We carried out an announced comprehensive inspection of RAF Brize Norton Dental Centre on 23 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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<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>
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<tr>
<td>Are services caring?</td>
<td>No action required</td>
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<td>Are services responsive?</td>
<td>No action required</td>
<td>✓</td>
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<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 Brize Norton Dental Centre is the largest of the Royal Air Force dental centres. The practice provides a service to operational units and reservists. It also supports MOL(AIR), a specific dental target driven project that ensures recruits have protected time for dental assessment and treatment during their RAF training. The centre does not provide dental care for dependants or civilian employees. The majority of patients registered are 35 years and under.

The dental centre is a single storey six chair practice that is accessible for patients with limited mobility and wheelchair users. The practice provides routine dentistry and can refer patients internally and to the local NHS Trust for treatment not provided at the dental centre. The six surgeries are fitted with digital radiography. Decontamination of dental instruments is undertaken in each of the surgeries.

The practice operates from 08:00 to 17:00 Monday to Thursday and from 08:00 to 16:00 on 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 locum dental officer, two civilian dentists, a locum civilian dental hygienist, a military practice manager, a civilian deputy practice manager, a civilian dental nurse, two military dental nurses and a civilian receptionist.

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 deputy practice manager, the senior dental officer, two dentists 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 16 CQC comment cards filled in by patients. We also spoke with three patients who were attending the dental centre for an appointment. All the feedback from patients was positive about the treatment and care they received at the practice.

Our key findings were:

- The practice effectively 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 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 patients’ 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.

- An effective system was in place to manage 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.

- Systems for assessing, monitoring and improving the quality of the service were in place.

- An access audit as defined in the Equality Act 2010 had been completed for the premises.

- Checks and an audit of medical emergencies had not identified that some medicines had exceeded their expiry date.

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

- Review its monitoring arrangements of the medical emergency kit, emergency medicines and medicines requiring cold storage, giving due regard to guidelines issued by the Resuscitation Council (UK) and British National Formulary.

- Review the arrangements for handover of duties when a member of staff leaves the service to ensure the staff member taking over has a clear understanding of their responsibilities.

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

The practice manager provided examples of significant events reported and improvements made following investigation into the event. These included incidents involving X-rays, water lines and the compressor. For example, an incident occurred involving the flushing of dental water lines. As a result of the investigation staff were provided with additional training and given extra time to ensure the water lines were flushed in accordance with procedure. We noted from the minutes that significant events were discussed at the two weekly practice meetings, including the outcome and any changes made following a review of the incident.

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 shared electronically with the staff team and copies of the alerts were held in a folder in the staff rest room. The minutes showed alerts were discussed at 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. Safeguarding training was refreshed every three years. A safeguarding update was also scheduled in the annual in-house training programme for the practice.
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 young people or vulnerable adults registered at the practice. Staff were aware of the potential that young people aged 16–18 could be treated at the practice.

The dentists were always supported by a dental nurse when assessing and treating patients. The hygienist did not treat patients with the support of a nurse. Although there was a generic lone working policy in place, it did not specifically take into account the hygienist treating patients without a nurse present. The practice manager advised us that a request had been submitted for a panic button to be fitted in the hygienist’s treatment room. Shortly after the inspection the practice manager sent us a detailed risk assessment outlining the measures in place in the event of a medical emergency occurring when the hygienist was treating patients on their own.

A whistleblowing policy was in place and displayed on the staff notice board. Staff had attended a training session on whistleblowing. They could accurately describe 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 were in place, which set out how the service would be provided if an incident occurred that impacted on its operation.

Medical emergencies

Staff were familiar with where the emergency medical kit was located. It included the emergency equipment, medicines and oxygen as described in recognised guidance. Clear signage was in place denoting the location of the oxygen. Records of the checks staff undertook to ensure the required equipment and medicines were available, within their expiry date and that equipment was in working order were in place. We did note some gaps with the checks. We looked at the kit and found two medicines that had exceeded their expiry date. This had not been identified through the checking process. The practice manager immediately arranged for the medicines to be replaced.

Staff completed training in emergencies, including resuscitation every six months. Records showed training was undertaken in January and May 2017. The training in May included the timed management of medical emergency scenarios. We discussed with the practice manager the benefits of undertaking scenarios at each training session and also recording where the scenarios took place in the building.

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.

We looked at the records for a recently recruited 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 health and safety audit was carried out in March 2016 and the areas it covered included, slips/trips/falls, personal protective equipment, first aid and cleanliness. The practice manager advised us that this audit was repeated every three years. Local risk assessments were in place and included assessments for lone working, sharps, hazardous waste, water safety and over exposure to radiation.

The practice manager was the lead for health and safety and had a nationally recognised qualification for the role. Records demonstrated that the staff team were up-to-date with health and safety training. Training was provided at induction and staff were required to refresh their training annually. Meeting minutes we looked at showed health and safety matters and updates were discussed at practice meetings. The practice manager advised us 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 and the fire management plan for the dental centre. The fire department carried out a routine three yearly fire risk assessment of the building. Monitoring arrangements were in place in order to minimise the risk in the event of a fire of a fire. These included recorded weekly checks of the fire alarm system and monthly checks of fire doors, emergency lighting and firefighting equipment.

The last recorded fire drills including evacuation practice took place in December 2016 and May 2017. 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. The last review took place in January 2017. 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 in April 2016. They had put in place a dedicated IPC notice board for staff that included updates and the IPC training schedule. 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 all the surgeries. The arrangements for decontamination was well organised and consistently the same in all the surgeries. The sterilisation process was systemically 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 baths and autoclaves were working correctly.

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. There was a separate handwashing sink in the surgeries. IPC audits were undertaken twice a year and we saw that the most recent audit was completed in March 2017. The practice manager advised us that a request had been submitted to RHQ for a store room to be converted to a central sterilisation unit.

Water lines were very well managed at the practice and water lines were flushed in accordance with guidance, with specific water sterilisation taking place weekly. A legionella risk assessment had been carried at station level and a legionella management plan was in place. An external contractor maintained the annual legionella inspection programme in accordance with the management plan. They also carried regular checks of water temperatures at the dental centre. 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 used and stored in accordance with national guidance.

Arrangements were in place for the segregation, secure storage and disposal of clinical waste products, including amalgam, extracted teeth and gypsum. Full sharps containers were stored in a separate locked container. The waste contract and consignment notes were retained by the practice manager. A waste audit was undertaken in March 2017.

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. A safety test of portable electrical appliances had been undertaken in July 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. The prescription printer was stored in a locked drawer.

A checking system was in place for monitoring the temperature of the fridge that contained medicines requiring cold storage. We observed on some occasions the temperature recorded was outside of the correct temperature parameters. This had not been reported to the practice manager or re-checked. The practice manager said they would arrange training for staff.

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. Safety procedures for radiography were displayed on notice boards in all surgeries. There was evidence in place to show equipment was maintained annually. An inspection was undertaken by the Radiation Protection Advisor in October 2015 and no concerns were identified.

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 20 dental records completed by the clinicians. 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. Feedback from patients indicated that their dental assessment and treatment was thorough.

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 timeframes were based on risk. Records we looked at confirmed patients were recalled in a safe way. The military dental fitness targets were closely monitored by the practice on a monthly basis. This was shared with patients in the waiting area in the form of a diagrammatical summary of the status of the targets overall, and for each unit or squadron. An explanation of each target was located along the display. The display was refreshed each month following analysis of the targets.

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 locum hygienist had been in post for three weeks. In addition, the dental nurses were qualified in oral health education. Dental records showed that the smoking and drinking habits of patients were included in the examination and assessment process. We also noted 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. We observed information about the impact of dietary sugar and alcohol use amongst service personnel. 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 for their role. 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 refer patients to a range of services if the treatment required was not provided at the practice. These services included referrals to enhanced military dental practices (practices providing additional services, such as endodontics), referrals to the Centre for Restorative Dentistry and external referrals to the local NHS trust for oral surgery. 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.

The deputy practice manager was responsible for monitoring the status of referrals and maintained a log of all referrals made. They said orthodontic referrals could take longer to be processed so an alert was on the system as a reminder to check these. All letters, including discharge letters were scanned into the patient record. We spoke with a patient who had been referred to a specialist service. They said a member of staff contacted them to provide an update on the progress of the referral.

Consent to care and treatment

Staff we spoke with understood the importance of obtaining and recording patients’ 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 we spoke with were aware of their responsibilities in relation to 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 were aware of their responsibility to respect people’s diversity and human rights. Feedback from patients suggested they very satisfied with the way staff treated them. They said staff were helpful, considerate and friendly.

Patient feedback also indicated staff were understanding and put them at ease if they were nervous about having dental treatment. Anxious patients were offered the opportunity to make a longer appointment to talk through their anxiety in a non-surgical room. 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 of a sufficient size to minimise the likelihood of patients being overheard at reception. 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.
Are services responsive to people’s needs?
(for example, to feedback?)

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. When patients contacted the practice for a routine appointment their records were checked to see what recall time frame they had been assigned, and whether they were due for a check-up. All patients were required to be up-to-date with their recall check-up before being deployed. If the recall was due when they were away then the check-up was brought forward.

Patients told us it was easy to get an appointment. They said if an appointment was missed then the practice made contact with them within 30 minutes. Patients said they valued receiving text reminders for their appointments.

Promoting equality

Access audits as defined in the Equality Act 2010 were not routinely completed for dental centres in the military. An access 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. Prompted by the pre-inspection information, the practice manager had sourced an access audit tool and completed the audit. An action in relation to disabled car parking identified from the audit had been addressed prior to the inspection. The practice manager said they had found the audit both thought provoking and informative. They said patients were registered at the practice who were wheelchair users. Reasonable adjustments were in place at the dental centre. For example, there was step-free access, an automatic front door and an accessible toilet.

A hearing loop was not available as this had not been identified as a need for the population. Staff had access to a translation service should the need arise. Both male and female clinicians worked at the practice so patients could choose the preferred gender of staff they wished to be treated by.

Access to the service

The opening hours of the practice were displayed in the waiting area, 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 an hour was kept free by the three clinicians for patients with an emergency need to
be seen (referred to as sick parade). If patients had an urgent need outside of that time staff said the practice would find a way to accommodate them so they are seen on the same day. 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.

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 complaint had been received in the last 12 months. We noted from the documentation that the complaint had been managed in accordance with policy and to the satisfaction of the complainant.
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 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 principal dental officer (PDO) for the region. The clinicians reported to the senior dental officer and nurses and non-clinical staff reported to the practice manager.

The practice manager provided an overview of the governance arrangements for the dental centre. A detailed 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, the status of staff training, 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. 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 August 2017 and a compliance score of 98% was achieved.

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 last health governance assurance audit took place in July 2015. The actions identified had been addressed.

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.

Effective lines of communication were established between the practice and the chain of command at station level. The senior dental officer was in regular contact with squadron commanders to provide updates on the dental fitness of the military personnel. These included quarterly squadron meetings that the senior dental officer attended. The practice manager represented the dental centre at the three monthly health and well-being meetings. In addition, the practice manager sent the squadron leaders a monthly report regarding the status of the dental
targets and failed attendance at appointments. They also provided a list of service personnel requiring a dental review.

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

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 well of the leadership at the practice. They said the culture was open and transparent, and they said speaking out was encouraged. Staff 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. Staff said the mix of military and civilian staff was healthy in terms of team work and the sharing of new ideas. For example, one of the clinicians had worked in the NHS and proposed the implementation of clinician meetings as a form of peer review. It was evident from observation and discussions that the team valued each other’s contribution and worked well together.

Staff were aware of their responsibilities in relation to duty of candour requirements. They provided examples of when they had been open with patients. These were in relation to digital imaging. These examples had also been 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, waste audit, information governance audit and an equipment audit. A medical emergency audit was undertaken in May 2017 and we queried its effectiveness as it had not identified that a medicine was out-of-date. Through this audit, gaps we found with other checks and discussions with staff we concluded that the handover of responsibilities from staff being deployed was not as robust as it should be.

The practice monitored the failure to attend appointments and the detail of this was displayed in the waiting area for each month. It clearly highlighted how many working days were lost due to patients not attending their booked appointments.

We asked about peer review and were informed clinicians met informally every two weeks to discuss clinical care. A regional peer review meeting was facilitated every six months and the last one was held in February 2017.

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. Some appraisals were out-of-date and this was due to a recent change of senior dental officer.
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 by the Defence Medical service. A suggestion box was located in the waiting area. The practice manager monitored the box on a regular basis.

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.