We carried out an announced comprehensive inspection of Windsor Dental Centre on 20 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:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are services safe?</td>
<td>No action required</td>
</tr>
<tr>
<td>Are services effective?</td>
<td>No action required</td>
</tr>
<tr>
<td>Are services caring?</td>
<td>No action required</td>
</tr>
<tr>
<td>Are services responsive?</td>
<td>No action required</td>
</tr>
<tr>
<td>Are services well-led?</td>
<td>No action required</td>
</tr>
</tbody>
</table>
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.

Background to this practice

Windsor Dental Centre is a single chair practice that provides routine dentistry and oral health promotion to a population of approximately 1100, including two infantry units with high treatment needs. The practice is located in the same building as the medical centre. Facilities include one surgery, a waiting area, patient toilet, a central sterilisation room and laboratory.

The staff team included a military senior dental officer, a military practice manager and two civilian dental nurses, one of whom was a locum covering a staff vacancy.

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 49 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with the practice manager, the senior dental officer and the two dental nurses. We also spoke with a member of staff from the health and safety department. 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 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 asked patients for feedback about the services they provided.
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.
The practice was working in accordance with national practice guidelines for the decontamination of dental instruments.

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

- Undertakes a review of the building, facilities and equipment to establish whether the dental centre is suitably configured and equipped to meet the needs of the population. The review should take into account 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. It should also take account of the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Review its arrangements for fire safety in the building taking into account fire safety regulations.
- Reviews the current staffing resource and skill mix to ensure it is adequate to effectively meet the needs of the population.

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).

Two significant events had been reported in the last two years and both involved the operational failure of the compressor. Staff described prompt action taken in order to minimise the disruption to patient appointments. Staff were aware of these significant events and said incidents and significant events were discussed at the practice meetings as a standing agenda item.

The practice manager was informed by Regional Headquarters (RHQ) about national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and the Department of Health Central Alerting System (CAS). Relevant alerts were emailed to the staff team. The practice manager retained a log of the alerts along with evidence that staff had read them. If needed they were discussed in more detail at the practice meetings.

Reliable safety systems and processes (including safeguarding)

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. 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 manager confirmed that the dentist always treated patients with the support of a dental nurse.

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.
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 where the emergency drugs, oxygen and defibrillator were kept. There was clear signage to indicate where they were located. Staff had completed training in emergency resuscitation and this training was refreshed every six months. Staff told us they participated in simulated training scenarios and the most recent one took place in March 2017.

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 and training records confirmed this.

**Staff recruitment**

The full range of recruitment records were held centrally at the RHQ. 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.

Feedback from patients suggested they received appointments and treatment in a timely and efficient way. Staff said the staffing levels at the practice were not sufficient to meet the needs of the population, particularly with short notice deployment or a population increase. Although the practice was scaled for another part time dental professional, the infrastructure could not accommodate this. The current configuration of the premises meant there was only one surgery so there was no clinical facility for a second dental professional to work from. The practice had worked around this when needed by running clinical sessions in the evening until 22.00 hours with the support of dental professionals from other military dental centres in the local area.

**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. Local risk assessments were in place and included assessments for water safety, sharps, hazardous waste, radiation, over exposure and slips/trips/falls. Records demonstrated that staff were up-to-date with health and safety training. Training was provided at induction and through on-line courses. Health and safety matters and
updates were discussed at practice meetings.

The health and safety department for the barracks supported with ensuring routine health and safety risk assessments for the premises were in place. The practice manager advised us that the department responded to maintenance requests and any health and safety concerns promptly.

The health and safety department was responsible for the management of fire systems and a fire management plan was in place for the barracks. Measures were in place to minimise the risk of fire and these included routine checks of firefighting equipment and environmental measures, such as fire doors. The fire alarm was tested every two weeks. The practice manager said that a fire drill for the whole of the barracks took place each year and the last one was held in December 2016. In addition, the dental centre carried out a separate practice evacuation each year. Records showed that staff were up-to-date with fire training.

We noted that some fire doors were wedged open and the surgery fire door was held open by hooking it to the wall. We highlighted to the practice manager that this practice is not in accordance with fire regulations. Retaining fire doors in the open position means they would remain open in the event of a fire placing the safety of patients and others at risk. The practice manager said they would discuss with the health and safety department alternative ‘hold open’ devices for fire doors.

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 conducted an annual review of the COSHH dental products used at the practice. COSHH risk assessments were available in hard copy for staff to reference and the data sheets were available online; 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 (HTM 01-05) 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. IPC updates were provided at the regional training days.

The practice had dedicated decontamination room where the sterilisation of dental instruments took place. The room was small and also used as a storage facility. Some of the floor covering was missing exposing the cement floor. Despite the room’s limitations, there was a clear flow from dirty to clean areas and the sterilisation process was in accordance with HTM 01-05. Checks were in place to monitor that the ultrasonic bath and autoclave were working correctly.

There was no ventilation system in the decontamination room or surgery and staff said it could be excessively hot in these areas. A mobile fan was being used in the surgery which was not in accordance with HTM 01-05. We observed small chips in the cabinetry when we looked around the surgery. Sufficient handwashing facilities and materials were available for staff in the centre. There was a separate handwashing sink in the surgery. IPC audits were undertaken twice a year.

We spoke with a member of the health and safety team responsible for managing and minimising the risk to Legionella. They confirmed a legionella risk assessment had been carried out barracks-
They also confirmed that they retained the records for the monitoring the monthly checks of water temperatures and the yearly monitoring of water tanks. The practice manager periodically sent water samples to an external company for testing and received a report back on the safety of the water. This was last done in May 2016.

Environmental cleaning was carried out by an external company twice a day. The practice was clean when we inspected and patient feedback did not highlight any concerns with the cleanliness. Environmental cleaning equipment was in accordance with national guidance, including how it was stored.

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 November 2016.

The suction pump was located outside of the building in an enclosed unit. The practice manager described how the pump often did not work on a Monday and this seemed to relate to its inactivity over the weekend. The problem with the suction machine started in April 2017 with the installation of a new dental chair. The appointments for seven patients had to been cancelled as a result of the suction machine not working. The maintenance team had not been able to identify a problem with it. The practice manager said there were plans to replace the suction pump soon but a date had not been confirmed.

The practice had suitable systems for the safe management of medicines as described in current guidance. Antibiotics were rarely prescribed. Medicines for use out-of-hours 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.

**Radiography (X-rays)**

The practice had suitable arrangements to ensure the safety of the X-ray equipment. The required information in relation to radiation was located in the radiation protection file. A Radiation Protection Advisor and Radiation Protection Supervisor were identified for the practice. Local Rules were located in the radiation file and also alongside the X-ray machine. We identified that the Local Rules did not take account of the isolation switch location outside the surgery door. In addition, they did not make clear that a member of staff should stand by the switch when an X-ray was being taken. We highlighted these matters to the senior dental officer and practice manager at the time of the inspection.

There was in evidence in place to show equipment was maintained every three years. A radiation report from June 2016 identified the X-ray set did not extend sufficiently to conduct left-hand sided X-rays with ease, which could lead to repeat X-rays and the risk of unnecessary exposure. In order to address this, a recommendation was made in the radiation report to modify the surgery. This recommendation had not been met and the practice manager was unable to provide us with a timeframe as to when it would be addressed by Regional Headquarters (RHQ).

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 and the senior dental officer advised us that an audit was currently in progress. 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

To corroborate our findings we looked at a range of dental records completed by the dentist working at the practice. We noted that 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 teeth and recall intervals between oral health reviews. We were advised that recall arrangements were also linked to a patient’s operational cycle, including deployment schedule.

Feedback from patients indicated that their dental assessment and treatment was thorough. Patients said everything was explained to them so they could understand what was happening. All the feedback indicated patients were satisfied with the outcome of their treatment.

The military dental fitness targets for June 2017 showed the practice was either meeting or exceeding all the targets except one, which was marginally outside of the benchmark. The practice manager explained that the population was not static due to operational deployment at short notice. They monitored the dental fitness targets closely and if targets started to slip then measures, such as evening clinics, were put in place to ensure patients received an appointment in accordance with their need.

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 assessment process was in place to determine the smoking and drinking habits of patients. Referrals therefore could be made to other health professionals, such as referrals for advice about smoking and alcohol use. Topical fluoride was applied to all service personnel with the application based on their caries risk, varying between 3 – 12 months.

A hygienist was not employed at the practice so patients were referred to another military dental practice. It was the responsibility of the patient to make an appointment with the other practice. The practice manager advised us that often patients failed to make an appointment with the hygienist therefore missed essential treatment. The practice manager said the reason for the failed appointments was because patients did not like travelling for an hour to another practice. However, no patients in their feedback to CQC highlighted travelling as a concern. The practice
manager was looking at how the failure to make an appointment could be effectively audited in order to establish the extent of these missed appointments. The impact of not seeing a hygienist meant that the dentist had to carry out the routine hygiene work as part of the patient’s next routine check-up.

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 barracks.

**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 that was tailored to the dental centre. We looked at the induction records for three staff and they showed a comprehensive process that took account of matters, such as health and safety, radiation, fire, complaints, IPC and operational systems. Staff told us their induction involved a supernumerary day shadowing more experienced staff. They also received guidance and training in how to use the electronic systems.

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. An annual training plan was in place for the team and it showed that different training topic each month, including significant events and medical emergencies. Furthermore, the system showed clinical staff were undertaking the continuing professional development required for their registration with the General Dental Council.

**Working with other services**

The practice could also refer patients to a range of services if the treatment required was not provided at the practice. These services included referrals to a local military hygienist and enhanced military dental practices (practices providing additional services, such as endodontics) 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 weekly 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.

The senior dental officer had an excellent 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. Examples were given of the types of scenarios when the mental capacity of a patient could be temporarily impaired and impact on the patient’s decision making.
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. Patients spoke highly of the staff team in their feedback. They said they were treated well and with the utmost respect. The feedback also suggested that staff were helpful, friendly and polite.

Patient feedback also indicated staff were understanding and put them at ease if they were nervous about having dental treatment. Staff advised us that in the first instance the patient would be invited to talk through their anxieties. If necessary other strategies for reducing anxiety could be considered, such as a referral to the mental health team, medication pre-treatment, referral to the welfare team for counselling or a referral to an enhanced practice for conscious sedation. The practice manager provided an example of how the practice had successfully supported a nervous patient who needed extensive dental treatment.

Staff were aware of the importance of privacy and confidentiality. The waiting area was separate from the reception so the likelihood of patients being overheard at reception was minimal. 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.

We noted the surgery door was kept open when patients were being treated. We checked this with the practice manager as it could comprise patient privacy and dignity. The practice manager advised us the door needed to be kept open because the room became excessively hot in warm weather. The surgery was not located next to the patient waiting area therefore other patients could not observe treatment taking place.

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 and a wide range of this information was accessible to patients in the waiting area.
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 access to a dentist for an urgent assessment and emergencies out-of-hours.

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 sent a list each month to the commander of each unit highlighting both the patients due for an appointment and those overdue for appointments. The unit commander blocked booked appointments with priority given to units deploying within three months.

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 wheelchair users and patients with disabilities was very low, reasonable adjustments were in place. For example, there was step-free access at the back of the building and an accessible toilet in the waiting area.

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 was staffed by all females so if a patient had a preference to be treated by a male then they could be referred to another local practice.

Access to the service

The opening hours of the practice were displayed in the premises and available 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 morning and afternoon 30 minute slots were kept free (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.

There was an 11-week wait for routine appointments, which the practice manager confirmed was longer than at other military dental practices. They advised us that this meant the practice was not always meeting the recall time for patients. Despite this wait, the practice was meeting or
exceeding some of the dental targets set by the military. For example, at 78% the practice was exceeding the target for ‘service personnel who require no dental treatment’. The target for ‘service personnel who are more than three months past their 12 month periodic review date’ was not being met at 6% (benchmark of 5% or less). The practice manager monitored the targets closely and said they put on evening clinics if the targets were showing a need for this. The practice manager said this was the only option given that the facilities in the centre could not accommodate another dental professional in accordance with the number of staff the practice was scaled for.

Concerns and complaints

The senior dental officer was overall responsible for complaints. The practice manager managed the complaints process. A complaints procedure was displayed in the waiting area for patients and summarised in the practice leaflet. 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 practice had received no written complaints in the last 12 months but two verbal complaints had been received; both were in relation to protracted waiting times for a routine appointment. The practice manager said the waiting time for an appointment could only be improved and sustained if a second dental professional was appointed but the building could not accommodate this. Instead, the practice manager put in place a ‘Short notice cancellation’ list so any appointments cancelled could be offered to a patient waiting for an appointment. Patients were made aware of this option if they rang for an appointment and no routine appointments were available.
Are services well-led?

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.

The practice manager provided 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 that reported 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.

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 by the practice manager as actions were completed. It was accessible on the system for the PDO to monitor. The most recent health governance assurance audit was carried out in April 2017 and the practice received a compliance score of 93%. Areas of partial compliance were identified and they related to the current waiting time of 11 weeks for an appointment, insufficient staffing levels to meet the population need and the building unable to accommodate a second dental practitioner. This quality assurance audit did not take into account that a recommendation from the June 2016 radiation had not been met.

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 barracks level. The practice manager provided the unit commanders with a monthly report regarding the status of the dental health of the personnel for each the five units. They or another member of the dental team also attended the monthly health committee meetings for each unit. 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. The practice manager told us that two units were due to deploy soon so ensuring and maintaining the dental fitness of the
personnel within these units was crucial.

We looked at communication systems within the practice. The main forum for sharing information was through the monthly practice meetings. 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.

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. They 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.

We asked about the arrangements for team building. Unlike other military dental practices, the staff team at Windsor Dental Centre did not engage in regular adventure training. The practice manager said this was because there was not the time or capacity to close the practice for this type of activity.

Learning and improvement

Quality assurance processes to encourage learning and continuous improvement were evident at the practice. A programme of audit and checks were in place including, an infection prevention and control audit every six months, a radiology audit and a failure to attend appointments audit. Other audits included complaints and dental records. Prescription audits were conducted at regional level. The practice had records of the results of these audits, including the action plans and improvements made. For example, a reverse osmosis system (a water purification method) had been introduced as a result of audit.

One afternoon each month the practice closed and staff participated in training that contributed towards their continuing professional development. A training plan was in place with a topic for discussion identified for each month. For example, in January 2017 the training was in relation to medical emergencies and in May 2017 it was regarding the system for reporting significant events. The staff team also attended a regional training day three times a year and mandatory training was undertaken at these events. The dentist said they participated in peer review infrequently and would welcome opportunities to discuss clinical matters with other health professionals.

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 and the monitoring system confirmed all staff appraisals were up-to-date.
Practice seeks and acts on feedback from its patients, the public and staff

A process had been in place to seek patient feedback but the practice manager advised us this survey was no longer taking place as it was under review. A suggestion box was located in the waiting area.

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