We carried out an announced comprehensive inspection of St Athan Dental Centre on 2 May 2017.

To get to the heart of patient’s experience of care and treatment we asked the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people’s needs?
- Is it well-led?

These questions formed the framework for the areas we looked at during the inspection.

**Our findings were:**

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<tr>
<th>Question</th>
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<tr>
<td>Are services safe?</td>
<td>No action required ✓</td>
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<tr>
<td>Are services effective?</td>
<td>No action required ✓</td>
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<tr>
<td>Are services caring?</td>
<td>No action required ✓</td>
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<td>Are services responsive?</td>
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<tr>
<td>Are services well-led?</td>
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Why we carried out this inspection

The Care Quality Commission (CQC) carried out this inspection as one of a programme of inspections at the invitation of the Surgeon General in his role as the Defence Authority for healthcare and medical operational capability. Defence Medical Services (DMS) are not required to register with CQC under the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. Consequently DMS services are not subject to inspection by CQC and CQC has no powers of enforcement. However, where CQC finds shortfalls in the quality of services during inspection, we will report them by making a recommendation for action to the Surgeon General’s office.

This inspection was led by a CQC inspector and supported by a dental specialist advisor.

Background to this practice

The Defence Medical Services (DMS) are not registered with the CQC under the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014 and are not required to be. Consequently DMS services are not subject to inspection by the CQC and the CQC has no powers of enforcement. This inspection is one of a programme of inspections that the CQC will complete at the invitation of the Surgeon General in his role as the Defence Authority for healthcare and medical operational capability. Where shortfalls in the quality of service provision were found on inspection, CQC has reported such shortfalls by making a recommendation for action to the Surgeon General’s office.

St Athan dental centre is located in a large Ministry of Defence station near the village of St Athan. The three chair facility provides a routine and emergency dental service to a population of 1160 military personnel, the majority of who are aged between 18 and 32. The dental centre is co-located with the medical centre in a single storey building. Access and facilities at the centre can accommodate patients with limited mobility and wheelchair users. The dental team included a military senior dental officer, military practice manager, civilian dentist, civilian dental hygienist and three civilian dental nurses.

How we carried out this inspection

We carried out a comprehensive inspection of this service. St Athan Dental Centre had not been inspected by the CQC previously.

The inspection was led by a CQC inspector and supported by a military dental specialist advisor.

Prior to the inspection we reviewed information about the practice provided to CQC by the DMS.

On the day of inspection we collected 22 CQC comment cards filled in by patients and spoke with five other patients. This information gave us a positive view of the practice.

During the inspection we spoke with the practice manager, the senior dental officer, dentist, hygienist and a dental nurse. We looked at practice systems, policies and procedures, and other records in relation to how the service was managed. We also checked the building, equipment and facilities.

Our key findings were:
• The practice was clean and equipment was well maintained.
• The practice sterilised dental instruments in accordance with published guidance.
• Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
• The practice had systems for recording incidents, accidents and significant events.
• The practice had systems to support with the management of risk.
• The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and young people.
• The practice had effective staff recruitment procedures.
• The clinical staff provided care and treatment in line with current guidelines.
• Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
• The appointment system met patient’s needs.
• The practice had effective leadership. Staff felt involved, supported and they worked well as a team.
• The practice asked staff and patients for feedback about the services they provided.
• The practice dealt with complaints in a positive and effective way.

We found areas where the practice could make improvements. CQC recommends that the practice:

• Review the facilities used for the decontamination of dental equipment giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: ‘Code of Practice about the prevention and control of infections and related guidance.
• Review the arrangements for fire safety in the building taking into account fire safety regulations.

Dr John Milne MBE BChD, Senior National Dental Advisor
(on behalf of CQC’s Chief Inspector of Primary Medical Services)
Detailed findings

Are services safe?

Our findings

We found that this practice was safe in accordance with CQC’s inspection framework

Reporting, learning and improvement from incidents

Underpinned by policy and procedure, the practice used the standardised DMS-wide electronic system to report, investigate and learn from significant events, incidents and near misses. Staff were aware of their role in the reporting and managing of incidents, including when to report in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice manager said there had been no significant events, near misses or incidents in the last 12 months.

We looked at three examples of incidents reported through this system, including one near miss. All had been reported in a timely way and escalated to the appropriate team or department. Analysis had taken place to identify any themes. For example, a trend was identified in relation to incidents involving an item of equipment. The matter had been raised with the relevant department and subsequently resolved.

Lessons learnt and changes to practice were evident. For example, the practice manager told us training was arranged for staff following an incident involving personal protective equipment. We looked at a selection of practice meeting minutes and could see that the management of incidents was a standing agenda item and all incidents and lessons learnt were routinely discussed with the staff team. In addition, the practice was informed by regional headquarters (RHQ) about the outcome of investigations into incidents and significant events in other dental practices.

The practice manager received 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 checked the CAS system regularly for updates and shared any relevant alerts with the staff at the monthly practice meetings.

Reliable safety systems and processes (including safeguarding)

The Senior Dental Officer was the safeguarding lead for the practice. Staff knew their responsibilities if they had concerns about the safety of young people and adults who were vulnerable due to their circumstances. A safeguarding policy and procedure was in place to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff
were familiar with the signs and symptoms of abuse and how to report concerns.

The safeguarding procedure was displayed in a prominent position for staff to quickly access. We were provided with evidence to confirm staff received safeguarding training at a level relevant to their role. The practice manager said the training was refreshed every two years. The practice had never had to report a safeguarding concern.

The practice had a whistleblowing policy. Staff said they felt confident they could raise concerns without fear of recrimination.

We looked at the practice’s arrangements for safe dental care and treatment. These included risk assessments which were reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists routinely used rubber dams when providing root canal treatment in line with guidance from the British Endodontic Society.

A business continuity policy and disaster recovery plan was in place, which set out how the service would be provided if an incident occurred that impacted on its operation.

**Medical emergencies**

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support each year. The practice manager confirmed that simulated training scenarios formed part of the training. Records demonstrated the training was last undertaken by the staff team in November 2016.

The practice manager told us they carried out random unannounced simulated emergency scenarios at the practice to test the responsiveness of staff. The most recent simulation exercise took place in April 2017. We observed cards with medical emergency information were available at the practice and stickers were on the telephones providing contact numbers in the event of a medical emergency.

Emergency equipment and medicines, including oxygen were available as described in recognised national guidance. Staff kept records of the checks they undertook to ensure the required equipment and medicines were available, within their expiry date and that equipment was in working order.

Blood and mercury spillage kits were available, along with a first aid kit. The practice manager confirmed that the staff team had received first aid training.

**Staff recruitment**

The full range of recruitment records were held centrally at regional headquarters. The practice manager demonstrated through the organisation-wide electronic system that all relevant safety and security checks had taken place at the point of recruitment. These included a formal check Disclosure and Barring Service check to ensure staff were suitable to work with vulnerable adults and young people. The practice manager said these checks were renewed every five years. Information was in place to confirm staff had received all the relevant vaccinations required for their role at the practice.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The practice manager kept an electronic log of the dates when staff renewed their registration. The system had an alert facility to highlight to the practice manager
when a member of staff’s registration was due for renewal.

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

A health and safety policy, protocols and risk assessments were in place for the station to help manage potential risk. They were produced and monitored centrally by the station’s Safety, Health, Environment and Fire (SHEF) department. The practice manager said all staff were required to attend SHEF health and safety training on an annual basis and attendance at this training was monitored centrally.

The practice manager advised us that the SHEF department carried out a health and safety risk assessment of the premises every three years. In addition, a health and safety inspection of the dental centre was undertaken every six months; the last was completed in November 2016. We could see that action plans were developed if relevant following the assessment and inspections. The practice manager carried out checks of the premises each month.

The SHEF department were responsible for fire management. A fire management plan was in place for the station. All staff were required to attend SHEF fire training on an annual basis and attendance at this training was monitored to ensure staff participated. An unannounced fire drill took place every 12 months. The practice manager carried out monthly checks of fire management systems in the centre, including emergency lighting and fire door checks. Records informed us that firefighting equipment was checked each month.

During the inspection we observed fire doors retained in the open position using wooden door wedges. We highlighted to the practice manager that this is not in accordance with fire regulations. Wedging fire doors in the open position means they would remain open in the event of a fire placing people’s safety at risk. The practice manager said they would discuss with the SHEF department alternative ‘hold open’ devices for fire doors.

The dental hygienist did not have regular chairside support when treating patients. A detailed procedure was in place confirming hygienists did not usually have chairside support. The hygienist advised us that if they were undertaking a complex procedure then they ensured a nurse was available to support them. A risk assessment was in place at the practice outlining the action the hygienist should take in the event of a medical emergency when working alone. The action the hygienist should take in the event of a threat to their personal safety was less clear and we highlighted this to the practice manager at the time of our inspection.

A Control of Substances Hazardous to Health (COSHH) file was maintained to ensure information on the risks from hazardous substances was available for staff. We noted that risk assessments for each of the COSHH products were in place along with safety data sheets; information sheets about each hazardous product, including handling, storage and emergency measures in case of an accident. The practice manager reviewed the COSHH file regularly to ensure it was up-to-date and took account of any new products introduced to the practice.

**Infection control**

An infection prevention and control (IPC) policy supported by protocols was in place at the practice. It followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. The practice manager was the dedicated lead for IPC and had completed accredited training for the role. Records confirmed that staff completed annual IPC training. The practice manager informed us that the dental team was due to complete IPC training facilitated by the Welsh Deanery the day
after our inspection.

We observed a sterilisation cycle and confirmed the practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. Records demonstrated the equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturer’s guidance.

The decontamination room was not suitable for its intended use and not configured in accordance with HTM 01-05. The room was previously used as a dental surgery so still contained a large X-ray stand and piping through the floor. In addition, we observed rips and broken seals to the flooring, a hole in the wall and an overflow in the sinks. There were insufficient plugs for the washing equipment and ventilation in the room was not adequate. The senior dental officer advised us that three requests for refurbishment of the decontamination room had been submitted by the practice in the last two years. The practice manager carried out IPC audits twice a year. The audits identified the deficits with the decontamination room.

The practice had a management plan and protocols in place to reduce the possibility of Legionella or other bacteria developing in the water systems. These procedures were in accordance with the Legionella risk assessment undertaken in June 2016. The SHEF department carried out monthly safety checks of the relevant hot and cold water outlets.

Environmental cleaning was carried out by an external company. Cleaning schedules and checks were in place for the premises. The practice was clean when we inspected and patient feedback confirmed the practice was always clean. We noted that environmental cleaning equipment was not stored in accordance with national guidance and we highlighted this to the practice manager at the time of the inspection.

Arrangements were in place for the segregation, secure storage and disposal of clinical waste products, including amalgam, extracted teeth and gypsum.

**Equipment and medicines**

Equipment logs were maintained by the practice manager that kept a track of when equipment was due a service and whether it had been taken from the centre for repair. An electronic alert system was in place to highlight when an item of equipment was due for maintenance. Service maintenance records we saw included those for the X-ray machines, compressor, autoclave and washer disinfector. Staff carried out routine equipment checks in line with the manufacturer’s recommendations. A safety test of portable electrical appliances was undertaken in January 2017. Competency checks were carried out with staff to ensure they were competent prior to using equipment.

The practice had suitable systems for the safe management of medicines as described in current guidance. Prescription pads were stored in a lockable cupboard in reception. Antibiotics were logged, checked and stored appropriately. Medicines requiring cold storage were refrigerated and the temperature of the fridge was monitored and recorded each day.

**Radiography (X-rays)**

The practice had suitable arrangements to ensure the safety of the X-ray equipment. The practice was meeting current radiation regulations and had the required information in the radiation protection file. Local Rules were located in the radiation file and also alongside the X-ray machine they related to.
The dental records we looked at showed that the dentists justified, graded and reported on the X-rays they took. In accordance with current guidance and legislation, the practice carried out X-ray audits each year. Clinical staff were up-to-date with dental radiography training and they had completed it as part of their continuous professional development.
Are services effective?
(for example, treatment is effective)

Our findings

We found that this practice was effective in accordance with CQC’s inspection framework.

Monitoring and improving outcomes for patients

We looked at dental records to confirm what staff told us about the information they recorded. They were detailed containing comprehensive information about the patient’s current dental needs, past treatment, medical history and treatment options. The dentists assessed patient’s treatment needs in line with recognised guidance. For example, the dentists followed recognised guidance in relation to the management of wisdom teeth and recall intervals between oral health reviews. The practice audited patient’s dental care records to check that the dentists recorded the necessary information.

Health promotion & prevention

A proactive approach was taken in relation to preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. We noted from records we looked at that oral health promotion was discussed with patients on an individual basis, including lifestyle habits. The use of fluoride varnish, fissure sealants and prescription of high concentration fluoride toothpaste were options that the dentist could consider depending on individual patient need.

The practice manager said they participated in the station induction which was in place for all new military personnel to the station. This gave the practice manager the opportunity to facilitate an oral health promotion session for new staff and provide them with information about the dental centre.

In addition, health promotion displays were used at the practice to encourage patients to look after their oral health. We noted that information was displayed in the patient waiting area about smoking and oral cancers. There was also a display showing the amount of sugar in various soft drinks. Staff told us that the dental centre participated in the regular health promotion fairs held at the station. Patients could be directed to smoking cessation clinics held at the medical centre if appropriate. Furthermore, the hygienist visited local schools to promote good dental care with the children who lived on the military station with their family.

Staffing

The practice manager described a station-wide induction facilitated by the SHEF department. This involved health and safety training, familiarisation with policies and protocols, and completing a SHEF booklet. We looked at the recruitment records for three staff and saw that a structured induction was also in place specifically for the dental centre.
We confirmed with the practice manager that clinical staff completed their continuous professional development (CPD) required for their registration with the GDC. The practice manager kept an electronic log of staff training and the system provided an alert facility to highlight when staff were due to refresh their training. The training staff were required to complete included safeguarding, equality and diversity, workplace safety, business continuity, IPC, medical emergencies and information governance. Staff told us the practice provided support and encouragement for them to keep up-to-date with their CPD.

**Working with other services**

Staff confirmed patients could be referred to a range of services if treatment was not provided at the practice. These services included referrals to internal enhanced dental practices (practices providing additional services, such as sedation) and external referrals to a local NHS trust for oral surgery. A referral protocol was in place for suspected oral cancer under the national two week wait arrangements. This was initiated in 2005 by The National Institute for Health and Care Excellence (NICE) to help make sure patients were seen quickly by a specialist.

The practice manager maintained a log of all referrals made and they monitored the status of referrals on a regular basis, particularly to ensure urgent referrals were dealt with promptly.

**Consent to care and treatment**

Staff we spoke with understood the importance of obtaining and recording patient’s consent to treatment. They said they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. The dental records we looked at confirmed this. Feedback informed us that patients were satisfied they received clear information about their treatment and that treatment options were discussed with them.

Staff had a good understanding of their responsibilities under the Mental Capacity Act (2005) should they need to treat adults who may not be able to make informed decisions.
Are services caring?

Our findings

We found that this practice was caring in accordance with CQC's inspection framework

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people’s diversity and human rights. Training records confirmed that staff had received training in equality and diversity.

Patients commented positively that staff were polite, friendly and professional. They said they felt their opinion mattered and was respected. We saw that staff were welcoming and kind to patients when they arrived for appointments and we heard staff speaking with patients by telephone in a courteous way.

Patients told us staff were compassionate and understanding if they were nervous about having dental treatment. A protocol was in place to support patients who were anxious about having dental treatment. It included a range of strategies to support with reducing anxiety. These included an extended appointment time, referral for cognitive behavioural therapy and a referral to an internal military practice for conscious sedation. Staff told us patients could choose whether they saw a male or female dentist. Patient’s feedback highlighted that staff were kind and helpful when they were in pain, distress or discomfort during treatment.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas did not fully provide privacy when reception staff were speaking with patients. Staff told us that if a patient required more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it. Staff password protected patient’s electronic care records and backed these up to secure storage. Paper records were stored securely at the practice.

Information about the service, including opening hours and access to emergency out-of-hours treatment, was displayed in the patient waiting area.

Involvement in decisions about care and treatment

Patients told us staff provided clear information to help them make informed choices. They said staff listened to them, did not rush them and discussed options for treatment with them. The dental records we looked at confirmed this.
Are services responsive to people’s needs? (for example, to feedback?)

Our findings

We found that this practice was responsive in accordance with CQC’s inspection framework

Responding to and meeting patients’ needs

Patient feedback described high levels of satisfaction with the responsive service provided by the practice, including urgent out-of-hours access.

The practice had an efficient routine appointment system to respond to patient need. This was based on the recall timeframe for each patient and also took account of their working patterns. For example, patients due to be deployed took priority to ensure their dental assessment took place in a timely way prior to deployment. The practice manager advised us that they conducted regular searches on the dental electronic system to check that patients had an appointment with the dentist in accordance with their recall time.

Promoting equality

An access audit as defined in the Equality Act 2010 was not available for the premises. An access audit forms the basis of a plan to support with improving accessibility of premises, facilities and service for patients, staff and others with a disability. Although the population of wheelchair users and patients with disabilities using the dental centre was very low, one of the staff completed this audit while the inspection was in progress.

The practice had made reasonable adjustments for patients with a disability. These included step free access, a low level door bell and handrails. An accessible toilet was available in the medical centre located in the same building. The reception was low enough for wheelchair users to access it effectively. There was no hearing loop and staff advised us that needs associated with significant hearing loss was a very low risk for the population group. A hearing loop was available in the adjacent medical centre should the need arise. Information was displayed in the waiting area suggesting other practices that were more accessible should the facilities at St Athan Dental Centre not be adequate for a patient’s needs associated with their disability.

Staff had access to a translation service in the event that a patient was being treated who did not speak English sufficiently to effectively communicate with the dental team.

Access to the service

The practice displayed its opening hours in the premises. The patients we spoke with were aware of the opening hours. Patients told us they had enough time during their appointment and did not feel rushed. They were aware of how to access the out-of-hours dental services. We observed that appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Two hour slots were allocated for emergencies (referred to as sick parade); an hour in the morning
and a further hour in the afternoon. Patients told us they could arrive at the sick parade and would be seen promptly. A rota was in place for access to an on-call dentist out-of-hours. This rota was available at the guardroom and was also held by heads of department.

**Concerns and complaints**

One of the dentists was the lead for managing complaints. A complaints policy and protocol was in place for the practice that provided guidance for staff on how to handle a complaint. Staff had received training in complaints so were familiar with the policy and their responsibilities.

There had been one complaint in the last 12 months which we discussed this with the lead for complaints. Detailed records were in place and they demonstrated that the complaint had been managed effectively and to the satisfaction of the complainant.
Our findings

We found that this practice was well-led in accordance with CQC’s inspection framework

Governance arrangements

The senior dental officer had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and were aware of their roles and responsibilities.

The practice manager provided us with an overview of the governance arrangements for the dental centre, including lines of reporting and accountability. The practice manager completed a report every four weeks for regional headquarters that provided feedback on a range of clinical and non-clinical activity undertaken for the month. The Common Assurance Framework (CAF), a structured self-assessment internal quality assurance process, formed the basis for monitoring the quality of the service. The practice manager in collaboration with the dental team completed the CAF and the practice manager kept it under review and updated it as appropriate. The Principal Dental Officer (PDO) for the region had access to the CAF and carried out unannounced spot checks. Using the CAF framework, the PDO coordinated a bi-annual health governance assurance audit of the practice. If required, an action plan was developed following this and was then updated by the by the practice manager as actions were completed. It was accessible on the system for the PDO to monitor.

The practice manager provided an overview of the dental centre’s relationships and engagement at station level. The practice manager attended monthly unit committee meetings specifically for the army. These meetings mainly looked at the statistics regarding the dental fitness of military personal, with the focus on dental targets and whether they were being met.

Because the SHEF department was responsible for health and safety, including infrastructure and equipment, the practice manager also attended quarterly formal SHEF meetings. In addition, they attended less formal quarterly meetings with the Station Warrant Officer where they could raise concerns about the building and equipment.

We asked about the decontamination room and whether any plans had been proposed for a refurbishment. Staff said three statements of need (SON) had been submitted in the last two years but they were unaware if plans were in place for the refurbishment.

A framework of organisation-wide policies, procedures and protocols were 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 made reference to them throughout the inspection. Risk management processes were in place to ensure the safety of patients and staff working at the dental centre. They included risk assessments relating to the environment, equipment and lone working. A range of checks and audits were in place to monitor the quality of service provision and inform the CAF.
We looked at communication systems within the practice. The main forum for sharing information was through the monthly practice meetings. We looked at a range of meeting minutes and noted they included standard agenda items, such as equipment, SHEF, clinical governance, significant incidents and complaints. It was clear that the outcome of investigations, audit and other quality checks was shared with the staff team. MHRA and CAS alerts were also discussed at the meetings. The practice manager and senior dental officer also attended regional practice meetings and relevant information from these meetings were shared with staff at the practice meetings.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patient’s personal information.

**Leadership, openness and transparency**

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They spoke highly of the leadership and management of the practice. They said they would feel confident raising any concerns with the senior dental officer or practice manager as both were approachable, would listen to their concerns and act appropriately. It was evident from observing interactions that the team worked well together and valued each other’s contribution. Staff told us the annual team building day and regular team social events were a leveller as they gave the team an opportunity to get to know each other beyond each member of staff’s rank and/or status within the military.

The practice manager and senior dental officer said they were well supported by RHQ. They also described good and effective relationships with the chain of command at the station. They did say that communication could be improved particularly in relation to receiving feedback and updates on SONs submitted.

Staff could raise any concerns and discuss clinical and non-clinical updates at the practice meetings. Immediate discussions were arranged to share urgent information.

**Learning and improvement**

Quality assurance processes to encourage learning and continuous improvement were evident at the practice. These included a programme of audit. Infection prevention and control audits were conducted every six months. These audits acknowledged the concerns with the decontamination room and the practice had acted on the outcome of the audit by submitting three requests for the room to be refurbished.

Other audits undertaken included a radiology audit, prescribing audit, complaints audit and dental record audit. The practice had clear records of the results of these audits, including the action plans and improvements made. The practice manager said that significant findings from audits in other dental practices were shared across all dental practices. For example, we were informed that changes had been made to how certain antibiotics were prescribed as a result of a dental practice-wide audit.

Appraisals took place for all staff and they included a mid-year and annual appraisal. We saw completed appraisals for three members of staff. They included objectives and a discussion about training needs. The practice manager maintained a log of appraisals to ensure they took place when they were due.
One of the dentists said they participated in a peer review each year with other dentists within the military. In addition, practice-wide learning and development days took place that involved all dental professionals.

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

The practice manager said the first patient feedback survey was undertaken during March 2017 and April 2017. The feedback received was positive. Two patients suggested the option of using text messages to remind them of in advance of their appointment. This suggestion had been put forward to discuss to the next regional practice meeting.

A system was in place for staff to provide feedback and this was organised through the Defence Medical Services.