Overall summary

We carried out an announced comprehensive inspection of Dental Centre Leuchars on 11 October 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>Question</th>
<th>Recommendation</th>
<th>Action Required</th>
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<tbody>
<tr>
<td>Are services safe?</td>
<td>No action required</td>
<td>✓</td>
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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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<tr>
<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>
<td>✓</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

Dental Centre Leuchars Station is located in the military station located in the small town of Leuchars near the north east coast of Fife in Scotland. The station was under RAF control until March 2015 when the site was transferred to the army. The dental centre operates over the ground floor only and is co-located with the station medical centre.

The dental centre offers care to service personnel. At the time of inspection the patient list was approximately 850. The two chair practice is staffed by one dental officer, two dental nurses and a dental hygienist. The practice manager post had been vacant since August 2017.

The dental centre was open from 07.45-12.30 and 13.30-16.45 Monday to Thursday, and on a Friday 07.45-13.30. Emergency slots were available twice daily for service personnel seeking urgent care.

The arrangements for access to dental care outside of opening hours were clearly displayed and outlined in the practice leaflet, which directed patients to contact NHS 24 for non-emergency issues. Referrals are sent to Defence Primary Healthcare (DPHC) Centre for Restorative Dentistry or the nearby Dental Hospital in Dundee.

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 senior dental officer, and two 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 25 CQC comment cards completed by patients prior to the inspection. 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 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.
• 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.
• The maintenance of the building was not satisfactory to ensure the safety of patients.
• Patient safety in the waiting area could not be guaranteed due to its position.

We found areas where the practice could make improvements. CQC recommends that the practice:
• Review the premises to establish whether improvements can be made to ensure that care is always delivered in a safe environment.
• Review the system for ensuring safe audit of prescription pads.

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 Senior Dental Officer (SDO) said staff were pro-active in reporting incidents and reported all incidents even if they were minor. Two significant events had been reported in the last year. Both were in relation to sharps injuries. 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.

The SDO 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). They also proactively looked at the MHRA and CAS website for any updates. All MHRA and CAS were discussed at practice meetings and alerts relevant to the practice were shared with individual staff members.

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 adult safeguarding training at a level relevant to their role. Safeguarding training was refreshed every three years. 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.

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 looked at the practice’s arrangements for safe dental care and treatment. These included risk assessments that were regularly reviewed. The practice followed the guidance outlined in Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 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.

Staff had completed training in emergency resuscitation and this training was refreshed annually. 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 SDO and practice nurse 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.

Staffing levels were adequate at the dental centre and staff told us they were currently sufficient to meet the needs of the population. However, this was due to the deployment of a number of troops meaning that the PAR was lower than usual. The practice manager post at Leuchars had been gapped since August 2017 and there were no plans to employ another. In the absence of the practice manager the SDO undertook many of the duties required. When numbers increased again this may pose a risk to patient care.

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 station’s Safety, Health, Environment and Fire (SHEF) department was responsible for ensuring routine health and safety risk assessments of the premises. The SDO 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 poor condition and that there were outstanding maintenance issues at the time of our inspection. A number of issues were indicated that impacted on hygiene requirements in relation to its use, including damp, cupboards cracked due to heat from the steriliser and asbestos tiled floors. At the time an alternative suitable location could not be identified and a new build would be dependent on the future size of the patient population. The risks associated with the building were all logged in the practice’s risk register and had been escalated to the appropriate Station department.

The base had done as much as they could to mitigate the risks associated with the building. For example, rather than remove the asbestos, a decision was taken to encapsulate the asbestos and minimise the risk of it being disturbed. The asbestos was identified on the station asbestos risk register.

The layout of the practice meant not all patients in the waiting area could be observed by reception staff. This was particularly important in the event of a medical emergency.

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.

A fire department was located in the station and was responsible for the management of fire systems and the fire management plan for the station. The fire department carried out a routine three yearly fire risk assessment of the dental centre. 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. 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 dental nurse was 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 are three surgeries, one of which has been adapted for use as a central sterile supply department (CSSD). The other two surgeries were utilised by the dentist and hygienist. There was a dedicated decontamination room at the practice. The arrangements for decontamination were well organised and there was a clear flow from the dirty to clean zone. The sterilisation process was undertaken in accordance with HTM 01-05. The surgery was tidy, clean...
and clutter free. Routine checks were in place to monitor that the ultrasonic bath and autoclave were working correctly. The hygienist did not use the dedicated decontamination room for sterilisation. However the systems in place in the hygienist room were satisfactory, although some damage to the cupboards was being caused by the steam from the steriliser posing an infection control risk.

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 were up to date. Water lines were well managed at the practice as water lines were flushed in accordance with guidance, with specific water sterilisation taking place weekly.

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. 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 dental nurse.

**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. The practice had suitable systems for the safe management of medicines as described in current guidance. Prescriptions were stored in a locked cupboard, however prescription numbers were not logged. 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.

**Radiography (X-rays)**

The practice used digital X-ray equipment. This was 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 dentist 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.

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.

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. 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 and in the local community.
**Staffing**

The two chair practice is staffed by one dental officer, two dental nurses and a dental hygienist. There was no practice manager. In the meantime the SDO and dental nurse were taking on the practice manager duties.

Staff new to the practice, including locum staff had a period of induction, supported by a structured induction programme. We spoke with a member of staff who had been in post two weeks, we looked at records and they confirmed that the induction process 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 nurse 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.

**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 Scottish Intercollegiate Guidelines Network (SIGN) 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 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.
Our findings

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

Respect, dignity, compassion and empathy

We received feedback about the practice from 25 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind and caring. They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them.

We saw that staff protected patients’ privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Information about the service, including opening hours and access to emergency out-of-hours treatment was displayed in the patient waiting area and on the front door of the practice.

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

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.

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

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 dentist was 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. 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.

One complaint had been received in the last 12 months. The complaint concerned the amount of time waiting in the surgery to see with the dentist. Following this the SDO focussed on time keeping and running surgery to time.
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 SDO had the delegated responsibility for the day to day running of the service. All staff were accountable to them who was in turn was accountable to the principle dental officer (PDO) for the region.

The SDO 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 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 SDO.

The SDO reviewed policies, procedures and risk assessments to support the management of the service. The systems and processes for assessing, monitoring and improving the quality of services being provided were embedded and established.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients’ personal information. 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.

Communication within the practice and across clinicians in neighbouring practices was good. Within the practice, monthly 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.
Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. Staff told us the SDO encouraged them to raise any issues of concern and felt confident they could do this. They told us the SDO was approachable, would listen to their concerns and act appropriately. Any concerns were discussed at staff meetings and it was clear the practice worked as a team and dealt with issues professionally. The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

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. 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

Defence Medical Services have a Patient Experience Survey, but this was under review and had not been carried out by the practice. In view of this, the practice undertook their own survey and devised a simple questionnaire to gage patient satisfaction. Results were positive from 30 surveys received;

- 28 patients were happy with how long they had to wait for their appointment.
- 30 patients were happy with the cleanliness of the practice.
- 30 patients were happy with how staff received/treated them.

There was no other data available to us that measured patient satisfaction with the service. However, all 25 comment cards we received were positive about the practice and the service patients received.