We carried out an announced comprehensive inspection of Dental Centre Minley on 12 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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<td>Are services safe?</td>
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<td>Are services effective?</td>
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<td>Are services caring?</td>
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<td>Are services responsive?</td>
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<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 military specialist dental advisor and a military dental nurse specialist advisor.

Background to this practice

Dental Centre Minley Dental Centre is providing a service to an operational and deployable population of 820. The dental centre has a relatively young age profile with 42.1% of patients from the 18-25 year old age range and 20.4% from the 26-30 year old age range. Together, these two age bands account for 62.5% of the dental centre's patients.

The centre is located within Gibraltar Barracks Camberley and is co-located in a building with the medical centre. The centre has two surgeries situated on the ground floor. The full range of primary dental care is offered, including urgent same day appointments. The department has access to enhanced practitioners for specialised dentistry. Patients requiring oral surgery are referred to the Royal Surrey County Hospital in Guildford.

The staff team consisted of a mixture of military and civilian personnel including, a military practice manager, a civilian dentist, a civilian dental nurse and a hygienist.

The practice is open Monday to Thursday 8am-4.30pm and on a Friday 8am-12.30pm. Outside of these hours patients are able to be seen by an on call dentist at nearby barracks at Sandhurst, three miles away or Odiham, 11 miles away.

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 21 CQC comment cards filled in by patients prior to the inspection.

During the inspection we spoke with the practice manager, the senior dental officer (SDO), and the dental nurse. 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:

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
• The practice used a DMS-wide electronic system for reporting and managing incidents, accidents and significant events.

• The practice has systems in place to support the management of risk, including clinical and non-clinical risk. However, some systems and processes to keep patients safe were not fully embedded at the practice; equipment cleaning, staffing levels and fire safety required closer management.

• Equipment was well maintained by the dental centre.

• 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. Although the team was very small they all felt involved and supported, and worked well as a team.

• The practice asked patients for feedback about the services they provided.

• The practice had an effective system in place to deal with complaints.

• Records had not been maintained which showed the equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturer’s guidance.

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

• Review the practice’s testing protocols for equipment used for cleaning used dental instruments taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and having regard to 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.

• Formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision to be embedded and understood by all staff.

• Review the staffing levels so that staff has sufficient time to undertake their secondary duties and continual personal development (CPD).

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

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

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 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 provided one reported example of a significant event involving a missing medicine. They described how the events were investigated and changes made as a result of the investigation. Staff we spoke with were aware of this incident and changes made. Incidents and significant events were a standard agenda item on the practice meetings held every two months.

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 that alerts were discussed at the practice meetings held every two months. The practice manager said as they were such a small practice any issues were discussed informally as well as being distributed by email.

Reliable safety systems and processes (including safeguarding)

The senior dental officer (SDO) 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. A safeguarding policy and procedure was in place to provide staff with information about identifying, reporting and dealing with suspected abuse.

The safeguarding procedure was accessible to staff. We were provided with evidence to confirm staff received both child and adult safeguarding training at a level relevant to their role. 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 displayed, 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 confirmed that the dentist always treated patients with the support of a dental nurse. The hygienists did not have another member of staff in the surgery when treating patients but there was a policy in place to support this.

We looked at the practice’s arrangements for safe dental care and treatment. These included risk assessments that were regularly reviewed. 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. A record of this training was logged and the practice manager monitored it to ensure staff attendance.

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.

Bodily fluids 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 the regional headquarters. 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 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. The system also monitored each member of staff’s registration status 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.

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. Records demonstrated that staff were up-to-date with health and safety training. Training was provided at induction and through on-line courses. As health and safety was a standard agenda item, updates were provided to staff at practice meetings.

The station’s Safety, Health, Environment and Fire (SHEF) department was responsible for ensuring routine health and safety risk assessments of the premises. Evidence was in place showing a health and safety audit was carried out in May 2017. The practice manager said the SHEF team dealt with maintenance requests and these were dealt with in a timely way. Any health and safety concerns were responded to promptly.

The SHEF department was responsible for the management of fire systems and a fire
A management plan was in place for the station. A fire risk assessment of the premises had been undertaken in July 2014 and was due for updating in July 2017. Measures were in place to minimise the risk of fire and these included weekly checks of firefighting equipment and environmental measures, such as fire doors. The fire alarm extinguishers were checked weekly by the practice manager. However, the medical centre was responsible for the monthly fire checks and we found these had not been kept up to date with the last recorded as completed in March 2015. The practice manager agreed to follow this up with the medical centre. Records showed that all staff were up-to-date with fire training.

A Control of Substances Hazardous to Health (COSHH) file was maintained for the station to ensure information on the risks from hazardous substances was available for staff. The practice manager had the lead for COSHH and had completed a COSHH course in 2015. 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.

**Infection control**

An infection prevention and control (IPC) policy supported by protocols were in place for the practice and these were located in the surgeries. 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 relevant training for the role. The staff team were up-to-date with IPC training and records confirmed staff completed IPC training as part of their continuing professional development. We saw IPC audits had been undertaken every six months and there were no outstanding actions.

The dental nurse demonstrated the sterilisation process for us, including the cleaning, checking, sterilising and storing instruments. The process was in line with HTM01-05. However, records had not been maintained which showed the equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturer’s guidance. For example, for the ultrasonic there was no recorded evidence that the foil efficiency tests were being completed quarterly and the temperature of the water solution was not being monitored. Two non – vacuum sterilisers were being used and these were old sterilisers that did not include a print-out. Therefore there was no failsafe to ensure sterilisers were reaching the correct temperature.

A management plan and protocols were 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. The SHEF department carried out monthly safety checks of the relevant hot and cold water outlets each month. Six monthly water quality checks were also undertaken.

Environmental cleaning was carried out by an external company twice a day. The practice was clean when we inspected and patient’s feedback suggested a high level of satisfaction with the level of cleanliness at the practice.

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 to be serviced. An equipment service audit was undertaken annually. Staff carried out routine equipment checks in line with the manufacturer’s recommendations. A safety test of portable electrical appliances had been undertaken in February 2017.

The practice had suitable systems for the safe management of medicines as described in current guidance. Prescription sheets were stored securely. Antibiotics were logged, checked and stored appropriately. An antibiotic audit was undertaken every three months and we saw evidence that these were in line with current guidance. Medicines requiring cold storage were refrigerated and the temperature of the fridge was monitored and recorded each day.

Radiography (X-rays)

The practice used digital X-ray machines; these were located in each treatment room. The practice had a nominated radiation protection supervisor. The X-ray controls were located outside each room and were switched off when not in use. Local rules were placed beside each controller. We saw that when X-ray equipment was used staff followed the guidance provided. The dental records we looked at showed that the dentists justified, graded and reported on the X-rays they took.

The radiation file showed a prior risk assessment, restriction of exposure, maintenance and examining of engineering controls, contingency plans and controlled areas had been undertaken and identified. Acceptance testing had been undertaken. All staff taking X-rays had received information and training associated with dental radiography and had regular updates. Records we viewed demonstrated the X-ray equipment was regularly tested and serviced.
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 the dentist 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 patient’s treatment needs in line with recognised guidance. For example, the dentist followed appropriate guidance in relation to the management of wisdom teeth and recall intervals between oral health reviews. Recall arrangements were also linked to when the patient’s operational cycle and deployment. Feedback from patients indicated that their dental assessment and treatment was thorough, and they found it helpful to be informed about what was happening with a rationale given for the treatment being undertaken.

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. Referrals could be made to other health professionals, such as referrals for advice about smoking and alcohol use. We saw the Senior Dental Officer (SDO) prescribed high concentration fluoride toothpaste if a patient’s risk of tooth decay indicated this would help them.

The practice manager met with new personnel within a few days of them arriving at the barracks. During this meeting they were given information about the dental centre and reminded of the importance of good oral health care. The practice supported a range of oral health promotion campaigns, including Smile Month, Stoptober and Mouth Cancer Awareness Week. An oral health promotion stand was located in the waiting area and this was refreshed on a regular basis to include promotion of new topics. The dental team participated in the regular health and wellbeing promotion fairs held at the station.

Staffing

The practice manager advised us that staff new to the practice, including locum staff had a period of induction based on a structured induction programme. We looked at the induction process and saw that it was comprehensive and included training for health and safety, radiation, fire, complaints and infection prevention and control.

Staff said they discussed training needs at their end year annual appraisal. We saw evidence of completed appraisals. An organisational-wide electronic system was in place for the recording and
monitoring of staff training and appraisal. The system provided alerts if staff were due to refresh training and the practice manager said they checked it weekly to see if any training was due. All staff were up to date with mandatory training.

Staff said appointments were planned to ensure the most effective and efficient use of staff time. They factored in the complexity of each clinical session along with instrument requirement, and the need for a sterilisation cycle to take place. It was clear the staff team were working efficiently and effectively as they were meeting the military dental targets. The practice manager was also a dental nurse and supported with the sterilisation process if the dental nurse was busy. However, staff were unable to always undertake their secondary tasks within their usual working day because staffing levels did not factor in extra time for them to do so. For example, the ordering of stores. Staff said there was a lack of opportunity for continual personal development (CPD) because of the minimal staffing levels.

When the SDO took leave the dental practice remained open purely for administrative tasks. No appointments were routinely booked in during this period of time and any urgent appointments were seen at Sandhurst which was located three miles away or Odiham which was 11 miles away. No locums were used.

**Working with other services**

Staff confirmed patients could be referred 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 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 monitored the status of these 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. 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.

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. Staff said they had recently received training in consent.
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. Patient feedback indicated staff were understanding and put them at ease if they were nervous about having dental treatment.

Staff were aware of the importance of privacy and confidentiality. The waiting room was not separate from the reception area but there was a notice offering patients a private room if they wanted to discuss a confidential matter. The reception computer screen was 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 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 responsible for conducting regular searches on the dental electronic patient record 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. This audit forms the basis of a plan to improve accessibility of premises, facilities and services for patients, staff and others with a disability. Although the population of wheelchair users and patients with disabilities was very low, reasonable adjustments were in place. For example, there was step-free access to the building and an accessible toilet on the ground floor.

A hearing loop was not available as this had not been identified as a need for the population at the station. Staff had access to a translation service should the need arise. The practice manager said there was a need for this service as military personnel from other countries undertaking joint exercises with military personnel at the station sometimes required treatment at the practice. If patients wanted a dentist of a specific gender they could be arranged for them by making an appointment on their behalf at a neighbouring barracks.

Access to the service

The practice displayed its opening hours in the premises and in the practice leaflet. 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.

Each afternoon an hour was kept free from 3.30pm-4.30pm (referred to as sick parade) for patients with an emergency need to be seen. 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. A rota was in place for access to an on-call dentist out-of-hours within the region. Patients who required an appointment out of hours were given details of the nearest dental centre, this information was available on the front door of the dental centre, on the dental centre answering machine and placed on Part One orders (Part One orders are the daily orders for each unit which...
Concerns and complaints

The practice manager was responsible for managing complaints. A complaints policy and flowchart was in place that provided guidance for staff on how to handle a complaint. Information for patients was available in the practice leaflet and displayed in the practice on the wall. Processes were in place for documenting and managing complaints. No complaints had been received within the past two years.
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.

Through discussions with staff, 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 regional headquarters (RHQ) each month which included detail 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. Our findings on inspection indicated that the DMS Common Assurance Framework (CAF) was being used as a self-assessment tool adopting a policy checking approach, rather than using the CAF as a management interrogation tool to check the integrity and stability of safety measures, designed to reduce the risk of harm to staff and patients using the practice. The CAF document did not accurately reflect the areas within the practice that we found needed improvement. For example the management of fire safety and the lack of recorded evidence to show that dental equipment had been cleaned appropriately in line with guidance.

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.

We looked at communication systems within the practice. The main forum for sharing information was done on an informal daily basis and more formal two monthly practice meetings. We looked at previous meeting minutes and noted they included standard agenda items, such as equipment, SHEF, 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 three monthly practice manager meetings.

Information governance arrangements were established and staff were aware of the importance of these in protecting patient’s 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.

Staff said the culture was open and transparent, and they would be confident raising any concerns. They told us they were treated with respect at all levels of the organisation and felt any concerns they may raise would be listened to and acted on appropriately. It was evident from observation and discussions that the team valued each other’s contribution and worked well together.

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, on a six monthly basis, IPC, radiology and health and safety audits.

Staff received an end of year annual appraisal. The SDO facilitated all the appraisals for civilian staff. We saw evidence of completed appraisals. Any issues were always listened to, however may not have been resolved due to minimal staffing. For example the completion of CPD and time for additional training.

The dentist participated in a peer review meetings with other dental professionals within region and also regularly corresponded through email with other clinicians.

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

The Defence Medical Services (DMS) Patient Experience Survey gave patients the opportunity to comment on their experience of their medical care. The survey asked about experiences of care and treatment that has been provided by, or contracted by the DMS. The survey included questions about a range of issues, such as where and by whom you were seen, how easy it was to make an appointment and your satisfaction with the quality of care received from the DMS. However, the process for undertaking this survey was undergoing change and there was no current data available at the time of the inspection.

A process was in place to seek patient feedback within the practice. A suggestion box was located in the waiting area. We were not given any examples of suggestions made.