We carried out an announced follow-up inspection of Tidworth Dental Centre on 15 August 2018. We had undertaken an announced comprehensive inspection of this service on the 23 January 2018 and found the practice was not safe or well-led in accordance with CQC’s inspection framework. The clinical care provided to patients was of a very good standard. The shortcomings we identified did not have a significant impact on the safety and quality of clinical care.

A copy of the report from our last comprehensive inspection can be found at:


Recommendations made following the inspection in January 2018 were:

- Ensure that near misses are reported on the ASER system. Broaden learning from significant events through extended sharing across the practice team.
- In relation to the facilities used for treating patients and for the decontamination of dental equipment, ensure that all staff are following the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: ‘Code of Practice about the prevention and control of infections and related guidance’.
- Ensure that mandatory training has been completed by all relevant staff, including a comprehensive induction course and safeguarding. Provide infection control training for the lead nurse.
- Ensure that lines of accountability are clear to all staff and consider ways to improve staff morale.
- Verbal complaints should be formally reported, investigated and learned from to capture essential learning and improvement.
- Ensure that governance gaps are identified and addressed through comprehensive and embedded systems.
• The regional management team should measure the ongoing impact on the stability of Dental Centre Tidworth when ‘borrowing’ staff from Dental Centre Tidworth to resource other dental sites.

These recommendations formed the framework for the areas we looked at for this focussed follow-up inspection.

Our findings were:

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<th>No action required</th>
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<tbody>
<tr>
<td>Are services safe?</td>
<td>✓</td>
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<td>Are services well-led?</td>
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Background to this practice

Located in Jellalabad Barracks, Dental Centre Tidworth provides a routine dental service to the largest Army camp in HM Forces. The 10-chair practice provides a service to a military population of around 7500.

The mission statement for the practice aligns with that of Defence Primary Health Care (DPHC), which is to “deliver a unified, safe, efficient and accountable primary healthcare and dental care service for entitled personnel to maximise their health and to deliver personnel medically fit for operations.”

The dental team has a mix of military, civil service and temporary health workers (locums). There are 25 posts and an additional three trainee dental nurses being mentored at any one time; a number of staff work part-time. There are five dentists (four work part time), with one part time visiting oral surgeon, one part time Principal Dental Officer, one dental therapist and 11 dental nurses (military and civilian, including three who are training). A practice manager oversees the day-to-day running of the practice.

The dental centre is open Monday to Thursday from 07.45 to 17.00 and on Fridays from 07.45 to 12.30. The practice provides an emergency service during working hours and when the practice is closed. Patients can be referred internally and to the local NHS Trust for treatment not provided at the dental centre.

How we carried out this inspection

Prior to the inspection we reviewed information about the dental centre provided by the practice. During the inspection we spoke with the practice manager, the Senior Dental Officer (SDO), one of the dentists, the infection prevention and control (IPC) lead, two dental nurses, the health and safety lead and the receptionist. We looked at practice systems, policies, standard operating procedures and other records in relation to how the service was managed. We also checked the building, equipment and facilities.

Our key findings were:

• The management of significant events had been strengthened to ensure near misses were reported and that learning from significant events was shared across the practice team.
• The practice was following the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The

- Clinical waste was being effectively managed.
- Mandatory training and training for specific roles had been completed by all relevant staff. A comprehensive induction programme had been developed.
- Staff were clear about lines of accountability and who to report to.
- Measures taken had been successful in improving staff morale.
- Verbal complaints were being formally reported, investigated and learned from to capture essential learning and improvement.
- Governance systems had been reviewed and successfully strengthened where needed. This also included the ‘loaning’ of staff to support other dental centres who were short.

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

- Ensure appropriate locum staff have full access to the electronic system for reporting significant events.

*Dr John Milne MBE BChD, Senior National Dental Advisor (on behalf of CQC’s Chief Inspector of Primary Medical Services)*
Detailed findings

Are services safe?

Our findings

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

Reporting, learning and improvement from incidents

At the previous inspection we identified that near misses were not being reported as significant events and learning from such events was not widely shared with the staff team. Since then staff had been provided with training regarding significant events and how to report them through the organisation-wide electronic system (referred to as ASER). This training was provided every six months, including a review of any emerging trends in significant events. Still a standing agenda item, any significant events reported continued to be discussed at the monthly practice meetings but were consolidated by the six monthly training to ensure understanding of outcomes and trends.

Locum staff did not have access to the electronic ASER system so they instead completed a hardcopy form, which was entered onto the system by the practice manager. The practice manager had been advised by the team responsible for ASER that locum staff were not permitted access. This was not in keeping with our findings for other locum staff across the DPHC and we raised it with the senior management team.

Infection control

At the previous inspection we found the practice was not adhering to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: ‘Code of Practice about the prevention and control of infections and related guidance’. Instruments and materials had not always been checked: the sterilisation use-by-date was not always in place and we noted an item that had expired. The IPC audit did not afford sufficient assurance that infection control procedures were effective.

The IPC lead was suitably trained, skilled and experienced for the role. The recommendations made at the last inspection had all been addressed and the IPC audit process strengthened to ensure actions were effectively followed up. In addition, the management of clinical waste had been reviewed to ensure it was removed in a timely way. A process for monitoring the
cleanliness of the environment in conjunction with the contract cleaning supervisor had been initiated.

The Control of Substances Hazardous to Health (COSHH) file had been updated by a dedicated staff who was assigned the lead for COSHH. Risk assessments for each of the COSHH products were in place along with safety data sheets; information sheets about each hazardous product, including handling, storage and emergency measures in case of an accident.
Our findings

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

Governance arrangements

At the previous inspection we found staff resource and skill mix was not being managed effectively. Staff were allocated to clinics at other dental centres across the region on a regular basis, leaving gaps and reduced stability at Dental Centre Tidworth. This had resulted in the cancellation of patient appointments. This had a negative impact on staff who worked beyond their hours to deliver the care required. In addition, not all staff were clear about lines of accountability. They were unsure who to approach with an issue that needed resolving.

Since the previous inspection there had been a review and revision of governance processes led by a new SDO who joined the practice in August 2017, and had taken up the SDO post since February 2018. We found that processes to monitor quality and safety had improved including IPC audit and the management of waste. Staff training had been reviewed and a new system put in place to monitor its status. The complaints process had been revised and verbal complaints were now being recorded. Staff skills had been identified and workload reorganised. The movement of staff to support at other practices had been identified as a risk with the regional team. If other practices required support now, it was being managed more effectively.

A poster size flow chart was displayed in the staff room and it clearly outlined the staff structure and lines of accountability. Names could be removed as staff changed due to deployment. Alongside this chart was a list of the lead roles each member of staff was responsible for. All staff we spoke were pleased with the new leadership and were clear who about their role and who to report to.

Leadership, openness and transparency

At the previous inspection some staff said they did not feel well supported or valued. They commented on feeling helplessness and referred to a blame culture driven by productivity led vision and values. Staff we spoke with said the atmosphere at the practice had improved significantly in recent months and they attributed this to the change in leadership. Some staff said clarity regarding roles and responsibilities had helped to dissipate the blame culture.

Staff told us the regular practice meetings with a more structured agenda promoted openness and transparency. 'Safe space' had also been introduced whereby time was set aside by managers and leaders for staff to have one-to-one time to discuss any concerns in private. All staff had participated in whistle blowing training. Other initiatives introduced to improve staff more morale included employee of the month, acknowledgement of staff birthdays and regular team building days.