Overall summary

We carried out an announced comprehensive inspection of Lyneham Dental Centre on 27 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:

<table>
<thead>
<tr>
<th>Question</th>
<th>Action Required</th>
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<tr>
<td>Are services safe?</td>
<td>No action required</td>
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<tr>
<td>Are services effective?</td>
<td>No action required</td>
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<td>Are services caring?</td>
<td>No action required</td>
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<td>Are services responsive?</td>
<td>No action required</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 dental specialist advisor.

Background to this practice

Lyneham Dental Centre is located on MOD Lyneham military base, at Lyneham, Wiltshire. The dental centre is co-located with the medical centre in a purpose built facility, opened in November 2015. The facility has five fully equipped surgeries and a central cleaning, decontamination and sterilisation unit. The practice has two full time dental officers, one dental hygienist, one dental therapist, six dental nurses, a receptionist and a practice manager.

The population served by the dental centre is made up of approximately 2,500 patients. MOD Lyneham is a phase two and three training site for military personnel which means the practice population figure can fluctuate. There are also a number of reservists who receive dental services from the practice. The length of courses provided at the training facility can range from six months to 18 months. Where a patient is to be based at the training centre for more than five months, they are required to register with the dental centre. The staff at the dental centre provide general dentistry, dental therapy, dental hygiene, oral education sessions, minor oral surgery, secondary care referrals and specialist referrals, for example, to the Centre for Restorative Dentistry, which is a military facility based in Aldershot, Hampshire.

The dental centre is open Monday to Wednesday, from 0745 hours to 1230 hours, then from 1330 hours to 1700 hours. On Thursday the centre is open from 0745 hours to 1230 hours and from 1330 hours to 1630 hours. On Friday the centre is open from 0745 hours to 1245 hours. An emergency service is provided outside of these hours on a rotational basis, details of which are available from the guard room on site.

How we carried out this inspection

The inspection team visiting the dental centre was led by a CQC Lead Inspector, and included a dental nurse specialist advisor and a senior dental officer specialist advisor.

On the day of inspection we collected 43 CQC comment cards filled in by patients and spoke with one other patient. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, two dental nurses, one receptionist and the practice manager. We 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 in place 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 staff recruitment procedures in place, including for locum staff.
• 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 leadership. Staff felt involved and worked well as a team.
• The practice asked staff and patients for feedback about the services they provided.
• The practice dealt with any complaints positively and efficiently.
• Staff demonstrated their understanding of the Duty of Candour and gave examples of how they met the requirements of this.

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

• Ensure the safe management of medicines, including controlled medicines.
• Review governance processes for example, record keeping in respect of daily equipment checks, infection control spot checks and PAT testing.
• Review staff training to ensure that clinicians carry out collaboratively, an assessment of the needs and preferences for care and treatment in line with the provisions of the Mental Capacity Act 2005 and Gillick competence.

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

The shortcomings did not have a significant impact on the safety and quality of clinical care.

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. Staff were clear in their 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). From a log of significant events kept by the practice, we could see that three incidents had been reported in the past 12 months. When we made checks we found that one staff member did not have a log-in for the system, and was reliant on the practice manager to make any reports on their behalf. We were told that any incidents were discussed at practice meetings, and findings shared between staff to ensure learning from incidents. When we checked minutes of practice meetings, we saw that significant events were a standing agenda item, but those that had happened recently and had been investigated, were not recorded as having been discussed.

The practice manager and Senior Dental Officer received alerts via Regional Headquarters, from the Medicines and Healthcare Products Regulatory Agency and from the Department of Health Central Alerting System. Those that were relevant to dental practice were circulated to all staff. We could see from minutes of meetings that these alerts were a standard agenda item for discussion. We were told that any alerts received that were relevant would be discussed at practice meetings or at team meetings before the start of morning clinics.

Reliable safety systems and processes (including safeguarding)

A GP from the medical facility co-located with the dental centre, was the lead for all safeguarding matters. A second GP acted as a deputy. Both were trained to level three safeguarding children and adults. The staff team in the dental centre had all completed training at a level appropriate to their role. Training was refreshed every three years. Staff we spoke with were aware of their responsibilities if they had concerns about the safety of young people and adults who were vulnerable due to their circumstances. A safeguarding policy and procedure was in place to provide staff with information about identifying, reporting and dealing with suspected abuse.
The practice had not had to manage a safeguarding concern. Staff highlighted that there was a potential for patients aged 16 to 18 to be treated at the practice. Staff were able to give examples of safeguarding concerns in relation to patients in this age group, and how they would report these concerns.

The dentists and the dental therapist were always supported by a dental nurse when providing treatment. The hygienist did not have the support of a nurse when treating patients. A risk assessment was in place to support this working practice and there was an alarm in the treatment rooms to summon assistance in the event of a medical emergency. All treatment rooms had an emergency alarm in place.

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.

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 and would be supported to do so.

A business continuity plan was in place, which 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. The emergency trolley was kept in the corridor at all times with access restricted to the corridor via a door with pin entry code. However, as the trolley contained controlled drugs, the dental specialist advisor recommended that the trolley also be locked away in a cupboard when the dental centre is closed.

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 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 November 2016 and fire safety checks of equipment were undertaken annually. Weekly and monthly tests of the fire system and firefighting equipment were in place. The practice staff were able to show that they had requested Portable Appliance Testing (PAT) from the appointed maintenance contractor. This had not been carried out due to lack of available maintenance staff.

**Infection control**

An infection prevention and control (IPC) policy supported by protocols was in place for the practice. 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.

Four of the five surgeries were utilised by the dentists, dental therapist and hygienist. There was a dedicated decontamination room at the practice, separated into a ‘dirty’ and ‘clean’ area. The dental specialist advisor advised that with the planned arrival of new, much larger autoclaves, the autoclaves may need to be moved to the ‘dirty’ area of the decontamination room. However this would not affect the flow of instruments from dirty to clean area and would still conform to the 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, supported by the practice manager, who had completed relevant training for the role. The dental nurse lead for IPC was due to attend a course on IPC in dental practice in June 2018. Records showed all other staff were up-to-date with IPC training.

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. The dental nurse specialist advisor recommended that print outs from heat sterilising equipment should be kept. If these were not available, a hand-written record should be maintained of the temperature checks carried out each day. 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. Staff could demonstrate their competence in the management of water lines at the practice. The dental nurse specialist advisor recommended that records to support this process should be maintained.

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. 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. The dental specialist advisor noted that not all of these were recorded, for example, in relation to the autoclave temperature test. Other equipment logs were maintained by the practice manager that kept a track of when dental equipment was due to be serviced. These were up to date.

The practice had suitable systems for the safe management of medicines as described in current guidance. However, the dental specialist advisor recommended that the emergency medicines trolley be stored in a locked room overnight, to aid the security of controlled medicines. Prescriptions were stored securely in a locked filing cabinet. Medicines were stored correctly and those requiring cold storage were refrigerated. 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 in accordance with guidance, with the last report issued at the time of installation in December 2015. 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. Radiology audit was completed by each dentist every three months.
Our findings

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

Monitoring and improving outcomes for patients

To corroborate our findings we reviewed a number of dental care records completed by the dentist working at the practice. The records were detailed, containing comprehensive information about each patient’s current dental needs, past treatment and medical history. The diagnosis and treatment options for each patient were clearly recorded. We saw evidence that treatment options were discussed before treatment plans were drawn up. The dentists assessed patients treatment needs in line with recognised guidance. For example, we saw that each dentist followed appropriate guidance in relation to the management of wisdom teeth and recall intervals between oral health reviews. We saw that all recall periods were determined by dentists risk assessments of each patient’s dental health.

Clinicians assessed patients’ treatment needs in line with recognised guidance. For example, treatment was planned in accordance with the basic periodontal examination (assessment of the gums) and caries (tooth decay) risk assessment. The clinicians also followed appropriate guidance in relation to the management of wisdom teeth and recall intervals between oral health reviews. We were advised that recall arrangements also took into consideration the occupational aspects of each patient.

Health promotion & prevention

A proactive approach was taken in relation to preventative care and supporting patients to ensure better oral health. This was undertaken 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 where appropriate. Referrals could be made to other health professionals, such as referrals to the medical centre for advice about smoking, diet and alcohol use.

Oral health displays were evident in the patient waiting area. The practice supported other oral health promotion campaigns, including Smile Week and Mouth Cancer Awareness Week. The dental team participated in the health and wellbeing promotion fairs and delivered oral health lectures to personnel based at the camp. The Senior Dental Officer supported unit health committees for each regiment.

Staffing
Staff new to the practice had a period of induction that included a generic programme and induction tailored to the dental centre. New staff also received guidance and training in how to use the electronic patient record system. From records we reviewed, 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 nurse lead for infection control was due to attend the prescribed IPC course for nurses in June 2018. In the meantime she was being supported by the practice manager who had completed this training. Staff had not routinely completed training in the Mental Capacity Act 2005 and on Gillick competence. However, there was information on this available to all staff in the practice office, on a staff notice board. Staff had read this and understood the principles of the Act and of Gillick competency and its use. All clinical staff were undertaking the continuing professional development (CPD) required for their registration with the General Dental Council. The practice staff confirmed they had access to specific training where required, for their further development. For example dental nurses had registered their interest in attending training on application of fluoride varnish to enable the dental centres to run specific clinics for this.

**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 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 referral centre for the practice was Great Western Hospital, Swindon. One of the dentists and a nurse maintained a colour coded referral log and this was checked regularly to ensure urgent referrals were dealt with promptly, and other referrals were progressed in a timely way.

**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.
Are services caring?

Our findings

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

Respect, dignity, compassion and empathy

We received 43 CQC comment cards, completed by patients prior to our inspection. All feedback was positive; patients commented on the caring nature of all dental practice staff. Patients particularly commented on occasions when they had received a longer course of treatment, and how staff had put them at ease, ensuring that any concerns they had expressed, were addressed. Throughout our day at the practice, we saw patients being treated in a respectful, courteous and caring way and showed that all staff were patient focussed.

Staff demonstrated their understanding of the importance of patient privacy and confidentiality. We saw that patient records were kept securely. Computer screens faced away from patients who reported to the reception desk on their arrival, and all staff used a secure password to access records. All paper records were stored securely.

Involvement in decisions about care and treatment

Patient feedback suggested staff provided clear information to support with making treatment choices. Patients particularly commented that when they had received a longer period of treatment, that they had seen the same dentist throughout that time, which had helped ease any anxiety about their treatment. 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 a high level of satisfaction regarding the responsiveness of the practice. There was no patient feedback that suggested access to dental treatment was delayed by waiting times for an appointment. Where a patient had required urgent treatment, we saw that this was accessible without delay.

The practice 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. The practice serves a phase two and three training establishment, which can involve a high turnover of patients, who have attended for courses, ranging from one month in duration to 18 months. Figures shared with us by the practice showed that dental fitness had risen from 79% in category one NATO target (May 2017), to 83% in February 2018. Where any patient required treatment that could not be provided by the dental centre, transport was provided to attend appointments that had been made for these patients.

Promoting equality

An 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. 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. Doors to the building had automatic opening buttons placed at wheelchair height.

A hearing loop was not available at reception as this had not been identified as a need for the population at the station. We did note that there was a hearing loop facility available in the practice conference room. Staff had access to a translation service should the need arise.

There was a male and female dentist based at the practice at the time of our inspection.

Access to the service

The opening hours of the practice were displayed in the premises 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. On-call arrangements were in place for access to a dentist outside of working hours and details of this were given in an answer phone message and held at the guardroom should patients require this information when the practice was closed.
Concerns and complaints

The Senior Dental Officer had overall responsibility 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. All staff were familiar with this process and were able to explain it to us. There had been no complaints received in the past 12 months. A number of compliments had been received and these were recorded and shared with all staff.
Our findings

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

Governance arrangements

The Senior Dental Officer 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 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. The last Health Governance Assurance Visit (HGAV) was carried out in May 2016. There were a small number of areas highlighted as requiring attention and management action plan had been put in place to ensure these areas were addressed. We could see that the CAF had been used as an effective governance tool.

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.

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. We found some minor governance issues which the specialist advisors brought to the attention of the practice team at the end of our inspection. These included the governance processes for example, in relation to record keeping in respect of daily equipment checks, infection control spot checks and PAT testing.

Communication across the practice was effective. We saw that a range of meetings in place allowed discussion of clinical and managerial matters. A morning staffing meeting took place on Monday of each week to ensure that any absences, for example due to training were covered. Monthly practice meetings were held which involved all staff. These followed a set agenda and were also used to ensure staff were aware of updated guidance notes, any safety alerts and upcoming training opportunities.

Leadership, openness and transparency
Staff spoke highly of the leadership at the practice, highlighting that the culture was open and transparent. We saw that staff felt comfortable approaching the senior dental officer with any concerns. Staff felt they were part of the team, were treated with respect and consulted about any proposed service developments. From observation and discussions with the team we saw staff valued each other’s contribution and worked well together.

**Learning and improvement**

Quality assurance processes to encourage learning and continuous improvement were evident at the practice. The practice actively sought out audit opportunities to both improve clinical effectiveness and efficiency of the service provided. A programme of audit was in place including an infection prevention and control audit every six months, radiography audit, audit on use of local anaesthetic, audit on antibiotic usage and an audit on patients’ failure to attend appointments. The results of audits were discussed with staff and identified improvements which were implemented. 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 suggestion box was located in the waiting area and the practice manager monitored it on a regular basis. The practice carried out a patient satisfaction survey. From the answers to the questions, we could see that there were high levels of patient satisfaction with the service offered by the practice. However, the survey needed further development, as some patients had answered questions inappropriately, which skewed analysis. For example, in response to the question about whether patients would recommend the facility to family and friends, several responses of ‘not applicable’ were given, as military dental practices in the UK do not treat families of military personnel.

The Senior Dental officer encouraged feedback from all staff through staff meetings, or informal one to one meetings. The appraisal process also encouraged staff to give feedback on the service.