Overall summary

We carried out an announced comprehensive inspection of Chicksands Dental Centre on 24 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:

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

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

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

Background to this practice

Chicksands Dental Centre is located in a purpose built facility that is approximately three years old. It is not co-located with medical centre. The facility has three clinical rooms with examination chairs that are inter-operable for left or right hand use. At the time of our inspection the practice patient register numbered approximately 1,200 patients. The practice provides dental services to personnel based at Chicksands, which includes army, navy and RAF personnel. The practice does not provide dental services for dependants of military personnel. A range of dental care is provided with the emphasis on preventative dentistry. The practice is not equipped for the use of sedation. Patients requiring oral surgery are referred to the local NHS hospital.

The three chair practice is staffed by two dental officers, two dental nurses (established for three), a dental hygienist and an acting practice manager. The senior dental officer (SDO) is effectively peripatetic, working between the practice at RAF Waddington and the practice at Chicksands.

How we carried out this inspection

Prior to the inspection we reviewed information about the practice provided to CQC by the DMS. 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 12 CQC comment cards completed by patients prior to the inspection. Feedback from patients provided a positive view of the practice. There were no patients attending the practice on the day of our inspection.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
• The clinical staff provided patients’ 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 patients’ needs.
• The practice had effective leadership. Staff felt involved and supported and worked well as a team.
• The practice asked staff and patients for feedback about the services they provided.
• The practice had not received any complaints about services in the past 24 months.

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

• Review equipment used for water filtration to ensure serviceability and compatibility with autoclave equipment currently in use.
• Review checks on controlled medicines to provide the assurance of external verification of stock balances.

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 was informed by regional headquarters about the outcome of investigations into incidents and significant events in other dental practices. The acting practice manager provided examples of the learning and action taken in response to significant events and incidents. This included a review of stock of dental restorative materials held, and how this was managed.

The acting 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. We reviewed minutes of practice meetings which confirmed this.

Reliable safety systems and processes (including safeguarding)

The senior dental officer (SDO) was the practice lead for safeguarding; whilst working at other locations, the acting practice manager took up this role. Staff we spoke with understood their responsibilities and the action they should take if they had concerns about the safety of patients 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 safeguarding concerns.

The safeguarding procedure was available and accessible to all staff. We were provided with evidence to confirm staff received safeguarding training at a level relevant to their role. The practice manager said the training was refreshed every three years. The practice had never had cause to report a safeguarding concern.

The acting practice manager confirmed that the dentists always treated patients with the support of a dental nurse. The dental hygienist did not always have another member of staff in the surgery while treating patients. A risk was assessment was in place to support this arrangement.
A whistleblowing policy was in place. Staff were aware of how to report a concern in accordance with the policy and 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 what to do in a medical emergency and completed training in emergency resuscitation and basic life support. This was reviewed and refreshed every six months.

Emergency equipment and medicines, including medical oxygen were available as described in recognised guidance. Records of daily checks the practice undertook were in place. This ensured the required equipment and medicines were available, within their expiry date and that equipment was in working order. We noted there was a limited amount of adrenaline in place for use in an emergency, this was not sufficient to provide repeated doses in the event of emergency. An accountable medicines register was in place and we could see that stock held balanced with the register. However, there was no external verification of the checks in place on controlled medicines, for example, by the Senior Medical Officer of the medical centre.

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

**Staff recruitment**

The full range of recruitment records were held centrally at regional headquarters. The acting 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 younger people. The acting practice manager also monitored each member of staff’s registration status with the General Dental Council (GDC). Other checks that were carried out periodically included the vaccination status of staff, checks on the professional registrations of dental nurses and dental hygienists, and DBS checks.

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

Organisation-wide health and safety policy and protocols were in place to support with managing potential risk. Staff training was in place on health and safety and this covered fire safety, moving and handling, COSHH training and specialist training in use of dental equipment. The acting practice manager had not received specific training in health and safety, however, lead guidance was available from the internal health and safety officer, stationed at the base. All risk assessments and buildings checks had been reviewed before the permanent practice manager had left their post, the week before this inspection.

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 and a workplace place inspection was valid until September 2019. The acting practice manager conducted visual checks of the premises and any maintenance issues were reported to the on-site maintenance team. We observed that the building was in very good condition and that there were no outstanding maintenance issues at the time of our inspection. Records showed routine checks of firefighting equipment and systems were carried out and that all equipment was ready for use. We saw fire drills were carried out regularly and all staff were aware of designated fire points.

**Infection control**

An infection prevention and control (IPC) policy supported by protocols was in place at the practice. It followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. The acting 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.

The acting practice manager demonstrated the sterilisation process for us, including the cleaning, checking, sterilising and storing of instruments. The process was in line with HTM01-05. Records had been maintained which showed the equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturer’s guidance. There were failsafe systems to ensure sterilisers were reaching the correct temperature, and that all equipment was working correctly. The acting practice manager and Senior Dental Officer (SDO) explained that the vacuum autoclave being used had been problematic due to the purity of water used in the machine. As a result of this, further modifications were required to the reverse osmosis water system at the practice.

We looked at equipment available to clinicians in each dental surgery. We saw all instruments were in date stamped packaging. None of the instruments we checked were beyond the best before use date.

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.

Checks in each of the three dental surgeries showed all equipment, chair coverings, work surfaces and floor coverings were in good condition. All drawers and cupboards were organised and clean.

Environmental cleaning was carried out by an external company twice a day. The practice was clean when we inspected and patient 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**

Staff carried out routine equipment checks in line with the manufacturer’s recommendations. A safety test of portable electrical appliances was undertaken in July 2017.
An equipment service audit was undertaken annually. Washer disinfectors for equipment were in place at the practice but not in use as these were awaiting validation for use. We saw that weekly wash cycles were being run on these machines for maintenance purposes.

The practice had a reverse osmosis system but this was failing to provide the required five parts per million (5ppm) water quality level to support the vacuum autoclave. The practice was waiting for additional filters to be fitted to the system to address this. In the meantime the second, non-vacuum autoclave at the practice was being used. This provided effective sterilisation of re-usable dental tools.

The practice did not use paper prescription pads but prescription templates (for e-printing). These were kept in the practice records room in a lockable drawer. The practice had suitable systems for the safe management of medicines as described in current guidance. Antibiotics were logged, checked and stored securely. A medicines fridge was present in the practice with logged temp checks. The fridge was used to store items such as Adrenaline and Glucagon.

**Radiography (X-rays)**

The practice used digital X-ray equipment. These were wall mounted in each treatment room. The practice had a nominated radiation protection supervisor. The X-ray controls were located outside each treatment room, and were switched off when not in use. We saw that local rules were attached to the side of cabinetry in each treatment room. When X-ray equipment was used staff followed the guidance provided. Dental records reviewed confirmed that each dentist justified, graded and reported on the X-rays they took.

The practice radiation file showed a prior risk assessment, restriction of exposure, maintenance and examination of engineering controls, contingency plans and controlled areas had been undertaken and identified. We saw that all staff were up to date with dental radiography training.
Our findings

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

Monitoring and improving outcomes for patients

We reviewed a number of dental care records completed by the two dentists working at the practice. The records were detailed, containing comprehensive information about each patient’s current dental needs, past treatment and medical history. The diagnosis and treatment options for each patient were clearly recorded. We saw evidence that treatment options were discussed before treatment plans were drawn up. The dentists assessed patients treatment needs in line with recognised guidance, for example, we saw that each dentist followed appropriate guidance in relation to the management of wisdom teeth and recall intervals between oral health reviews. We saw that all recall periods were determined by dentists risk assessments of each patient’s dental health. A recent audit of dental care records showed that these were kept and maintained to a good standard.

Feedback in CQC comment cards showed patients felt their dental assessments and checks were thorough. Patients commented that they felt informed about any treatment received and what their treatment options were.

Health promotion & prevention

We saw that a proactive approach was taken in relation to preventative care, supporting patients to ensure better oral health, in line with the Delivering Better Oral Health Toolkit. Dental care records showed that oral hygiene advice was given to patients on an individual basis. This included discussions about lifestyle habits. Referrals could be made to other health professionals, for advice about smoking and alcohol use. We saw the Senior Dental Officer (SDO) prescribed high concentration fluoride toothpaste where appropriate and that fluoride varnish was also used to help prevent tooth decay.

Information on oral health and promotional material was displayed on walls in the patient waiting area. This was renewed regularly to include new topics and updates, as well as information on how to get involved with national initiatives such as Stoptober (smoking cessation), mouth cancer awareness month and national smile month.

Staffing

The three chair practice is staffed by two dental officers, two dental nurses (established for three), a dental hygienist and an acting practice manager. The practice manager is due to leave the practice shortly, and had started resettlement leave. In the meantime one of the dental nurses was acting as the practice manager.
The (acting) practice manager advised us that staff new to the practice, including locum staff, had a period of induction, supported by 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 confirmed they discussed their training needs at their end of year annual appraisal. We saw evidence of completed appraisals. An organisational-wide electronic system was in place for the recording and monitoring of staff appraisals and training. The system provided alerts if staff were due to refresh training and the practice manager said they checked it regularly to see if any training was due. At the time of our inspection, all staff were up to date with recommended training.

When staff were booking appointments for patients, we saw that they factored in the complexity of each clinical session along with the materials and equipment required by each clinician. It was clear the staff team worked effectively and efficiently. A further consideration had been given to the routine for sterilisation of equipment throughout the day and the length of each cycle, as the practice was running with two dental nurses rather than three which impacted on the monitoring of this. We saw that the team had responded appropriately to this gap in staffing, to ensure that sufficient equipment was available for each and every appointment. The SDO worked peripatetically between this clinic and another neighbouring base. We saw that cover was in place through employment of civilian dentists. We found this did impact on the amount of peer review time available, during which the dentists could discuss particular cases and best courses of treatment for patients.

**Working with other services**

Staff confirmed that patients could be referred to a range of services if the treatment a patient required was not provided by the practice. This included any services that required sedation and referrals to NHS facilities for oral surgery. A referral protocol was in place for suspected oral cancer under the national two week referral arrangements. This system was initiated in 2005 by The National Institute for Health and Care Excellence (NICE) to help make sure that patients who needed this were seen quickly by a specialist. The practice had systems in place to follow-up all referrals made and monitored the status of these on a regular basis. We saw that any urgent referrals were dealt with promptly.

**Consent to care and treatment**

Staff understood their responsibilities in relation to obtaining and recording patients’ consent to care and treatment. We saw that patients were given information about treatment options and were fully informed of the risks and benefits of treatments, so they could make informed decisions. The dental records we reviewed confirmed this.

Verbal consent was obtained from patients for routine treatment. For more complex procedures, full written consent was obtained. Feedback from patient comment cards demonstrated that patients were satisfied that they received clear information about their treatment, and that treatment options were discussed with them.
Our findings

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

Respect, dignity, compassion and empathy

Staff demonstrated that they understood their responsibilities in respecting people’s diversity and human rights. Patient feedback indicated staff were understanding and took time to put patients at ease if they were nervous about having dental treatment.

Staff were aware of the importance of privacy and confidentiality. The waiting area at the practice was not separated from the main reception desk but was positioned so that conversations could not easily be overheard. We also noted that staff were able to offer patients a more private area if they wanted to discuss a confidential matter. The reception computer screens were not visible to patients and staff did not leave personal information where other patients may be able to see it. All patient records were password protected and we saw that strict procedures on management of electronic patient records were observed by all staff. Paper records were securely stored at the practice.

Notice boards in the patient waiting area carried information about services available at the practice, including opening hours and how to access emergency out of hour’s treatment. A patient information leaflet was available for patients to take away and contained this information and a list of useful telephone numbers.

Involvement in decisions about care and treatment

Feedback from patient comment cards, demonstrated that patients felt staff were helpful in providing clear information on treatment options available, where the treatment could be delivered and whether any follow-up appointments would be required. Oral health information and leaflets were available for patients. We saw that this information was up to date and reflected national health campaigns, for example, awareness of the impact of gum disease and on spotting mouth cancer early.
Our findings

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

Responding to and meeting patients' needs

The practice had an appointment system in place that met patients' needs. This also had sufficient capacity to respond to increase in patient demand, for example, due to emergencies and longer courses of treatment. Staff followed a system that allowed all regular serving military personnel to have a periodic dental inspection every six to 24 months. The practice manager responsible for management of the dental practice patient population, carried out regular searches on the patient database to check that all patients were seen within a 24 month window for dental checks.

Feedback from patients, provided through CQC comment cards, suggested that patient satisfaction was high. Patients had commented positively on the speed and quality of treatment, and on the professionalism of all staff at the practice.

Promoting equality

The dental practice was fully accessible to all patients. A patient access audit, as defined in the Equality Act 2010, was not available for the practice. However all doors were wheelchair accessible, and there were accessible toilets in the patient waiting areas. Staff confirmed they would provide assistance with non-automatic doors whenever required.

There was no hearing loop facility at the practice; this was due to lack of demand from patients. The practice did not have any patients who had impaired hearing. Translation services were available if required, via telephone through a contracted provider. All staff knew how to access this service. The arrangements in place at the practice meant services could be provided by a dentist of either gender, for those patients who expressed a preference.

Access to the service

The opening hours of the practice were displayed in the patient waiting area and were set out clearly in the patient information leaflet. Comments provided on comment cards by patients, showed they were happy with the current access arrangements. Out of hours arrangements were in place and patients were informed how to access the out of hours service in the patient information leaflet. When we reviewed the patient appointment system, we saw that the two dentists had appointments blocked out to accommodate dental emergencies.

The practice was purpose built and all equipment was modern and suitable for use. There were no physical factors that impacted on the access to dental services at the practice.
Concerns and complaints

The Senior Dental Officer (SDO) is the lead at the practice for handling complaints. The practice manager acts as a deputy. There have been no complaints at the practice since 2015. The last complaint was about the waiting area at the practice. When we reviewed the handling of complaints we saw that this was in line with the complaints policy. A patient feedback box is also available to patients in the reception area of the practice. Any feedback received is reviewed and discussed at practice meetings. We noted that no feedback had been received via this method for over 12 months.
Our findings

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

Governance arrangements

We were advised that the Senior Dental Officer (SDO) had overall responsibility for the management and clinical leadership of the practice. The SDO worked peripatetically between this practice and a neighbouring practice where they also provided dental services. The practice manager was responsible for the day to day running of the practice. The current practice manager was due to leave the military and had started a period of resettlement leave. One of the dental nurse’s had stepped into the role of acting practice manager, to provide interim cover whilst a new practice manager is appointed. Throughout our inspection, we found no gaps in governance arrangements.

The practice manager provided a report to regional headquarters each month, giving an overview of clinical and non-clinical activity and statistics for the practice. The practice used the Common Assurance Framework (CAF) appropriately to assess internal quality assurance and for monitoring the quality of the service provided to patients. There were no areas of the CAF that were marked as non-compliant or requiring improvement.

All staff at the practice had access to an organisation wide framework of policies, procedures and protocols. In addition, there were specific dental protocols and standard operating processes that reflected current legislation and guidance. Staff were familiar with these and could refer to them when asked during inspection.

Risk management processes were in place to ensure the safety of patients and staff at the dental centre. We saw risk assessments were in place for aspects of clinical practice, equipment use, lone working and the environment in which staff were working.

Communication within the practice and across clinicians in neighbouring practices, was good. Within the practice, weekly meetings were held and recorded. These meetings covered clinical agenda items such as alerts and updates, as well as practice level business, such as appointment availability, any absence cover required and governance items such as equipment checks and servicing. We also noted that time was made for the permanent civilian dentist at the practice, to meet with the SDO to conduct peer review of dental treatment cases. The SDO, who worked at other sites locally, demonstrated they kept up to date with issues in those other practices.

All staff we spoke with demonstrated a good understanding of the information governance arrangements in place at the practice and the importance of these in protecting patients’ personal information. All electronic information systems were password protected. Any patient paper notes were stored securely at the practice.
Leadership, openness and transparency

Staff demonstrated they were aware of their responsibilities in relation to duty of candour requirements. All staff were clear about the need to be open, honest and transparent with patients if any significant incident occurred during treatment. All staff said they enjoyed working at the practice. We were told that leadership was inclusive and supportive. Staff said that they would be comfortable in raising any concerns. Staff told us that military and civilian staff were treated equally, with the same levels of inclusion and respect afforded to all. We saw that staff were supportive of each other and took time out to attend team building events.

Learning and improvement

A programme of audit and continuous improvement was in place at the practice. As standard, audits in place included an infection prevention and control audit, a radiology audit and a prescribing audit. Other routine audits and checks were in place in relation to standards of dental records, cleaning of water lines, clinical waste disposal and health and safety within the practice. When we reviewed audits we saw that any learning was discussed and improvements were implemented. For year on year audits, we could see results were discussed at practice meetings so that all staff were focussed on delivering improvements for patients.

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

The practice had a suggestions box, which patients were encouraged to use to share ideas on how services could be improved. This was prominently placed in the waiting area of the practice. However, there had not been any patient comments received for over 12 months.

Defence Medical Services have a Patient Experience Survey, but this was under review and had not been carried out by the practice. There was no other data available to us that measured patient satisfaction with the service. However, all comment cards we received were positive about the practice and the service patients received.