We carried out an announced comprehensive inspection of DPHC Dental Centre Bickleigh on 10 January 2018.

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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<th>Services</th>
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<td>Are services safe?</td>
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<tr>
<td>Are services effective?</td>
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<td>Are services caring?</td>
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<td>Are services responsive?</td>
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<td>Are services well-led?</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

DPHC Dental Centre Bickleigh at 42 Commando Royal Marines is a two chair practice which provides all military personnel within the population at risk (PAR) with primary dental care, in order to maintain the highest standards of dental fitness and ensure all entitled personnel are fit to deploy on military operations. The PAR on the day of the inspection was approximately 650.

In addition to emergency and routine dental treatment, patients can also access specialist dental treatment by way of referral. The department is modern, with a central sterilisation unit, digital radiographic equipment and electronic record-keeping. It operates with one full time military dentist and a part-time military hygienist. There is a military practice manager and civilian dental nurse. The dental centre is open on Monday, Tuesday and Thursday 0800 to 1630 and Wednesday and Friday 0800 to 1230 hours. The practice provides an emergency service and extended opening hours to meet patient need.

The dental team at Bickleigh can deploy with 42 Commando RM, using portable dental equipment, in order to provide emergency and routine dental treatment 'at sea' and on land-based operations.

How we carried out this inspection

Prior to the inspection we reviewed information about the practice provided to CQC by DMS. During the inspection we spoke with the Senior Dental Officer (SDO), one dental nurse and a practice manager. 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 did not collect any CQC comment cards as the inspection took place only two days after the Christmas leave period, and there had been limited time prior to the inspection for patients to complete these. We did see other feedback from patients, which was entirely 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.

• 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.

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

Review the use of prescriptions pads which were not numbered and therefore unable to provide a thorough audit trail of their use.

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 staff team had a good understanding of the reporting of significant events. No significant events had been reported in the last year. Significant events were a standing agenda item at practice meetings.

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. Records confirmed 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. Staff highlighted that there was a potential for patients aged 16 to 18 to be treated at the practice, these patients had an alert put on their electronic records to highlight this. The dentist was always supported by a dental nurse when assessing and treating patients.

The hygienist did not have the support of a nurse when treating patients. There was an emergency
alarm in the treatment rooms to summon assistance in the event of a medical emergency. A risk assessment was also in place to support lone working.

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 the guidance outlined in Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 when using needles and other sharp dental items. The dentist routinely used a rubber dam 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**

Records showed staff were up-to-date with training in managing medical emergencies, including emergency resuscitation and the use of the AED (automated external defibrillator). Daily checks of the medical emergency kits were recorded and demonstrated that all items were present and in-date.

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.
A wide range of risk assessments were in place for the practice, including assessments for the environment, personal protective equipment, sharps injuries and legionella. Records demonstrated that staff were up-to-date with health and safety training. Training was provided at induction and through on-line courses.

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.

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. The management of fire systems at the practice was undertaken by the Defence Fire Service located at the base; a full fire risk assessment for the building was undertaken in February 2016 and fire safety checks of equipment were undertaken annually. Weekly and monthly tests of the fire system and firefighting equipment were in place.

**Infection control**

An infection prevention and control (IPC) policy supported by protocols was in place for the practice and located in all the surgeries. This reflected guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health. The dental nurse was the dedicated lead for IPC and had completed relevant training for the role. Records showed staff were up-to-date with IPC training.

There were two surgeries utilised by the dentist and hygienist. There was a dedicated decontamination room at the practice. The arrangement 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 and were flushed in accordance with guidance, with specific water sterilisation taking place weekly.

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.

Environmental cleaning was carried out by an external company twice a day. The practice was very clean and tidy throughout.

**Equipment and medicines**

Routine equipment checks in accordance with the manufacturer’s recommendations were undertaken. Equipment logs were maintained by the practice manager that kept a track of when equipment was due to be serviced and were up to date. The practice had suitable systems for the
safe management of medicines as described in current guidance. Prescriptions were stored securely in a locked drawer, however they were blank and had no prescription numbers on them. We discussed this with the SDO who said they would replace them with numbered prescriptions as soon as could be arranged. 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 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 each surgery, along with safety procedures for radiography. Evidence was in place to show equipment was maintained every three years. 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 dentist 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 one day per week and the dental nurse was qualified in oral health education. Dental records showed determining the smoking and drinking habits of patients was 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. Staff said the displays were refreshed on a regular basis. The practice supported other oral health promotion campaigns, including Mouth Cancer Awareness Week. The dental team participated in the health and wellbeing promotion fairs held at the station and were present at induction talks when new troops were stationed at the base.

Staffing

The two chair practice was staffed by one senior dental officer (SDO), one civilian dental nurse and a dental hygienist. There was also a practice manager who was also a qualified dental nurse.
Staff new to the practice 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. We were told that previously there had been some problems with patients not attending out patients appointments as the appointment letter was sent straight to them by secondary care and they did not always receive them in time, for example if they were away on a course or out on exercise for two weeks. The practice adopted a system tailored to meet the needs of the patients by ensuring all appointment letters were sent back to the dental practice who then in turn contacted the patient. If they were not available then the hospital were made aware and alternative dates made.

**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 saw feedback about the practice from three people. All were complimentary about the service the practice provided and of the kindness of staff.

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, displayed on the front door of the practice and was in the practice leaflet.

Involvement in decisions about care and treatment

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.

On the day of inspection we did not collect any CQC comment cards as the inspection took place only two days after Christmas leave and there had been limited time for patients prior to the inspection to complete these. We did see other feedback from patients, although minimal which was entirely positive about the practice, including treatment and care.

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, a passenger lift to the dental practice on the first floor 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. Information of how to access the out-of-hours dental services was also available in all of these and via the guardroom.

Each morning at 0800 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 surgeon was overall responsible for complaints. A display regarding the complaints procedure was displayed in the waiting area for patients and summarised in the practice leaflet. This was put in place following some feedback from a patient last year who had found it difficult to find the complaints process. The practice acted upon this and made some positive changes to ensure all patients had the right information that was easily accessible.

Staff were familiar with the complaints policy and their responsibilities. Processes were in place for documenting and managing complaints. Two complaints had been received in the last 12 months, we saw they were investigated thoroughly and actioned appropriately.
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. All staff were accountable to the SDO who was in turn was accountable to the principal 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.

Lines of communication were well established between the practice and chain of command at station level. The monthly station Unit Health Committee meeting minutes showed that the practice manager attended these on a regular basis. Communication within the practice and
across clinicians in neighbouring practices was good. Within the practice, weekly 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 and any absence cover required. The SDO also attended weekly head of department meetings and quarterly regional meetings.

**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.

Staff received mid and end of year annual appraisal. 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. The staff team attended study days twice a year for training updates. Peer review meetings were held monthly and all pertinent learning was shared with the whole practice team every week.

**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. We saw three example of positive feedback received in 2017 which showed thanks from patients for the care and kindness shown by the practice.

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.