Overall summary

We carried out an announced comprehensive inspection of Catterick Dental Centre on 11 July 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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<thead>
<tr>
<th>Are services safe?</th>
<th>Improvements required</th>
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<tbody>
<tr>
<td>Are services effective?</td>
<td>No action required</td>
<td>✓</td>
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<tr>
<td>Are services caring?</td>
<td>No action required</td>
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<tr>
<td>Are services responsive?</td>
<td>No action required</td>
<td>✓</td>
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<tr>
<td>Are services well-led?</td>
<td>No action required</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 two specialist military dental advisors.

Background to this practice

Catterick Dental Centre was providing a service to a population of 3896; the majority aged between 18 and 50. The dental centre is a single storey building located in Catterick Garrison with seven surgeries. A full range of dental care is provided with the emphasis on preventative dentistry. Urgent same day appointments and an out-of-hours on-call service are provided. The practice is equipped to facilitate the use of sedation and also has access to enhanced practitioners for specialised dentistry. Patients requiring oral surgery are referred to the local NHS hospital.

The staff team consisted of a mixture of military and civilian personnel, including a practice manager, practice supervisor, senior dental officer, six dental officers, a dental hygienist, 10 dental nurses and a receptionist.

How we carried out this inspection

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

On the day of inspection we collected 31 CQC comment cards filled in by patients and spoke with 6 other patients. This information gave us a positive view of the practice.

During the inspection we spoke with the practice manager, the practice supervisor, the senior dental officer, four dental officers, the hygienist, receptionist and six dental nurses. We looked at practice systems, policies, standard operating 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 used a DMS-wide electronic system for effectively reporting and managing incidents, accidents and significant events.
- The practice had systems to support the management of risk, including clinical and non-clinical risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and young people.
- Staff were appropriately recruited and received a comprehensive induction when they started work at the practice.
• 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 and supported, and worked well as a team.
• The practice had an effective system in place to deal with complaints.
• Medicines and life-saving equipment were available in the event of a medical emergency.
• Systems were in place to monitor the quality and safety of the service.
• Protocols for conscious sedation were in accordance with the guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document ‘Standards for Conscious Sedation in the Provision of Dental Care 2015.
• Facilities and procedures were not in accordance with national practice guidelines for the decontamination of dental instruments.
• Equipment was not always being maintained or replaced in a timely way.

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

• Review its infection control procedures, protocols and facilities 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 providing, maintaining and replacing equipment to ensure there is sufficient equipment to meet patients’ needs.

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 not safe in accordance with CQC’s inspection framework

The shortcomings did not have a significant impact on the safety and quality of clinical care.

Reporting, learning and improvement from incidents

The practice used the standardised DMS-wide electronic system to report, investigate and learn from significant events, incidents and near misses. Staff we spoke with were aware of their responsibility 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 provided a number of examples of significant events that had occurred over the last 12 months; all but one related to the use of X-ray equipment and two of the significant events occurred in the same week shortly before the inspection. The practice manager raised with Regional Headquarters (RHQ) the concern that equipment failure may compromise patient safety and as a result one of the X-ray sets was taken out of service. Staff received updates about incidents and significant events at the practice meetings held each month and through the weekly team meetings (referred to as the ‘Record of Decisions’).

The practice was informed by RHQ about the outcome of investigations into incidents and significant events in other dental practices. The practice manager received regular Clinical Operative Directives that reported on the outcome of significant events regionally and nationally, including trends. Staff provided an example of the learning and action taken in response to a trend of staff incidents involving an item of dental equipment.

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). Relevant alerts were discussed at practice meetings. Staff said they received emails informing them of any relevant alerts and confirmed alerts were discussed at the weekly and monthly practice meetings. There was a system in place for the practice manager to confirm staff had received the alerts and read them.
Reliable safety systems and processes (including safeguarding)

A safeguarding procedure was in place to provide staff with information about identifying, reporting and dealing with suspected abuse. This was displayed so staff could access it promptly if needed. The senior dental officer was the safeguarding lead for the practice. Staff were aware of their responsibilities if they had concerns about the safety of young people and adults who were vulnerable due to their circumstances. They said they would report any concerns to the senior dental officer or to the practice manager in the absence of the senior dental officer.

The training records we reviewed confirmed staff had received both child and adult safeguarding training at a level relevant to their role. The senior dental officer had received safeguarding training at an advanced level. The practice manager said the training was refreshed every three years. The practice had never had cause to report a safeguarding concern.

A whistleblowing policy was in place and staff accurately described what they would do if they wished to report in accordance with the policy. They said they felt confident they could raise concerns without fear of recrimination.

The practice manager and staff confirmed that the dentists always treated patients with the support of a dental nurse. The hygienist did not have another member of staff in the surgery when treating patients. A risk assessment was in place to support this arrangement and it took in to account the action the hygienist would take in the event of a medical emergency.

We looked at the practice’s arrangements for safe dental care and treatment. The practice followed relevant safety laws when using needles and other sharp dental items. A safe sharps system was in use and sharps disposal boxes were located in each of the clinical areas. The process to follow in the event of a sharps injury was displayed in clinical areas. 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 where the emergency drugs, oxygen and defibrillator were kept. They completed training in emergency resuscitation every six months and the training records we looked at confirmed this. A variety of simulated training scenarios also took place at the practice on a regular basis.

Emergency equipment and medicines, including oxygen were available as described in recognised guidance. Staff kept records of the daily checks they undertook to ensure the required equipment and medicines were available, within their expiry date and that equipment was in working order. The portable oxygen cylinder was being checked but we noted no checks were in place for the mobile oxygen and spare oxygen cylinders. The practice manager put a checking system in place for these items during the inspection.

A bodily fluids kit, mercury spillage kit and first aid kit were available in all the surgeries. 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 the regional headquarters. The practice manager had access to the DMS-wide electronic system so could demonstrate for us that relevant safety checks had taken place at the point of recruitment, including a Disclosure and Barring Service (DBS) check to ensure staff were suitable to work with vulnerable adults and young people. DBS checks were renewed every five years and the system alerted the practice manager when they were due for renewal. We noted such an alert was in place for a member of staff and the practice manager confirmed an application to renew the DBS had been submitted.

The system also showed the status of each member of staff's registration with the General Dental Council (GDC). The practice manager confirmed all staff had professional indemnity cover. Information was in place to confirm staff had received all the relevant vaccinations required for their role at the practice.

The practice manager said the practice was recruiting for a full time and part time dentist and were also recruiting for a dental nurse. Despite this, the staff we spoke with said the staffing levels at the practice were sufficient to ensure patients' needs were met in a timely way. Feedback from patients suggested the service provided was both timely and efficient. Patients told us they could get an appointment when they needed it.

Monitoring health & safety and responding to risks

The practice manager was the health and safety lead for the practice and had completed relevant training for the role. Organisation-wide health and safety policy and protocols were in place to support with managing potential risk. The practice manager conducted a workplace health and safety assessment every six months and we noted the last one was completed in January 2017. Records demonstrated that staff were up-to-date with health and safety training. As health and safety was a standard agenda item, updates were provided to staff at practice meetings.

A health and safety department provided support garrison-wide, including an identified health and safety advisor for the dental centre. The department had completed risk assessments that took account of security, fire, emergencies and the buildings it within the garrison. The practice manager said the health and safety team managed maintenance requests and these were dealt with in a timely way.

The health and safety department was responsible for the management of fire systems and a fire management plan was in place for the garrison. A fire inspection of the premises was undertaken in May 2017. The practice manager was the fire warden for the building. Measures were in place to minimise the risk of fire and these included monthly checks of firefighting equipment and environmental measures, such as fire doors and the fire escape. The fire alarm was tested weekly by the practice manager activating one fire point. The practice manager said formal fire drills took place every six months and these involved an evacuation of the building. Records showed that staff were up-to-date with fire training.

A Control of Substances Hazardous to Health (COSHH) file was maintained for the garrison to ensure information on the risks from hazardous substances was available for staff. A member of staff had the lead for COSHH. 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 COSHH file was last reviewed in May 2017. It was also reviewed when new items were introduced or there was an
incident involving a COSHH item.

Infection control

An infection prevention and control (IPC) policy supported by protocols were in place for the practice, and laminated versions were located in the surgeries. The policy followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. The policy was reviewed in July 2017 and signed off by the senior dental officer. A member of staff was the dedicated lead for IPC and had completed relevant training for the role. They refreshed this training each year. The staff team were up-to-date with IPC training and records confirmed staff completed IPC training as part of their continuing professional development.

The practice did not have a central sterilisation unit and the sterilisation of dental instruments took place in the surgeries. We checked six surgeries and found the facilities for decontamination were not in accordance with HTM 01-05. For example, there was damage to the cabinetry, work surfaces or flooring in five surgeries. There was insufficient space in surgeries for a clear flow between clean and dirty zones. There was no light magnifier to check the instruments for debris. Staff advised us this had been ordered. We noted from the building records that concerns with the infrastructure, including the facilities for decontamination, had been formally raised by the practice manager with RHQ as an issue that needed to be addressed. We highlighted to the practice manager that CQC provides guidance when decontamination takes place in surgeries and this guidance (Dental mythbuster 18) is available on CQC’s website.

We checked the dental instruments and materials stored in the surgeries. In all surgeries we found the sterile date on some instrument pouches had expired by at least four weeks, with some having expired for a longer period. Once we found three out-of-date pouches in each surgery we stopped looking as we determined that the checking system was not effective. We also observed some of the dental materials were out-of-date in the surgeries. Throughout the inspection we noted an inconsistent approach by staff with the use of personal protective equipment. For example, we observed some staff wearing disposable masks during the decontamination process but other staff did not wear masks.

We were advised by the IPC lead that IPC audits were undertaken twice a year, with the most recent taking place in March 2017. Three monthly checks of the surgeries also took place and the last check was undertaken in May 2017. It had been identified through the audit process that the overflows in the surgery sinks needed to be addressed and blinds replaced. These matters had been reported by the practice but had not been rectified at the time of the inspection. The audit and most recent check had not identified the out-of-date equipment and materials we found during the inspection.

A Legionella risk assessment was completed for the garrison and the full assessment was not seen on the day of inspection. We did see a ‘site risk assessment’ that confirmed Legionella management plans were in place for water systems in the garrison. Arrangements were in place at the dental centre to minimise the risk of Legionella. Water lines were flushed in accordance with recognised guidance; between patients and in the morning, and at the end of the day. Records were made and retained that flushing had taken place.

Environmental cleaning was carried out by an external company twice a day. The dental nurses cleaned the work surfaces in the surgeries after each patient and they did an in-depth clean every three months. Some of the fixtures and fittings were old and damaged, particularly in the staff toilets and changing facilities, which meant cleaning may not be fully effective. 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. A waste contract was in place and a clear system was established to account for how waste was managed.

Equipment and medicines

Staff ensured routine equipment checks were carried out in line with the manufacturer’s recommendations. A safety test of portable electrical appliances had been completed and an equipment service audit was undertaken annually.

Staff advised us that one of the compressors was broken and they were waiting for a replacement due in the next four to five weeks. Without a compressor one of the surgeries had been taken out of action. Because of a series of incidents involving an X-ray set, one of the two X-ray rooms had been taken out of service. This left one X-ray room in use. There was a wall mounted X-ray set in the dental hygienist’s room that could be used in an emergency. The practice manager advised us that the matter had been reported to RHQ.

There was no temperature control in the building and we noted it was excessively hot in many areas. We asked the practice manager how they ensured dental materials were stored at the correct temperature. They said materials were checked regularly and if they were being stored outside of the recommended temperature then the product was discarded.

The blood pressure monitor and pulse oximetry were regularly checked to ensure they were working correctly. This was important as these items of equipment are necessary for the patient checks needed when conscious sedation was used. A pulse oximeter is used to measure the oxygen level of the blood.

The practice had suitable systems for the safe management of medicines as described in current guidance. Prescription sheets were stored securely in the practice manager’s office. We checked the medicines for use out-of-hours and they were in-date, logged, checked and stored appropriately. Medicines requiring cold storage were refrigerated and the temperature of the fridge was monitored and recorded each day.

Because the dental centre provided conscious sedation, we checked the arrangements for the management of controlled drugs. These are medicines that require additional checks and more secure storage because they can potentially be misused. The senior dental officer advised us that controlled drugs were not stored on the premises. The provision of sedation was planned in advance so the patient was given a prescription for the medication required (Midazolam) and they brought it with them on the day of their appointment. The endodontist brought the medication (Flumazenil) for reversing midazolam sedation with them when visiting the practice to treat patients.

Radiography (X-rays)

Suitable arrangements to ensure the safety of the X-ray equipment were in place. 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 in each of the surgeries.
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 every six months. Clinical staff were up-to-date with dental radiography training and they had completed it as part of their continuous professional development.
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 a range of dental records completed by three dentists working at the practice. The records were detailed, containing comprehensive information about the patient’s current dental needs, past treatment, medical history and treatment options. The diagnosis and treatment plan for each patient was clearly recorded and showed that treatment options were discussed with the patient. The dentist assessed patients treatment needs in line with recognised guidance. For example, the dentist followed appropriate guidance in relation to the management of wisdom dental teeth and recall intervals between oral health reviews. Recall periods were determined through the dentists risk assessment of the patient’s oral health.

Feedback from patients indicated that their dental assessment and treatment was thorough. Patients said the treatment was high quality and they were given good follow-up advice and recommendations about looking after their teeth. Feedback also suggested patients valued being informed by the dental professional about what their treatment plan involved.

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. Dental records showed that oral hygiene advice was given to patients on an individual basis, including discussions about lifestyle habits. An audit was in place to determine the alcohol intake and drinking habits of patients. Referrals could be made to other health professionals, such as referrals for advice about smoking and alcohol use. The application of fluoride varnish was an option the dental professionals considered if necessary. In addition, high concentration fluoride toothpaste could be prescribed for patients.

The practice had supported a range of oral health promotion campaigns over the last 12 months, including national Smile Month, no smoking day, Stoptober and Mouth Cancer Awareness month. Oral health promotion information was located in the main entrance and in the waiting area. This was refreshed on a regular basis to include promotion of new topics. At the time of the inspection there was a display outlining the amount of sugar in various soft drinks.

The dental team was proactive in promoting oral health locally. The team participated in the regular health and wellbeing promotion fairs held at the garrison. For several years the practice has had a display stand for no smoking day at the local supermarket as this is a focal point within the garrison for military personnel, their families and the civilian population.
Staffing

The practice manager advised us that staff new to the practice, including locum staff were provided with a mentor during their induction. New staff had supernummary time and new dentists shadowed a dentist who was familiar with the practice. New nurses had a week of supernummary time shadowing other nurses. We looked at records for three staff and noted a comprehensive induction had taken place for each that took account of matters, such as health and safety, radiation, fire, complaints and infection prevention and control.

We looked at the organisational-wide electronic system that recorded and monitored staff training and appraisal. Through this we confirmed staff were up-to-date with the training they were required to complete. The training included safeguarding, equality and diversity, workplace safety, business continuity, IPC, medical emergencies and information governance. Furthermore, the system showed clinical staff were undertaking the continuous professional development required for their registration with the General Dental Council.

The dedicated nurse who supported with sedation procedures had received the required sedation training, including annual refresher training. They had also completed an induction programme specific to sedation. On the day of inspection the training records were not available for the endodontist who visited the practice to provide sedation.

Working with other services

Staff confirmed patients could also refer patients to a range of services if the treatment required was not provided at the practice. These services included referrals to military enhanced dental practices (practices providing additional services, such as orthodontics) 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 advised us that because of the way the contract had been set up for referrals to NHS services, appointments were being sent to the medical centre within the garrison. The practice had recently identified that the medical centre had been filing the appointment letters within their own records and had not processed the referrals in a timely way. This had caused delays for patients and the practice manager had resolved this by agreeing a strategy with the practice manager from the medical centre. One of the dentists was responsible for monitoring the status and progress of referrals. Although the system was now working well, the practice manager planned to revise it to ensure tighter monitoring of referrals for suspected oral cancer.

Consent to care and treatment

Staff 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. Verbal consent was taken from patients for routine treatment. For more complex procedures, full written consent was obtained. Feedback informed us that patients were satisfied that they received clear information about their treatment and treatment options were discussed with them.

The practice manager had a good understanding of the Mental Capacity Act (2005). Not all staff had a detailed knowledge and understanding of how it applied should they need to treat adults
who may not be able to make informed decisions. Although a very low risk for the population, Mental Capacity Act training was being planned for the staff team.

As the dental centre was providing sedation for dental treatment we checked to see if the practice was working in accordance with the Standards for Conscious Sedation in the Provision of Dental Care (2015). From our discussions with the senior dental officer and access to the dental records, we determined that a thorough assessment was carried out to ensure patients met the criteria for sedation. The risks associated with sedation were discussed with patients who were then given time to consider the information provided before making a decision. They were provided with an information leaflet that included ‘escort responsibilities’ to ensure they had adequate support after treatment. Once sedation was agreed then the patient provided written consent that was scanned into their dental record. The dental records we looked at in relation to sedation were comprehensive and took account of every stage of the process.

The dedicated sedation nurse maintained a spreadsheet of when sedation was provided and the dose of sedation used. The dental officer specialising in sedation had carried out a national audit of sedation services.
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 the diversity and human rights of patients. The feedback patients provided was positive about the way they were treated by staff. They said staff were professional, helpful and informative. Patients commented that staff made them feel at ease, were caring and respectful.

We asked staff about the support for patients who were particularly nervous. Staff advised us that in the first instance the patient would be invited to talk through their anxieties. A longer appointment could be provided if necessary. Other strategies for reducing anxiety could be considered, such as a referral to the mental health service for therapy or referral to an enhanced practice for conscious sedation. Patient feedback suggested staff were understanding and empathic if they were nervous about having dental treatment. The senior dental officer relayed an example of how the practice worked with the mental health service to support a patient to reduce their anxiety in order to accept treatment.

Staff understood the importance of privacy and confidentiality. They were aware that the layout of the reception area did not guarantee privacy of both telephone and face-to-face conversations. A radio was playing in the reception to promote conversation’s not being overheard. The practice manager advised us that staff could speak with patients in a private room if needed. We noted there was a notice in the waiting area advising patients of this facility. 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.

The dental hygienist provided treatment without chairside support so left the surgery door open when treating patients so they could shout for help in the event of a medical emergency. This arrangement was outlined in a risk assessment. It did not provide patients with privacy as we observed patients being treated throughout the day. In order to maximise patient privacy, the practice manager advised us the hygienist’s room was located in an area that other patients did not pass. We discussed with the practice manager alternative options to leaving the door open, such as a panic button.

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

Involvement in decisions about care and treatment

Patient feedback suggested staff provided clear information to help with making treatment choices. The dental records clearly showed patients were informed about the treatment choices available
and were involved in the decision making. Oral health information and leaflets were available for patients.
Our findings

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

Responding to and meeting patients’ needs

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

The practice had a routine appointment system to respond to patient need. Staff followed the principle that all regular serving military personnel were required to have a periodic dental inspection every 6 - 24 months depending on a dental risk assessment or recall period. The practice manager said they conducting weekly searches on the electronic patient record system to check patients had an appointment with the dentist in accordance with their recall time. A report listing patients who were out-of-date with their check-up was compiled and sent to the command for each of the army units. It was the responsibility of the unit commander to ensure their personnel attended the dental clinic as required.

Promoting equality

An access audit as defined in the Equality Act 2010 was not available for the premises. This audit forms the basis of a plan to support with improving accessibility of premises, facilities and services for patients, staff and others with a disability. Although the population of patients with disabilities was low, the practice manager said they did have some patients with mobility needs and a patient who used a wheelchair. Although the practice was identified as an accessible dental centre for the region, only minimal reasonable adjustments were in place. For example, there was step-free access to the building. The waiting room was too small to accommodate a wheelchair but there was ample space in the ‘overflow’ waiting area in the corridor. A hearing loop was not available as this had not been identified as a need for the population at the garrison.

The practice manager told us that patients who did not have English as their first language usually were accompanied by an interpreter to their appointment. Staff also had access to a translation service should the need arise. Patients could choose the gender of their dental professional if they had a preference as both male and females were employed at the practice.

Women working at the practice were not provided with the same changing facilities as males. There was no shower facility in the women’s changing room so women had to use the shower in the men’s changing room, which meant limited facilities were available to meet the requirements of the Equality Act.

Access to the service

The practice displayed its opening hours in the premises. Feedback from patients suggested they had been able to get an appointment with ease and at a time that suited them. They were aware of
how to access the out-of-hours dental services. A rota was in place for access to an on-call dentist out-of-hours within the region.

Each morning and afternoon two dentists kept appointment times free to accommodate patients with a dental emergency (referred to as sick parade). If patients had an urgent need outside of that time staff said the practice would find a way to accommodate them so they are seen on the same day.

One of the surgeries was closed at the time of the inspection so there was limited access to X-ray facilities. We reviewed the feedback and asked patients if there were any delays when they arrived for their appointment. The feedback raised no concerns except for one patient who said they had to rearrange their appointment because of issues with the X-ray equipment. Staff confirmed that sometimes patients were delayed waiting for an X-ray. In addition, the practice manager advised of two days in June 2017 when a surgery list had to be cancelled because the compressor had broken and the surgery was taken out of action.

**Concerns and complaints**

The senior dental officer was responsible for the management of complaints. The practice manager had the lead for compliments and suggestions. A complaints policy and flowchart was in place that provided guidance for staff on how to handle a complaint. The complaints policy was displayed in the waiting area for patients. Staff had received training in complaints so were familiar with the policy and their responsibilities. Processes were in place for documenting and managing complaints. The practice manager confirmed that both verbal and written complaints were taken into account in the process.

The complaint log showed four complaints had been received since April 2016. Three had been dealt with to the satisfaction of the complainant. One complaint was verbal and about the excessive heat and lack of air conditioning in the surgery. The complainant did not wish for the complaint to be taken any further. The practice manager said the temperature control in the building would be resolved when the refurbishment took place.
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. A practice supervisor was in post who deputised for the practice manager in their absence.

Through discussions with the practice manager, we were provided with an overview of the governance arrangements for the dental centre, including lines of reporting and accountability. The practice manager provided a report to RHQ each month that provided an overview on a range of clinical and non-clinical statistics and activity. 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 senior dental officer completed the CAF and the practice manager kept it under review and updated it as appropriate. An update in the form of a progress report on the CAF and associated action plan was submitted to RHQ each quarter. We noted the CAF was last updated in June 2017 and the practice achieved a score of 98%. The non-compliance identified was in relation to the infrastructure and was rated a high risk.

The Principal Dental Officer (PDO) for the region carried out spot checks of the CAF. Using the CAF framework, the PDO coordinated a two yearly health governance assurance audit of the dental centre. If required, an action plan was developed following this and was then updated by the practice manager as actions were completed. It was accessible on the system for the PDO to monitor. The last audit undertaken by the PDO was in September 2015.

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 clinical practice, the environment, equipment and lone working. A range of checks and audits were in place to monitor the quality of service provision.

The practice manager provided an overview of the dental centre’s relationships and engagement at garrison level. There were 22 army units within the garrison and the practice manager attended the monthly health committee meetings for the larger units. The practice supervisor attended the smaller unit meetings. These meetings provided a forum for the practice to provide updates and discuss matters, such as the dental fitness of the population, the infrastructure, equipment and staffing arrangements. The senior dental officer attended quarterly brigade meetings that looked at similar issues but at a strategic level.
Concerns with the infrastructure had been raised up with RHQ and within the garrison as an issue that required improvement. We looked at numerous reports the practice had raised about the building since 2014. Some of these related to the decontamination facilities, temperature control, security, the waiting area, clinical flooring and failure of X-ray sets. The inadequate toilet and changing facilities for staff had also reported. For example, the female changing room was damp with mould in areas. The flooring was worn and ripped.

The practice manager and senior dental officer were not aware of plans to make improvements to the outstanding issues raised. However, they told us about long term plans to develop a ‘super’ 15-chair dental centre in the garrison. We were advised that the population would be increasing significantly ahead of this development from the end of 2017. We asked the practice manager and senior dental officer how the current infrastructure, facilities and staffing levels could support this increase in population. They spoke of an interim plan involving the use of temporary portable modular units being attached to the current building. There were no clear timeframes provided regarding either the long term or interim plans.

We looked at communication systems within the practice. The main forum for sharing information was through the weekly ‘record of decisions’ meeting and the monthly practice meeting. We looked at previous meeting minutes and noted they included standard agenda items, such as equipment, health and safety, governance, significant incidents, staff training and complaints. 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 provided feedback to the staff team from the various meetings they attended, including the six monthly practice manager regional meetings. They also shared with staff the quarterly Clinical Operational Directives they received from RHQ.

Information governance arrangements were established and staff were aware of the importance of these in protecting patient personal information. Each member of staff had their login password to access the electronic systems. They were not permitted to share their passwords with other staff. Paper records were stored securely.

**Leadership, openness and transparency**

Staff were aware of their responsibilities in relation to duty of candour requirements. All staff we spoke with were clear about the need to be open, honest and apologetic with patients if an incident occurred during treatment.

Staff said they enjoyed working at the practice. They told us the leadership was inclusive and transparent, and they would be confident speaking up or raising any concerns. They said military and civilian staff were treated the same, and respect was displayed at all levels of the organisation. It was evident from observation and discussions that the team valued each other’s contribution and worked well together. Team building days were held three times a year and staff said they enjoyed these times as it supported with team cohesiveness.

**Learning and improvement**

Quality assurance processes to encourage learning and continuous improvement were evident at the practice. A programme of audit was in place including a six monthly IPC audit, annual radiology audit and a quarterly prescribing audit. Other routine audits and checks were in relation to water lines, dental records, complaints, health and safety, clinical waste and failure to attend appointments. The dental records audit took account of patient recall. The practice had records of the results of these audits, including the action plans and improvements made.
Given our findings in relation to infection control and decontamination, we discussed with the practice manager and senior dental officer the effectiveness of the IPC audit as it had not identified the issues we found through the inspection. However, there was evidence that the practice had acted on the outcome of audits and checks to improve the service. For example, security lighting outside the building had been fitted as a result of the health and safety audit. The IPC audit identified that a light magnifier was needed and this was on order. The waste audit led to a new contract to include additional waste items. Furthermore, the prescribing audit had identified variations in how national guidance was applied so changes were made as a result.

Staff received mid and end of year annual appraisal. The senior dental officer facilitated all the appraisals for civilian staff. We saw evidence of completed appraisals.

The dentists participated in a peer review meeting each month with other dental officers within the region. Regional peer review days were held three times a year. Learning sessions were held each week at the practice and they contributed towards continuing professional development for staff.

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

A process was in place to seek patient feedback. We looked at the last survey and noted the feedback received about the practice was positive. A suggestion box was located in the waiting area. Staff told us that patients had made suggestions for a water dispenser in the waiting area. The practice had requested this but it had been refused. Feedback from patients on the CQC comment cards included a request for a water machine and the suggestion that the building needed to be refurbished.

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