Overall summary

We carried out an announced comprehensive inspection of Dental Centre RAF Linton On Ouse on 30 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:

<table>
<thead>
<tr>
<th>Are services safe?</th>
<th>No action required</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are services effective?</td>
<td>No action required</td>
<td>✓</td>
</tr>
<tr>
<td>Are services caring?</td>
<td>No action required</td>
<td>✓</td>
</tr>
<tr>
<td>Are services responsive?</td>
<td>No action required</td>
<td>✓</td>
</tr>
<tr>
<td>Are services well-led?</td>
<td>No action required</td>
<td>✓</td>
</tr>
</tbody>
</table>
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 officer advisor.

Background to this practice

Dental Centre RAF Linton On Ouse is a one chair practice and provides a routine dental service to a service personnel population of 270. The population includes permanent staff and recruits. The practice aims to comply with MOL(AIR)R, an RAF treatment strategy used to improve the dental health of personnel entering the military. The project ensures recruits have protected time for dental assessment and treatment during their training. The practice has one X-ray set and decontamination of dental instruments is undertaken in the surgery.

The dental centre is open one day a week; Wednesday 08:00 to 16:00 hours. Staffing on this day is provided by the senior dental officer (SDO), practice manager and dental nurse from Leeming Dental Centre approximately 28 miles away. Patients have the option of having an appointment at RAF Leeming Dental Centre if they wish to be seen on an alternative day to Wednesday. Patients can be referred internally and to the local NHS Trust for treatment not provided at the dental centre. 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 dental centre provided by the practice manager.

During the inspection we spoke with the practice manager, the SDO and a dental nurse. 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 14 CQC comment cards completed by patients prior to the inspection. We also spoke with two patients who were attending the dental centre for an appointment. All the feedback from patients was positive, including their experience of treatment and care at the practice.

Our key findings were:

- The practice used a DMS-wide electronic system for reporting and managing incidents, accidents and significant events.
- The practice had systems 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.
- The practice asked patients for feedback about the services they provided.
- An effective system was in place for managing complaints.
- Medicines and life-saving equipment were available in the event of a medical emergency.
- Staff worked in accordance with national practice guidelines for the decontamination of dental instruments.
- Systems for assessing, monitoring and improving the quality of the service was in place.

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

- Review the layout of the premises to ensure it supports the privacy and confidentiality of patients.
- Review the process for checking the dental instruments to ensure they have not surpassed their use-by-date.
- In relation to the facilities used for the decontamination of dental equipment, review the cracks in the surgery flooring giving due regard to 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’.

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

The Automated Significant Event Reporting (ASER) DMS-wide system was used to report, investigate and learn from significant events, incidents and near misses. The practice manager was the lead for significant events. Staff had a clear understanding of the types of significant events that should be reported and understood how to report an incident, including when to report in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Locum staff did not have electronic access to the ASER system but could complete a hardcopy significant event form, which was then uploaded by the practice manager to the system. The practice manager said they would explore the option of locum staff who had been in post longer than three months having access in their own right to the electronic system.

Examples of significant events reported in the last 12 months were in relation to equipment failure and computer outage. The practice manager described the action taken which successfully minimised the reoccurrence of similar events. The monthly practice meeting held at Leeming Dental Centre took account of the activity at Linton On Ouse Dental Centre and any significant events raised were discussed at this meeting.

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). The MHRA and CAS alerts received were logged and emailed to staff. Alerts were discussed at practice meetings and the minutes from the meeting of 9 November 2017 confirmed this.

Reliable safety systems and processes (including safeguarding)

The senior dental officer (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. A briefing on the safeguarding arrangements was displayed in the reception for staff and it included local contact numbers.
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. 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. Staff were aware of the potential for patients aged 16 to 18 to be treated at the practice. The dentist was always supported by a dental nurse when assessing and treating patients.

A whistleblowing policy was in place and available to staff. 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 relevant safety laws when using needles and other sharp dental items. The dentist routinely used rubber dams when providing root canal treatment in line with guidance from the British Endodontic Society. They also used a rubber dam for some other complex treatments, such as composite work. If a rubber dam was not used then a rationale for this was recorded in the patient’s record and an alternative moisture control measure was used.

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

The emergency medical kit was kept in the surgery. Controlled drugs used in the event of a medical emergency were stored in a locked safe in the surgery and could be quickly accessed if needed. Daily checks of the medical emergency kit were recorded and demonstrated that all items were present and in date. The practice had access to the Automated External Defibrillator (AED) held by the co-located medical centre. Staff had completed training in emergency resuscitation and this training was refreshed every six months at the regional training day. Training included simulated scenarios. Staff had received training in the use of the defibrillator in May 2017.

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 was 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 spoke with a member of staff who described a structured recruitment process, involving completion of all relevant recruitment checks.
Monitoring health & safety and responding to risks

Organisation-wide health and safety policy and protocols were in place to support with managing potential risk. The practice manager was the lead for health and safety and had received relevant training for the role. A health and safety assessment of the environment was undertaken in February 2017 by a member of the health and safety department for the station. An improvement plan had been produced and we could see that the majority of the actions had been completed.

Risk assessments were in place for the practice, including assessments for the environment, personal protective equipment, lone working, sharps injuries and water safety. Records demonstrated that staff were up-to-date with health and safety training. Training was provided at induction and through on-line courses. A risk assessment completed identified asbestos in parts the building, including the storage cupboard and laboratory. The asbestos had been sealed to minimise the risk of it being disturbed. The presence of asbestos was identified on the station’s risk register. Shortly after the inspection the practice manager forwarded to us a local risk assessment outlining the control measures in place to minimise the risk to staff and others using the building.

The management of fire systems at the practice was undertaken by the health and safety department for the station; a full fire risk assessment for the building was undertaken in June 2015 and annual fire safety checks of equipment took place. Weekly and monthly tests of the fire system were in place. Staff received annual fire training with an evacuation drill; the most recent drill took place in November 2017.

The practice manager had the lead for COSHH (Control of Substances Hazardous to Health) and conducted regular reviews of the COSHH products used at the practice. The last review was undertaken in November 2017. COSHH risk assessments and product data sheets were available electronically for staff to reference. The practice manager was in the process of providing these in hard copy in the event that they could not be accessed electronically. 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 accessible to staff. They followed guidance outlined 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 and the practice manager were the dedicated leads for IPC and had completed relevant training for the role. Staff were up-to-date with IPC training and records confirmed they completed IPC training every six months.

Decontamination of dental instruments took place in the surgery. Overall the environment for sterilisation, including fixtures and fittings, supported the safe decontamination of dental instruments. We did note some minor cracks in the flooring and highlighted these to the SDO at the time of the inspection. We observed that the sterilisation process was undertaken in accordance with HTM 01-05. They said they would raise a statement of need (request for improvement) for the flooring to be addressed.

Routine checks were in place to monitor that the ultrasonic bath and autoclave were working correctly. The surgery was tidy, clean and clutter free. Dental instruments and materials were checked regularly. However we noted a small number of infrequently used dental instruments had
surpassed their use by date and staff removed these as soon as we informed them. IPC audits were undertaken twice a year and access to the audits confirmed this.

Water lines were well managed at the practice. They were flushed in accordance with guidance, with specific water sterilisation taking place weekly. In addition, water was tested every six months to ensure it was safe. A legionella risk assessment had been carried out by the health and safety department for the whole station, including the dental centre. A local legionella risk assessment was also in place. Although information was not in place to support this, the practice manager confirmed that the health and safety department checked the water temperatures on a monthly basis; they were last checked in October 2017.

Environmental cleaning was carried out by an external company on a Wednesday when the dental centre was open. 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, sharps, extracted teeth and gypsum. The clinical waste bins were shared with the medical centre. The medical centre held the consignment notes and the practice manager of the dental centre received a copy.

**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 December 2016.

Medicines that required cold storage were kept in a fridge, the temperature of which was checked weekly when the practice was open to ensure it was within the correct parameters. There were no arrangements in place to check the fridge temperatures when the practice was closed.

Prescription serial numbers were logged and prescriptions were stored in a locked cabinet.

**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. Signed and dated Local Rules were displayed in the surgery, along with safety procedures for radiography. Evidence was in place to show equipment was maintained every three years.

To corroborate our findings we looked at range of patient’s dental records. They showed the dentist justified, graded and reported on the X-rays they took. In accordance with current guidance and legislation, the dentist carried out X-ray audits; all X-rays were audited. 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

We looked at range of patient’s dental records to corroborate our findings. The 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. Patients completed a detailed medical and dental history form at each visit. With the consent of the patient, we observed a dental examination and we found it to be systematic and thorough.

Patients’ treatment needs were assessed by the dentist in line with recognised guidance. For example, treatment was planned in accordance with the BPE (basic periodontal examination - assessment of the gums) and caries (tooth decay) risk assessment. The dentist also followed appropriate guidance in relation to the management of wisdom teeth and recall intervals between oral health reviews. Feedback from patients indicated that the assessment and treatment they received was thorough. Based on the outcome of a patient’s BPE score, the dentist could refer the patient to the dental hygienist at Leeming Dental Centre.

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. Dental records showed that lifestyle habits of patients, such as smoking and drinking, were included in the dental assessment process. An alcohol consumption audit was completed with all patients. 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 to a medical centre for advice about smoking, diet and alcohol use.

Oral health displays were evident in the patient waiting area. Staff said the displays were refreshed on a regular basis and they often targeted to population need and/or seasonally activities, such as Stoptober. The practice supported other oral health promotion campaigns, including Smile Month and Mouth Cancer Awareness Week. The dental team participated in the health and wellbeing promotion fairs held at the station. Oral health and fitness was also discussed at the unit health committee meetings.

Staffing

Staff new to the practice, including locum staff, had a period of induction that included a generic programme and induction tailored to the dental centre. We spoke with a member of staff and with
their consent looked at their records. They showed a comprehensive induction programme had taken place when the staff member first started that took account of areas, such as health and safety, radiation, fire, complaints, IPC and operational systems. New staff, including locum staff also received guidance and training in how to use the electronic patient record system.

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. 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 (CPD) 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. With the consent of staff, we looked at two CPD shows. They showed that staff regularly kept up to date with their CPD requirements.

**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. If needed, the practice manager followed up referrals with a telephone call or email.

**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. Feedback informed us that patients were satisfied that they received clear information about their treatment and treatment options were discussed with them.

Staff had received training in relation to the Mental Capacity Act (2005) should they need to treat adults who may not be in a position to make an informed decision.
Our findings

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

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights. Feedback from patients, including the 14 feedback cards completed by patients prior to the inspection, suggested patients were pleased with the way staff treated them. Emerging themes suggested staff were professional, respectful, thorough and informative.

Patient feedback also indicated staff were understanding and put them at ease if they were nervous about having dental treatment. If a patient was anxious about receiving dental treatment then it was discussed at their appointment. Patients were offered the opportunity to make a longer appointment and talk through their anxiety if appropriate. If necessary other strategies for reducing anxiety could be considered, such as referral to the mental health team, medication pre-treatment or a referral to an enhanced practice for conscious sedation.

The environment was very small and did not support effective privacy and confidentiality. Conversations in the treatment room and at reception could be clearly heard in the waiting area, which was positioned between the two. By the end of the inspection the practice manager had sourced a radio which they planned to place on a low volume in the waiting area to support with minimising conversations being overheard. 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 in locked metal cabinets.

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 support 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 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

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. Patients we spoke with were satisfied with the practice being open on Wednesday’s only. Albeit a limited dental service, feedback and discussions suggested patients valued the dental service being available at the station. Because of work commitments, patients said travelling to Leeming Dental Centre would not be convenient for routine appointments.

Patients said they were happy to travel to Leeming Dental Centre for an urgent appointment if needed and a vehicle was available at the station if transport was required.

Staff followed the principle that all regular serving service personnel were required to have a periodic dental inspection every six to 24 months depending on a dental risk assessment or recall period. A log of recalls was maintained by the practice manager and this was checked regularly. Patients could make routine appointments between their recall periods if they had any changes to or concerns about their oral health. The practice could accommodate block bookings if required to meet the needs of a unit.

Promoting equality

An up-to-date access audit as defined in the Equality Act 2010 was 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. The practice was located on the first floor with just staircase access and the access audit took account of this. Although the population of wheelchair users and patients with physical disabilities was very low, the practice manager did confirm that sometimes the patients had injuries which meant they could not use the stairs.

Patients who could not access the practice were directed to Leeming Dental Centre as that has wheelchair access. 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 just one dentist so if a patient had a preference to be treated by a dentist of a different gender 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. Thirty minutes were allocated each Wednesday for urgent appointments. Patients with an urgent need on days other than
Wednesday and during routine working hours could be seen at Leeming Dental Centre.

A notice was placed on the front door advising patients of the out-of-hour arrangements and the practice manager replaced this notice as out-of-hours arrangements changed. Patient feedback suggested they were kept informed of the arrangements. 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 had the delegated responsibility for managing 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 complaints file had been set up including all the required documentation to process a complaint. The practice manager confirmed that no complaints had been received about the practice in the last 12 months.
Are services well-led?

Our findings

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

Governance arrangements

Both the senior dental officer (SDO) and practice manager were new to the management of the service. The SDO 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. The staff team was accountable to the SDO who was in turn was accountable to the principle dental officer (PDO) for the region. All staff were aware of their role and responsibilities within the practice.

In addition to full time management of Leeming Dental Centre, the practice manager had taken on responsibility for the management of Linton On Ouse Dental Centre shortly before our inspection. They were in the process of reviewing and, where appropriate, updating governance systems. For example, the process for managing COSHH was being revised and environmental risk assessments were being reviewed and updated.

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.

An internal quality assurance tool, the DMS Common Assurance Framework (CAF) was used to monitor safety and performance. The CAF was formally introduced in September 2009 and since that time has been the standard healthcare governance assurance tool utilised by DMS practices to assure the standards of health care delivery within DMS. When a CAF assessment is undertaken by RHQ it is referred to as a Health Governance Assurance Visit (HGAV). The last HGAV was undertaken two years ago. Based on the outcome of our inspection, the practice manager planned to refresh the CAF.

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 medicines, the environment and equipment. A range of checks and audits were in place to monitor the quality of service provision.

Lines of communication were established between the practice and chain of command at station level. Due to a high staff turnover, the monthly station Unit Health Committee meetings had not been regularly attended by a representative of the practice. The practice manager had plans to start attending these meetings on a regular basis.
We looked at communication systems within the practice. The main forum for sharing information was through the monthly practice meetings held at Leeming Dental Centre. The meeting minutes from 9 November 2017 showed that The Linton On Ouse Dental Centre was a standing agenda item 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 and confirmed the culture was open and transparent, and they would be confident raising any concerns. They 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. It was evident from observation and discussions that the team valued each other’s contribution and worked well together. Staff said they felt valued and included in the running of the practice.

Systems were in place to ensure compliance with the requirements of the duty of candour and all staff had a good understanding of the matter. Duty of candour is a set of specific legal requirements that leaders of services must follow when things go wrong with care and treatment. This included ensuring all staff understood to communicate with patients about notifiable safety incidents.

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, a radiology audit and infection prevention and control (IPC) audit. Others included audits in relation to complaints, prescribing and waste management. Improvements had been made as a result of audit. For example, it was identified as a result of audit that enhanced IPC training would benefit the team and this was being arranged. Dental fitness targets were monitored closely each month.

Staff also demonstrated that they made improvements based on the outcome of quality improvement initiatives in other military dental practices, such as audit and inspections. For example, a DDA access audit had been completed for the premises based on staff’s awareness that CQC had been asking for such audits as part of its inspection process. This was the first time we had seen a detailed DDA access audit completed at local level. It was particularly important as the practice could not provide wheelchair access.

The staff team attended a regional training day three times a year, where they received training updates and had an opportunity to participate in clinical peer review. Staff received mid and end of year annual appraisal. We saw from the staff monitoring system that staff appraisals were up-to-date.

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

A centralised process had been in place to seek patient feedback but the practice manager advised us the survey had stopped whilst it was under review. A new survey process was about to be introduced. A suggestion box was located in the waiting area and the practice manager monitored it 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.