

Defence Medical Services Stafford Dental Centre Inspection Report

MOD Stafford
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Overall summary

We carried out an announced comprehensive inspection of Stafford Dental Centre on 15 February 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:

Are services safe?	No action required	✓
Are services effective?	No action required	✓
Are services caring?	No action required	✓
Are services responsive?	No action required	✓
Are services well-led?	No action required	✓

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 dental specialist advisor and a dental nurse specialist advisor.

Background to this practice

Stafford Dental Centre is a busy, three chair dental centre, located in a purpose built facility. The dental centre has three treatment rooms, two sets of x-ray machines and is co-located with the medical centre. The centre provides a full range of dental services including minor dental surgery, acupuncture and endodontic treatment. Referrals for more complex work are made to the Queen Elizabeth Hospital, Birmingham. The patient list size is approximately 1,450. The practice serves 22 Signals Regiment, 1 Signals Brigade, RAF Tactical Support Wing and other, smaller outlying units.

The staffing at the dental centre consisted of one full time military Senior Dental Officer (SDO), one full time civilian dental officer (CDO), three civilian dental nurses, a civilian dental hygienist, a military dental practice manager and a civilian practice receptionist.

The dental centre is open Monday to Thursday from 0800 hours to 1700 hours and closes for lunch each day from 1230 hours to 1330 hours. On Fridays the centre is open from 0800 hours to 1330 hours. The practice provides an emergency service during working hours and when the practice is closed. Patients can be referred internally and to the local NHS Trust for treatment not provided at the dental centre.

How we carried out this inspection

Before our inspection we reviewed a limited amount of information sent to us by the practice. On our inspection day, we spoke with the Senior Dental Officer, the practice manager, the lead dental nurse and the practice receptionist.

On the day of inspection we collected 42 CQC comment cards filled in by patients. Feedback from patients was highly positive about the dental centre and treatment received.

We also looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective, high quality leadership. Staff felt involved and supported and worked well as a team.
- The practice asked patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

**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 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. One significant event had been reported in the last year, which was effectively managed and acted upon. Significant events were a standing agenda item at practice meetings.

The Senior Dental Officer (SDO) and the practice manager were 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. 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 dentists 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. We saw that this operated effectively when the practice lost IT facilities in the days before the inspection. Staff had arrangements in place to continue working from a neighbouring practice, whilst IT systems were down. This provided patients with the option to be treated at an alternative site, where all medical records could be safely accessed.

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. The practice had access to spare oxygen cylinders from the co-located medical centre. The specialist dental advisor on the CQC inspection team suggested that oxygen cylinders should be replaced when showing as three quarters full to ensure adequate supply in the event of an emergency.

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.

Monitoring health & safety and responding to risks

Organisation-wide health and safety policy and protocols were in place to support the management of 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 practice manager 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. A full fire risk assessment for the building was undertaken in January 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 disposal of clinical waste was monitored and carried out in accordance with The Health Technical Memorandum 07-01: Management and disposal of healthcare waste. Arrangements were in place for the segregation, secure storage and disposal of clinical waste products, including amalgam, extracted teeth and gypsum.

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 three surgeries utilised by the dentists 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 all sterilisation equipment was working correctly. The dental hygienist was the lead for infection control and carried out regular infection control audits. The last full audit had been carried out on 06/09/2017. Water lines were safely managed by practitioners, with lines flushed at the beginning and end of the day and between patient consultations. There was sufficient personal protective equipment available for all staff and for patients during treatment.

Sufficient handwashing facilities and materials were available for staff in the centre. There was a separate handwashing sink in each of the surgeries. All sharps bins were correctly assembled and stored safely. None of the sharps bins we examined had been over-filled. These were clearly labelled and disposed of correctly.

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.

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 covered by maintenance contracts.

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.

Are services effective?

(for example, treatment is effective)

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 guidance on the basic periodontal examination (assessment of the gums) and caries (tooth decay) risk assessment, 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.

We were advised that recall arrangements also took into consideration the occupational requirements 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. Two of the dental nurses were qualified to run fluoride varnish clinics, with one of these nurses delivering impression clinics for example, for the production of gum shields for use in contact sports. 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 set out 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.

Staffing

The staffing of the practice was effective. The three clinical treatment rooms were consistently in use. When either the hygienist, SDO or CDO were absent, the dental nurses would use the rooms to deliver fluoride varnish clinics or deliver a dental impression clinic, in order to meet demand for gum shields for patients involved in contact sports.

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 restorative dentistry) and external referrals to a local NHS trust for more complex 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. 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.

Are services caring?

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 choices and treat people with empathy and compassion. Feedback from patients, including the 42 CQC comment cards completed by patients prior to the inspection, suggested patients were pleased with the way staff treated them. Feedback demonstrated that the service was flexible and that staff were professional and friendly, providing good explanations about the care and treatment provided.

The practice had completed a full disability access audit for the practice and facilities. We saw that the practice could offer dental care to patients with restricted mobility and that the facilities on site supported this.

Involvement in decisions about care and treatment

Patient feedback indicated staff were understanding and put patients at ease if they felt 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. Dental staff had introduced the opportunity for patients to use headphones during treatment, so that sounds from equipment being used did not heighten any anxiety felt by patients.

All patient feedback we reviewed showed staff provided clear information to support patients in 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 was available for patients and was accessible to patients in the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

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 a high level of satisfaction regarding the responsiveness of the practice, including access to a dentist for an urgent assessment and emergency out-of-hours treatment. The practice also took into account 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 and rating for each patient. Patients could make routine appointments between their recall periods if they had any changes to or concerns about their oral health.

The practice was able to respond to patient needs effectively. For example, the practice deals with a high number of personnel on short notice to deploy and at high readiness. This requires maintaining a population that is always dentally fit. To deliver this, the practice team focus on the responsiveness of the service and commit to quarterly strategy forecast meetings, where the number of clinics required can be planned in advance. These meetings would also be used to ensure sufficient fluoride varnish clinics are planned for high caries patients and that there are sufficient emergency appointments and cover available.

Promoting equality

An access audit as defined in the Equality Act 2010 had been completed for the premises. This audit forms the basis of a plan to support with improving accessibility of premises, facilities and services for patients, staff and others with a disability. Although the population of wheelchair users and patients with disabilities was very low, reasonable adjustments were in place. For example, there was step-free access to the building and an accessible toilet in the waiting area.

A hearing loop was not available as this had not been identified as a need for the population at the station. Staff had access to a translation service should the need arise.

The two dental officers were male. 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

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. The dental centre is open Monday to Thursday from 0800 hours to 1700 hours and closes for lunch each day from 1230 hours to 1330 hours. On Fridays the centre is open from 0800 hours to 1330 hours. The practice provides an emergency service during working hours and when the practice is closed. On-call arrangements were in place for access to a dentist outside of working hours and details of this were held at the

guardroom should patients require this information when the practice was closed. In all feedback we reviewed, there were no complaints regarding access to dental services.

Concerns and complaints

The senior dental surgeon was overall responsible for complaints. Information regarding the complaints procedure was displayed in the waiting area for patients and summarised in the practice leaflet. The practice manager had the delegated responsibility for managing the complaints process. Staff were familiar with the complaints policy and their responsibilities in relation to listening to concerns or complaints from patients. Processes were in place for documenting and managing complaints including complaints register. One verbal complaint had been received in the last 12 months and we could see from the records that it been effectively managed in accordance with procedure.

Are services well-led?

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 practice manager had the delegated responsibility for the day to day running of the service. All staff were accountable to the SDO.

The practice manager provided an overview of the governance arrangements for the dental centre. An internal quality assurance tool, the DMS Common Assurance Framework (CAF) was used to monitor safety and performance of military primary health care services, including dentistry. The CAF was formally introduced in September 2009 and since that time has been the standard healthcare governance assurance tool utilised by practices to assure the standards of health care delivery within DMS. We saw that the CAF had been used effectively by the practice to manage any governance issues.

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

A team meeting was held each Monday to check the workload for the week ahead and to ensure sufficient staffing and skill mix. The main forum for sharing information was through formal practice meetings held each month. The meetings took into account managerial and clinical matters and minutes of these meetings were recorded.

Peer review meetings were also established. Dentists met to discuss patient cases, particularly complex cases. All staff met to discuss the progress of clinical audits. Clinical staff also participated in peer review. Communication across the practice supported strong governance processes.

Leadership, openness and transparency

Staff spoke favourably of the leadership at the practice, indicating that the culture was open and transparent so they would be confident raising any concerns. Staff felt they were part of the team, were treated with respect and consulted about any proposed service developments. It was evident from observation and discussions that the team valued each other's contribution and worked well together.

Staff were aware of their responsibilities in relation to duty of candour requirements. Examples shared with the inspection team demonstrated this. Where any incident had occurred, the significant event process was also followed and findings from investigations shared with patients appropriately.

Learning and improvement

The practice leadership team demonstrated their commitment to audit and valued this as a key tool in the journey of continuous improvement. Other than regular audits expected within dental practice, such as for radiography and infection control, the practice had produced an annual audit statement, with each staff member responsible for conducting a specific audit, for example on oral surgery, prescribing, hand hygiene, producing impressions, and fluoride varnish clinics. We were able to review these audits, some of which had two completed cycles. Areas for improvement had been identified and acted upon. The results of audit were discussed at monthly practice meetings, with all staff having an opportunity to contribute suggestions on how improvements could be implemented.

The staff team attended regional training days, where they received training updates and had an opportunity to participate in clinical peer review. Specific training courses were available through the University of Birmingham, which staff attended. 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

The practice sought feedback from patients through the practice patient survey. This has been further developed by the practice to ensure the questions asked will prompt a response that is measurable, and that questions are in no way ambiguous. The first cycle of the survey was carried out in December 2017 and involved gathering the views of 100 patients. The population sample was made up of 87% army personnel and 13% RAF personnel. Results from the survey showed:

- 100% of respondents said that their appointment time was convenient for them.
- 99% of respondents said that if they raised a complaint or concern, they felt they would be listened to.
- 97% of patients said they would recommend the service to family and friends.
- 100% of patients said the dental practice was in a convenient location.
- 100% of patients agreed or strongly agreed that they had been involved in decisions about their care and treatment.

The second cycle of the survey will take place in March 2018, when questions will be slightly altered to ensure patients do not tick 'not applicable' boxes, in relation to family and friends focused questions.

The dental practice also took on board suggestions from staff in developing improvements in service delivery. For example, staff worked on the question set for the new, updated patient experience survey.