Overall summary

We carried out an announced comprehensive inspection of RAF Cosford Dental Centre on 9 August 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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<th>Services</th>
<th>Status</th>
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<tr>
<td>Are services safe?</td>
<td>No action required (✓)</td>
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<tr>
<td>Are services effective?</td>
<td>No action required (✓)</td>
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<tr>
<td>Are services caring?</td>
<td>No action required (✓)</td>
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<tr>
<td>Are services responsive?</td>
<td>No action required (✓)</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 a specialist military dental advisor.

Background to this practice

RAF Cosford is a five chair practice. Three chairs are regularly used by the dental team and the remaining two chairs are used by visiting dental practitioners, such as the principal dental officer for the region who held regular clinical sessions at the practice. The practice aims to comply with MOL(AIR)R, an RAF treatment strategy used to improve the dental health of personnel entering the military. The project ensures recruits have protected time for dental assessment and treatment during their training. The practice also supports four outlying units with the primary focus to ensure personnel are dentally fit to deploy. Routine dentistry is provided and patients can be referred internally, and to the local NHS Trust for treatment not provided at the dental centre. The practice has four X-ray sets and decontamination of dental instruments is undertaken in each of the surgeries.

The dental centre is open from 08.00–17.00 Monday to Friday. It is closed at the weekend. Access to an emergency dental service outside of working hours is available. At the time of the inspection the staff team consisted of a senior dental officer, a civilian dentist, a civilian hygienist, practice manager, two civilian dental nurses and a military dental nurse.

How we carried out this inspection

Prior to the inspection we reviewed information about the practice provided to CQC by the DMS. During the inspection we spoke with the practice manager, the senior dental officer, a dentist and the three 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.

On the day of inspection we collected 46 CQC comment cards completed by patients prior to the inspection. We also spoke with a patient who was attending the dental centre for an appointment. All the feedback from patients was positive about the practice, including treatment and care.

Our key findings were:

- The practice used a DMS-wide electronic system for reporting and managing incidents, accidents and significant events.
- Systems were in place to support the management of risk, including clinical and non-clinical risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for
• 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.

• A number of methods were used to secure patient feedback about the service they received.

• 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.

• An effective system for assessing, monitoring and improving the quality of the service was in place.

We identified the following notable practice, which had a positive impact on patient experience:

Leadership of the practice was inspiring and focused on change. A whole team approach was embedded at the practice as staff continually sought to improve and develop the service for patients. The following evidence supports this:

• Staff were proactive in seeking patient feedback about the service and this was evident in the exceptional amount of patient feedback returned. The practice had a number of ways in which it sought feedback. Patients were informed about what happened with their feedback through a display in the waiting area titled ‘What have we done with your suggestions’. Not only was it evident the practice acted on patient feedback, it was clear the practice valued the input of patients by informing them how their feedback had been used to improve the patient experience.

• The lead member of staff for infection prevention and control (IPC) had developed specific checks for the surgeries to ensure they complied with national guidance on IPC. They included a ‘weekly surgery checklist’ and a ‘material expiry dates’ checklist used to routinely monitor that all dental materials were in-date. These checks were having the desired outcome as we found all instruments and materials were within their expiry date.

• Monitoring outcomes for patients was based on the military dental targets. The way in which the targets were monitored, particularly for the MOL(AIR)R project, allowed for performance to be compared on a month by month basis. Identifying variances and reasons for a dip in performance led to the team exploring ways in which improvements could be made.

• The senior dental officer had developed a ‘clinical efficiency audit’ methodology and conducted the audit between December 2016 and May 2017. The aim was to establish the effectiveness and efficiency of dental appointment times; were they sufficient or whether extra time was needed and could the team work more efficiently.
Dr John Milne MBE BChD, Senior National Dental Advisor
(on behalf of CQC’s Chief Inspector of Primary Medical Services)
Detailed findings

Are services safe?

Our findings

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

Reporting, learning and improvement from incidents

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 management of incidents, including when to report in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice manager said staff were pro-active in reporting incidents and reported all incidents even if they were minor. Ten significant events had been reported in the last year. Most were in relation to sharps injuries and failure to capture digital X-ray images. We noted from the minutes that significant events were discussed at practice meetings, including the outcome and any changes following a review of the incident. For example, following a sharps injury involving a probe staff were reminded to wear rubber gloves when handling probes during the decontamination process. In relation to an incident involving an image failure, staff were reminded of the protocol and further training was provided for staff.

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). All MHRA and CAS were discussed at practice meetings and alerts relevant to the practice were emailed to individual staff members. Receipts indicating staff had read the alerts were retained by the practice manager. The minutes from the practice meeting held on 21 June 2017 showed two CAS alerts were discussed. Neither was relevant to the practice.

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.
Safeguarding training was refreshed every three years. Training in how to report a concern was scheduled every six months in the in-house training programme.

The practice had not had to manage a safeguarding concern. It did not treat children and at the time of the inspection there were no vulnerable adults registered at the practice. Staff were aware of the potential for patients aged 16–18 to be treated at the practice.

The dentists were always supported by a dental nurse when assessing and treating patients. The hygienists did not treat patients with a nurse present and a detailed risk assessment was in place to support lone working.

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 were provided with an example of how a whistleblowing concern was managed. It was clear the senior dental officer addressed this effectively and in accordance with the principles associated with the legal protection for whistleblowing. The example also highlighted effective leadership in how the concern was managed.

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. The local policy on rubber dam was changed following a significant event involving a sharps injury when an alternative to a rubber dam had been used. The policy now stated that a rubber dam must be used for all root canal treatment.

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**

The emergency medical kit was kept in the corridor where the surgeries were located. The kit was easy to transport in a pull-along grab bag. It included the emergency equipment, medicines and oxygen as described in recognised guidance. Clear signage was in place denoting the location of the oxygen. The clinician working in surgery two was responsible for checking the medicines. They kept records of the daily and weekly checks they undertook to ensure the required equipment and medicines were available, within their expiry date and that equipment was in working order. We checked the kit and medicines were in-date and all the required equipment was available.

We queried how safe the medicines were given the location of the kit. The senior dental officer advised us that patients were escorted by staff when accessing the corridor. The practice manager confirmed the bag was kept in a locked cabinet when the dental centre was closed. The practice manager said they would complete a risk assessment regarding the location of the kit.

Staff had completed training in emergency resuscitation and this training was refreshed every six months. The most recent training session was in July 2017. It was not a scenario based training session but covered all types of medical emergencies and included a questions/answers opportunity for staff.

Bodily fluids and mercury spillage kits were available in each surgery. A first aid kit was available also. Training records confirmed staff were up-to-date with first aid training.
Staff recruitment

The full range of recruitment records for permanent staff 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.

The recruitment records for locum staff were held at the practice and we looked at records for a locum member of staff. The practice manager advised us that locum staff were required to provide evidence of safety checks and training when they first started. We looked at the records for a recently recruited locum member of staff and noted a DBS check had been undertaken. Photographic identification, a GDC registration certificate, vaccination clearance and evidence of indemnity formed part of the record.

The staffing levels were adequate at the dental centre and staff told us they were sufficient to meet the needs of the population. Feedback from patients suggested they received appointments and treatment in a timely and efficient way, which supported the view that the practice was adequately staffed.

Monitoring health & safety and responding to risks

Organisation-wide health and safety policy and protocols were in place to support with managing potential risk. A workplace inspection was carried out in March 2017 and the areas it covered included, slips/trips/falls, personal protective equipment, first aid and cleanliness. Local risk assessments were in place and included assessments for lone working, sharps, hazardous waste, water safety and over exposure to radiation.

Records demonstrated that staff were up-to-date with health and safety training. Training was provided at induction and through on-line courses. Meeting minutes we looked at showed health and safety matters and updates were discussed at practice meetings. The practice manager advised us that the maintenance department responded to maintenance requests and any health and safety concerns promptly.

A fire department was located in the station and was responsible for the management of fire systems the fire management plan for the station. The fire department carried out a routine three yearly fire risk assessment of the dental centre and this was last completed in March 2015. Monitoring arrangements for the dental centre were in place in order to minimise the risk in the event of a fire. These included weekly checks of the fire alarm system and monthly checks of fire doors and firefighting equipment. The records in place showed some of the checks were slightly out-of-date. For example, the last date recorded for fire door checks was in June 2017. This lapse was possibly due to a change of practice manager in July 2017. The practice manager said they would ensure the checks were updated.

The last recorded fire drill including evacuation practice was in January 2016 with a comment stating “Some staff not aware of procedures”. Records did not show a fire drill had taken place since then. This meant staff new to the practice had not participated in a fire drill and evacuation for the building. The practice manager said they would look into this as the fire department were
responsible for arranging fire drills. Records showed that 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 conducted an annual review of the COSHH dental products used at the practice. COSHH risk assessments and product data sheets were available in hard copy for staff to reference. COSHH data sheets provide information 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 all 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. One of the dental nurses was the dedicated lead for IPC and had completed relevant training for the role. Staff said they were up-to-date with IPC training and records confirmed they completed IPC training every six months. The six-monthly IPC refresher training was provided at the regional training days.

There was not a dedicated decontamination room at the practice so sterilisation of dental instruments took place in each of the surgeries. The arrangements for decontamination was well organised and consistently the same in the two surgeries with looked at in detail. Although there was limited space due to the introduction of large sterilisers, there was a clear flow from the dirty to clean zone. The sterilisation process was undertaken in accordance with HTM 01-05. The surgeries were tidy, clean and clutter free. Routine checks were in place to monitor that the ultrasonic bath and autoclave were working correctly.

There was no effective ventilation system in the surgeries and staff said it could become excessively hot in these areas due to heat generated by the decontamination equipment. Overall the environment for sterilisation, including fixtures and fittings, supported the safe decontamination of dental instruments. Sufficient handwashing facilities and materials were available for staff in the centre. Staff did say they would prefer handwashing liquid to be wall-mounted rather than free standing bottles of liquid soap. There was a separate handwashing sink in the surgeries.

The IPC lead had developed a ‘Weekly surgery checklist’. This was a simple format that took account of surgery cleaning as well as date checks for instrument pouches, water lines and equipment. The IPC lead used it to carry out a check and the practice manager used it for their weekly spot checks of the surgery. A ‘Material expiry dates’ checklist had also been developed and this was used each month to check all the dental materials were in-date. IPC audits were undertaken twice a year and the most recent audit was completed in August 2017. We noted the audit identified the need for a central sterilisation room and wall mounted handwashing materials.

Water lines were well managed at the practice as water lines flushed in accordance with guidance, with specific water sterilisation taking place weekly. In addition, water was tested every four months to ensure it was safe. A detailed legionella risk assessment had been carried out for the dental centre in 2015 and was next due in November 2017. The practice manager had also completed a legionella risk assessment of the building and water safety systems in June 2015. Environmental cleaning was carried out by an external company once a day. The practice was clean when we inspected and patient feedback did not highlight any concerns with the cleanliness. Environmental cleaning equipment was used and stored in accordance with national guidance. An in-depth clean of the clinical areas took place every six months.
Arrangements were in place for the segregation, secure storage and disposal of clinical waste products, including amalgam, extracted teeth and gypsum. The waste contract and consignment notes were retained by the practice manager.

**Equipment and medicines**

Routine equipment checks in accordance with the manufacturer’s recommendations were undertaken. Records showed that clinical equipment had all been serviced within the last 12 months. 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 and the most recent audit was undertaken in June 2017. A safety test of portable electrical appliances had been undertaken in March 2017.

The practice had suitable systems for the safe management of medicines as described in current guidance. Prescription numbers were logged and the log number was also recorded in patient records. Prescriptions were stored in a locked cupboard. Antibiotics were not held at the practice. Medicines requiring cold storage were refrigerated and the temperature of the fridge was monitored and recorded each day. One of the clinicians occasionally prescribed an anxiolytic (relaxant) for patients. We determined that this was used to relax the patient and was not used as a form of sedation. Dental records showed that local anaesthetic batch numbers were recorded when used.

**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 each of the surgeries and were signed and dated. Safety procedures for radiography were displayed on notice boards in all surgeries. There was evidence in place to show equipment was maintained every three years. The most recent servicing record was dated July 2017.

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, all clinicians carried out X-ray audits and this was confirmed by records we looked at. 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 six dental records completed by the clinicians 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.

Clinicians assessed patients’ treatment needs in line with recognised guidance. For example, treatment was planned in accordance with the basic periodontal examination (assessment of the gums) and caries (tooth decay) risk assessment. The clinicians also followed appropriate guidance in relation to the management of wisdom teeth and recall intervals between oral health reviews. We were advised that recall arrangements also took into consideration the occupational aspects of each patient.

Feedback from patients indicated that their dental assessment and treatment was thorough leading to improved dental fitness. For example, a patient was experiencing ongoing dental pain and was diagnosed with dental erosion as a result of gastric problems. The patient described how their teeth were effectively treated by the clinician and that they were referred to the medical centre for advice about minimising and managing their medical condition.

The military dental fitness targets were closely monitored by the senior dental officer each month and any significant variations explored. The targets were displayed on a dry ink board from March 2015 so showed how the practice was performing on a monthly basis. This way of illustrating the targets lend itself to identifying themes and patterns in terms of performance and dental outcomes. It also showed the practice had either met or exceeded the targets for July 2017. For example, one of the key targets related to service personnel who are dentally fit and require no treatment. The target required that 75% of the patient population should meet this target at all times. At the time of the inspection the target was at 80%. In addition, the same target was being monitored specifically for the trainees involved in the MOL(AIR)R project. At the time of the inspection the target was at 95.4%. Project MOL(Air)R for the RAF and MOLAR for the army and navy is a treatment strategy used by all three services to improve the dental health of personnel entering the military. All dental treatment along with the delivery of oral health education is carried out at the start of a service person’s career, such as during recruit training. The Defence Primary HealthCare team (DPHC) confirmed the strategy has had a significant impact on dental fitness of recruits, with continuous improvements in key performance indicator metrics as an increasing number of dentally fit soldiers have entered the trained strength. The term ‘trained strength’ is used when a soldier, sailor or airman completes their initial (recruit) training and is assigned to their first unit and would be ready to deploy.
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. A full time hygienist was in post and the dental nurses were qualified in oral health education and in the application of fluoride varnish. Dental records showed determining the smoking and drinking habits of patients were included in the examination and assessment process. Records also showed that oral hygiene advice was given to patients on an individual basis, including discussions about lifestyle habits. The application of fluoride varnish and the use of fissure sealants were options the clinicians considered if necessary. Equally, high concentration fluoride toothpaste was recommended if appropriate. Referrals could be made to other health professionals, such as referrals for advice about smoking, diet and alcohol use.

Oral health displays were evident in the patient waiting area and the hygienist was responsible for ensuring they were current. Staff said the displays were often targeted to population need and/or seasonally activities. For example at Easter and Christmas they focused on the impact of an increase in sugar consumption. Given that the trainees engaged in high levels of sport, the displays also focused on the prevention of orofacial injuries. The practice supported a range of oral health promotion campaigns, including Smile Month, Stoptober and Mouth Cancer Awareness Week. 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 that was tailored to the dental centre. We looked at the induction records for a member of staff and they showed a comprehensive process that took account of matters, such as health and safety, radiation, fire, complaints, IPC and operational systems. The induction involved supernumerary time shadowing more experienced staff. New staff 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. The system showed clinical staff were undertaking the continuing professional development required for their registration with the General Dental Council. The practice also had its own ‘in-house’ training programme and staff could suggest topics to include in this.

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 the station medical centre and enhanced military dental practices (practices providing additional services, such as endodontics) and external referrals to a local NHS trust for oral surgery. Both clinicians were aware of the referral protocol 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. A photograph was taken of the lesion and sent to the specialist along with the referral form. Any letters sent to other health professionals were scanned and saved alongside the patient’s dental records.
The practice manager maintained a log of all referrals made and the senior dental officer monitored the status of the referrals on a weekly basis, particularly to ensure urgent referrals were dealt with promptly.

The practice worked well with the medical centre to ensure efficient use of time for the trainees involved in project MOL(AIR)R. For example, when a unit of trainees needed an initial health and dental screening then the dental centre and medical centre worked together to coordinate the throughput of trainees.

**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 received a briefing regarding the Mental Capacity Act (2005) should they need to treat adults who may not be able to make informed decisions.
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. Feedback from patients suggested they very pleased with the way staff treated them. They said staff were respectful, empathic and caring.

Patient feedback also indicated staff were understanding and put them at ease if they were nervous about having dental treatment. The senior dental officer had a particular interest in the management of anxious patients. Anxiety was highlighted on the medical history and discussed at the dental inspection appointment. Patients were offered the opportunity to make an appointment and talk through their anxiety outside of the surgery environment. If necessary, other strategies for reducing anxiety could be considered, such as longer appointment, referral to the mental health team, medication pre-treatment or a referral to an enhanced practice for conscious sedation.

Staff were aware of the importance of privacy and confidentiality. The waiting area was large and a distance from the reception so the likelihood of patients being overheard at reception was minimal. This privacy was also enhanced by a television on a low volume in the waiting area. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it. Staff password protected patient's electronic care records and backed these up to secure storage. Paper records were stored securely at the practice.

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

Staff followed the principle that all regular serving service personnel were required to have a periodic dental inspection every 6-24 months depending on a dental risk assessment or recall period. The recall time frame was based on the target risk category assigned to each patient. For example, service personnel with an undetermined dental status, with no dental record or with an incomplete dental status were closely monitored. A log of recalls was maintained by the practice manager and this was checked monthly. Patients due for recall in accordance with their dental target risk category were emailed and reminded to make an appointment.

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 to 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 clinicians were all male so if a patient had a preference to be treated by a female then they could be referred to another local practice.

Access to the service

The opening hours of the practice were displayed in the premises, recorded on the answer phone message 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 time was 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.
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. Forms to make a complaint were clearly located 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. A written acknowledgement on receipt of a complaint was sent within two working days. A local investigation was completed within 10 working days and a decision letter sent to the patient within five working days of the investigation. The practice manager confirmed that both verbal and written complaints were taken into account in the process.

One verbal complaint had been received in the last 12 months but the complainant did not wish for it to be treated as a formal complaint. The complaint concerned the lack of air conditioning in the surgery whilst being treated. As a result of the complaint the practice manager put a request in for air conditioning to be installed.
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 had the delegated responsibility for the day to day running of the service. All staff were accountable to the senior dental officer who was in turn was accountable to the principle dental officer (PDO) for the region.

The practice manager provided an overview of the governance arrangements for the dental centre. A report was sent to regional headquarters (RHQ) each month that reported on a range of clinical and non-clinical statistics and activity at the practice. For example, the report included an update on the status of the practice’s performance against the military dental targets, complaints received and significant events.

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 CAF was reviewed in July 2017 and a compliance score of 96% was achieved. This was increased to 98% following our inspection.

The 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 PDO also held regular clinical sessions at the practice to keep up-to-date with their own clinical practice.

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.

Lines of communication were well established between the practice and chain of command at station level. The senior dental officer was in regular contact with unit commanders and training squadron leaders to discuss dental fitness of the units. This included discussions around protected time for MOL(AIR)R trainees to attend the dental centre for treatment.
We looked at communication systems within the practice. The main forum for sharing information was through the practice meetings held every four to six weeks. 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. Each week the clinicians met to discuss clinical care and at the same time the practice manager met with the support staff to discuss any new issues affecting the practice.

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 spoke highly of the leadership at the practice. They said the culture was open and transparent, and they would be confident raising any concerns. They said 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 were provided with an example of how a situation impacting negatively on the staff team over a sustained period of time was effectively managed by the senior dental officer in a measured but open and transparent way.

Staff were aware of their responsibilities in relation to duty of candour requirements. They provided two examples of when they had needed to be open and apologise to patients when something had gone wrong in relation to their care. Both these examples were treated as significant events and investigated accordingly.

**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 and a radiology audit. Others included a complaints audit and equipment audit. Dental fitness targets were monitored closely each month, along with failure to attend appointments (FTA). A laboratory work audit was established for all work undertaken from the contracted laboratory. The practice manager undertook spot checks of the cleanliness of surgeries each week and a healthcare waste pre-acceptance audit every two years. Prescription audits were conducted at regional level.

We asked about improvements made as a result of audit. The senior dental officer explained that attending appointments was crucial to dental fitness of service personnel including trainees involved in the MOL(AIR)R. FTAs were closely monitored and in order to reduce the number of FTAs a change was made to the process for addressing how they were managed. As a result the rate of FTAs had moved from 5.9% in October 2016 to 4.4% at the time of the inspection.

The senior dental officer was in the process of analysing the results of a ‘Clinical efficiency audit’ which was conducted between December 2016 and May 2017. It involved monitoring the actual length of time each patient appointment took. The aim of the audit was to establish the effectiveness and efficiency of dental appointment times; were they sufficient or whether extra time was needed and could the team work more efficiently. It involved the participation of the whole team based on a methodology determined by the senior clinician. The senior dental officer said
that results so far had generated ‘talking points’ for the team and particularly highlighted how dental professionals worked differently.

We asked about peer review and were informed the dental professionals met informally each week to discuss clinical care. The clinicians had also undertaken a peer review of recall intervals. The staff team attended a regional training day twice a year and mandatory training was undertaken at these events.

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**

Seeking feedback from patients was important to the staff team so they could look at ways to improve the service. There were numerous ways in which the practice sought and used feedback from patients. For example, a reusable laminated form was located in the surgeries and feedback from patients was recorded on this and later transferred to the feedback log. Staff told us all patients were asked for feedback at the end of a consultation.

There was an area in the waiting area dedicated to feedback from patients. Colour coded forms were displayed; one for suggestions, one for compliments and one for complaints. The forms were clear and not time consuming to complete. They included the use of emojis to attract patients to use them. Staff said they received a lot of feedback from these forms.

There was a large printed display on the wall that showcased all the suggestions, complaints (there were none) and compliments made by patients. It also included a section titled ‘What have we done with your suggestions’. There had been two suggestions; one requesting air conditioning in the building and one regarding a car pass. A clear explanation as to what had happened with these suggestions was displayed. For example, request was made for air conditioning following the suggestion. Not only was it evident the practice acted on patient feedback, it was clear the practice valued the input of patients by informing them how their feedback had been used to improve the patient experience.

A system was in place for staff to provide feedback to the Surgeon General each year. The appraisal process also encouraged staff to give feedback on the service.