Overall summary

We carried out an announced comprehensive inspection of Deepcut Dental on 21 November 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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<tbody>
<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 specialist military dental advisor.

Background to this practice

Deepcut Dental is located Deepcut, Surrey.

The dental centre operates on the ground floor only and is co-located with the station medical centre. At the time of inspection the patient list was approximately 1100. Of these personnel, 99.7% (1036) are army personnel; 92% are male and 8% are female.

The three chair practice is staffed by one senior dental officer (SDO), a civilian dental practitioner (CDP), two civilian dental nurses, the practice manager, deputy practice manager and a dental hygienist.

The dental centre is open from 08:00 to 16:30 Monday to Thursday, and on a Friday 08:00 to 12:00. Emergency slots are available twice daily for service personnel seeking urgent care. It is closed at the weekend. Arrangements are in place for access to an emergency dental service outside of working hours.

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 SDO, 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 16 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 patient’s needs.
- The practice had effective leadership. Staff felt involved and supported, and worked well as a team.
- A number of methods were used to secure patient feedback about the service they received.
- The practice had an effective system in place to deal with complaints.
- Medicines and life-saving equipment were available in the event of a medical emergency.
- The practice was working in accordance with national practice guidelines for the decontamination of dental instruments.
- An effective system for assessing, monitoring and improving the quality of the service was in place.

**The Chief Inspector recommends:**

- Review the practice’s infection control procedures and protocols to take into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: ‘Code of Practice about the prevention and control of infections and related guidance’. This should include an improved cleaning regime and all chairs used in clinical areas to be wipeable.
- Ensure an up to date copy of the fire risk assessment is in place.
- Establish a risk assessment for lone working.

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 including those considered to be minor. Two significant events had been reported in the last year. Both were in relation to X-rays. We saw that new protocols had been implemented to improve the systems. 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 looked proactively at the MHRA and CAS website for any updates. All MHRA and CAS alerts 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 SDO 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
hygienist did not treat patients with a nurse present. A risk assessment was not in place to support lone working but we were assured that as the practice was small, in an emergency anyone calling for assistance could be easily heard. Following the inspection the practice notified us that a lone worker risk assessment was now in place. We will formally follow up and re-assess this at a later date.

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; this set out how the service would be provided if an incident occurred that impacted on its operation.

**Medical emergencies**

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.

Kits for spillages of bodily fluids and mercury were available, along with a first aid kit. Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support.

**Staff recruitment**

The full range of recruitment records for permanent staff were held centrally at the RHQ. We looked at the DMS-wide electronic system and we saw 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 the registration status of each member of staff with the General Dental Council (GDC). 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.

**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, control of substances hazardous to health (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 old and in poor condition. A number of issues were indicated that impacted on hygiene requirements in relation to its use, including cracked floors and non wipeable furniture in clinical areas. The base had done as much as they could to mitigate the risks associated with the building. For example, floors were patched instead of being replaced. The risks associated with the building were all logged in the practice’s risk register and had been escalated to the appropriate station department.

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. Records showed that staff were up-to-date with fire training.

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. The risk assessment that we saw was due for review in October 2016. The SDO had email evidence which provided assurance that the risk assessment had been completed but they had yet to receive the updated copy. Also following the inspection the practice notified us that an updated fire inspection has been completed. We will formally follow up and re-assess this at a later date.

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. 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 was in place for the practice and 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 it every six months. The six-monthly IPC refresher training was provided at the regional training days.

There were three surgeries utilised by the dentists and hygienist. There was a dedicated decontamination room at the practice. The arrangements for decontamination was 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 surgeries were tidy, clean and clutter free. Routine checks were in place to monitor that the ultrasonic bath and autoclave were working correctly.

Sufficient handwashing facilities and materials were available for staff in the centre. There was a separate handwashing sink in each of 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 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.
However, we found that environmental cleaning equipment was not stored in accordance with national guidance. In particular this was the storage and cleanliness of the cleaning mops. We also noted that the office chair used in the surgery was not wipe clean. This had been raised as an issue by the SDO to region but to date had not been actioned.

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. The practice had suitable systems for the safe management of medicines as described in current guidance. Prescriptions were stored in a locked drawer and prescription numbers were logged. Medicines were stored correctly and those 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. We saw that local rules were wall mounted outside the treatment rooms. 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. 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

To corroborate our findings 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.

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 part time hygienist was in post and the dental nurses were qualified in oral health education. One nurse was trained in the application of fluoride varnish and another was undertaking their training during the week of our inspection. It was anticipated that with two dental nurses trained, the practice could then provide a small clinic to offer this service. 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.

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. 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 Stoptober and Mouth Cancer Awareness.

Staffing
The three chair practice was staffed by one senior dental officer (SDO), one civilian dentist (CDP), two dental nurses and a dental hygienist. There was a practice manager and a deputy practice manager.

Staff new to the practice, including locum staff, were supported by a structured induction programme. We looked at records which provided assurance 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. 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.

**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) and external referrals to a local NHS trust for oral surgery. Staff 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 practice manager maintained a log of referrals made and the status of the referrals was monitored to ensure 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.

Staff had a good understanding of their responsibilities under 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

We received feedback about the practice from 16 people. Patients were positive about all aspects of the service the practice provided.

We observed patients were dealt with in a kind, friendly, compassionate and professional manner. We saw staff were polite, welcoming to patients, professional and sensitive to the different needs of patients. We observed staff communicating with patients on the telephone and saw them respond in an equally calm, professional manner. Staff we spoke with were aware of the importance of providing patients with privacy. They told us they could access another room in the practice if patients wished to discuss something with them in private or if they were anxious about anything. We saw staff were careful to follow the practice’s confidentiality policy when discussing patients’ treatments so that confidential information remained private.

Information about the service, including opening hours and access to emergency out-of-hours treatment was available via the guardroom, displayed in the patient waiting area and was in the practice leaflet.

Involvement in decisions about care and treatment

Patient feedback suggested staff provided clear information to help with making treatment choices. The dental records clearly showed patients were informed about the treatment choices available and were involved in the decision making. A wide range of oral health information and leaflets were available for patients and a wide range of this information was accessible to patients in the waiting area.
Our findings

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

Responding to and meeting patients' needs

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 12 to 18 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. There was a male and female dentist available so if a patient had a preference to be treated this could be accommodated.

Access to the service

The opening hours of the practice were displayed in the premises, recorded on the answer phone message and available in the practice leaflet. Feedback from patients suggested they had been able to get an appointment with ease and at a time that suited them. They were aware of how to access the out-of-hours dental services.

Each morning and afternoon time was kept free (referred to as sick parade) for patients with an emergency need to be seen. If patients had an urgent need outside of that time staff said the practice would find a way to accommodate them so they are seen on the same day. A rota was in place for access to an on-call dentist out-of-hours within the region.

Concerns and complaints

The senior dental officer was overall responsible for complaints. The practice manager managed the complaints process. A complaints procedure was displayed in the waiting area for patients and
summarised in the practice leaflet.

Processes were in place for documenting and managing complaints. The SDO confirmed that no complaints had been received about the practice in the last year.
Our findings

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

Governance arrangements

The senior dental officer (SDO) 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 practice had governance arrangements which ensured roles and responsibilities throughout the service were clear. Quality and performance were regularly considered and risks were identified, understood and routinely managed. For example, staff were supported and managed at all times and were clear about their lines of accountability. They carried out audits and daily checks and took responsibility for ensuring the SDO was kept informed.

Staff were supported to meet their professional standards and follow their professional code of conduct. All staff were up to date with their yearly continuing professional development requirements (CPD). They were monitored and encouraged to maintain their CPD. Staff had access to online learning, weekly training afternoons as well as additional training courses to help maintain their knowledge and skills.

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, six weekly meetings were held and recorded. These meetings covered clinical

Are services well-led?
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.

The leadership and culture of the practice reflected their values, encouraging openness and transparency and promoting the delivery of high quality care. Regular team meetings were supplemented by daily get-togethers at coffee and lunch breaks to discuss the days schedule and to pass on important information. Staff told us that there was an open and accessible culture within the practice. They said they had the opportunities, and were happy to raise issues at team meetings and at any time with the SDO or practice manager without fear of recrimination.

**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 appraisals. The SDO 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. We saw the results were positive from 12 surveys received; these were yet to be collated.

All of the 16 comment cards we received were positive about the practice and the kindness shown to patients.

The practice gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the development of the practice to improve outcomes for patients and themselves.