPD events and the practice manager attended the regional practice managers' meetings.

The staff members we spoke with confirmed that the staffing establishment and skill mix was appropriate to meet the dental needs of the patient population and to maximise oral health opportunities. The dental team were working to deliver the best level of care possible whilst adhering to the current staffing levels 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 Watford General Hospital for secondary care. A spreadsheet was maintained of referrals and checked weekly by the dental nurses and monthly by the referring clinicians. Each referral was actioned by the referring clinician once the referral letter was returned. Staff were aware of

the referral protocol in place for suspected oral cancer under the national 2-week wait arrangements. This was initiated in 2005 by NICE to help make sure patients were seen quickly by a specialist. There was a practice referral log, which was used to track referrals. This was checked regularly to ensure urgent referrals were dealt with promptly and other referrals were progressing in a timely way.

The SDO provided an oral surgery referral service for colleagues in Defence Primary Healthcare. In addition to carrying out the surgery, the SDO coordinated the administrative elements. Referring clinicians emailed the SDO and uploaded a specific referral template onto DMICP. Most patients received a telephone consultation prior to their surgery appointment. Once the treatment had been completed, the SDO emailed the referring clinician advising that the discharge letter was on DMICP. Quarterly peer reviews of the oral surgery carried out were held with the University of Central Lancashire Dental School.

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

The SDO attended monthly meetings with the Commanding Officer of the Unit where there was opportunity to raise and issues or concerns, risks and target progression. Any other care of vulnerable or downgraded patients was discussed with the Senior Medical Officer.

### **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. We highlighted that discussion around treatment options and alternatives, for example, 'do nothing instead of insert a resin bonded bridge', should be included for best practice note taking.

Clinical staff had a good awareness of the Mental Capacity Act (2005) and how it applied to their patient population. This was supported by a poster displayed in the reception waiting area which displayed the 5 important principles of the Act.



## 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 Northwood Dental Centre. The practice had conducted their own patient survey in using the General Practice Assessment Questionnaire (GPAQ) feedback tool. A total of 93 responses had been captured between March and November 2023. All respondents said they were generally happy with their healthcare and they would recommend the dental practice to family and friends. Patients completed comment cards in the weeks leading up to this inspection. In addition, 16 written compliments had been received since April 2023 and 42 free text comments had been included in the feedback through the GPAQ questionnaire. Again, all of these comments were positive with an emerging theme being the friendliness and professionalism of the staff.

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 and patients were asked about any preference when booking their appointment. Patients could also be referred for hypnosis or treatment under sedation as a final option, done by referral to Watford General Hospital. We were given a good example of an overseas patient with a phobia to dental treatment. The care had been managed in stages to build up the patient's tolerance and confidence.

The waiting area for the dental centre was well laid out to promote confidentiality. Patients were introduced to the staff team through a picture board on which each member of staff was named.

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. The requirement for translation was increased with the number of patients attending from NATO countries. In support of this, a poster displayed at reception had the contact details displayed in multiple languages. Patients were able to request a clinician of the same gender as there was a mix of male and female dentists and dental nurses.

### Involvement in decisions about care and treatment

Patient feedback suggested staff provided clear information to support patients with making informed decisions about treatment choices. Positive comments about how well treatments had been explained featured in 8 of the 15 comment cards filled in by patients in the weeks prior to the inspection. The dental records we looked at indicated patients were involved in the decision making and recording of discussion about the treatment choices available. A total of 15 patients responded by completing a card. All of the feedback was positive, 8 patients made specific reference to how well the clinicians explained the treatment and care provided. Clinicians told that as well as extensive discussion around treatment and alternative options, patients were given leaflets, shown clinical photograph books, props (such as models of crowns) and pictorial aids were used to inform and educate.

## Are Services Responsive?

### Responding to and meeting patients' needs

The practice took account of the principle that all regular serving service personnel were required to have a periodic dental inspection every 6 to 24 months depending on a dental risk assessment and rating for each patient. Patients could make routine appointments between their recall periods if they had any concerns about their oral health. The clinical team maximised appointment times by completing as many treatments as possible for the patient during the 1 visit. A review of clinical records showed that both dentists combined restorative procedures with preventative and periodontal care. Any urgent appointment requests would be accommodated on the same day, emergency appointments were protected daily in the morning. Feedback from patients suggested they had been able to get an appointment with ease and at a time that suited them. The emergency appointment allocation was based on retrospective analysis of the service requirement.

### Promoting equality

In line with the Equality Act 2010, an Equality Access Audit was completed annually. We reviewed the most recent audit which had been completed in May 2023. The audit found the building met the needs of the patient population, staff and people who used the building. Staff we spoke with told us that had never encountered the need for a hearing loop at the reception desk. The facilities included automatic doors at the entrance, visible and audible fire alarms, car parking spaces close to the entrance for disabled patients and wheelchairs were available. There was no lift for patients to use to access the dental centre using the stairs when entering through the main doors. As a workaround, a side door with a bell to attract attention was available for patients to use. This door was at the same level as the dental centre so did not require the use of stairs. The Senior Dental Officer (SDO) informed us that there had been no issues with access in the previous 18 months, however, there was also the possibility of signposting patients to Northolt Dental Centre, a 20 minute drive away. A diversity and inclusion (D&I) course was part of the mandated training for all staff and could be accessed through the Defence Learning Environment online training platform). There was a dedicated D&I noticeboard with a statement that detailed the commitments to equality. Named leads and contact numbers for D&I advisors and practitioners were clearly displayed

### 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 the information. Routine appointments were available with a dentist within 3 weeks. However, the wait times to see the hygienist were a challenge and staff told us that the wait for an appointment could be up to 6 weeks. Dentists were doing some hygiene work to help with the workload.



### Concerns and complaints

The 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. A process was in place for managing complaints, including a complaints register for written and verbal complaints. One complaint had been recorded in the last 12 months. The complaint were investigated and responded to appropriately and in a timely manner. This complaint was about the wait time to see the hygienist. The practice had responded to the complainant appropriately and had been trying to recruit a hygienist. As an interim measure, the part-time hygienist was scheduled to work an extra day up in the next 3 months after which the situation would be reviewed. 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. Patients could scan a quick review code from one of a number of posters discreetly positioned on walls throughout the building. In this way, they were able to give feedback out of sight from the reception area to promote confidentiality of any comments.

The practice had received 58 written and verbal compliments since March 2023. The main themes were around the friendliness and professionalism 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 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 and checks and audits were in place to monitor the quality of service provision. The clinicians, including the hygienist, carried out peer case discussions. At the fortnightly practice meetings, 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' took place remotely in August 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. Performance against military dental targets, complaints, staffing levels, staff training, audit activity, the risk register and significant events were all uploaded onto SharePoint and could be viewed by region, DPHC headquarters and anyone granted access. The Health Assurance Framework (HAF) was used as part of the practice manager handover, it was a live document, updated regularly by the practice. The SDO and the practice manager met weekly to discuss any pressing issues and monitored the HAF monthly for changes and updates. This fed into discussion at practice meetings so all staff had an awareness and an opportunity to input into the running of the practice.

Staff felt well supported and valued. They told us that there were clear lines of communication within the practice and gave positive comments on the teamwork. Although the SDO and practice manager were responsible for the leadership and management of the practice, duties were distributed throughout the staff to ensure the correct subject matter expert had the correct role. All staff were encouraged to have input into the governance and assurance frameworks. Terms of reference were in place to clarify the responsibilities of those with lead roles. Practice meetings were held fortnightly, these had an agenda and were minuted. All staff felt they had input and could speak freely as well as being listened to. Minutes were sighted at the visit and confirmed to include all the required standing agenda items.

Information governance arrangements were in place and staff were aware of the importance of these in protecting patient personal information. Each member of staff had a login password to access the electronic systems and were not permitted to share their passwords with other staff. Measures were taken to ensure computers were secure and screens not accessible to patients or visitors to the building. Discussions with patients were held away from reception if requested. A reporting system was in place should a confidentiality breach occur (on the ASER system via the SDO). Staff had completed the Defence Information Management Passport training, data protection training and training in the Caldicott principles.

### Leadership, openness and transparency

Staff told us the team was cohesive and worked well together with the collective aim to provide patients with a good standard of care. Staff described an open and transparent culture and were confident any concerns they raised would be addressed without judgement. Staff described leaders as supportive and considerate of the views of all staff. We heard particular praise from a civilian staff member on the support they had provided through a period of ill-health. Staff spoke of the practice being an enjoyable place to work. Civilian staff felt included and commented that they were treated equally. It was clear from the discussions that they were integrated into the team. Internal training was delegated to individual staff members to share skills and knowledge as well as foster a strong team culture. Staff from the dental centre held roles within regional team. For example, roles held by members of the team included regional training lead and oral surgery lead.

### Learning and improvement

Quality assurance processes to encourage learning and continuous improvement were effective. A quality improvement project or 'QIP' register was in place. Audits were undertaken routinely, these included analysis of the usage of emergency appointment slots which improved utilisation and maximised efficiency of the appointment diary. There was a periodontal (gum disease) log that served as a mechanism for recalling patients for ongoing, supportive care.

Staff received mid and end of year annual appraisal and these were up-to-date and 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. 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 were then fed to the staff at practice meetings. The feedback had been positive and there were no examples of changes or negative experiences from patients.

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.