We carried out a follow-up desk-top inspection of HMS Drake Dental Centre on 23 May 2018.

We had undertaken an announced comprehensive inspection of this service on the 24 May 2017. We found that this practice was not safe in accordance with CQC’s inspection framework. The clinical care provided to patients was of a very good standard. The shortcomings we identified did not have a significant impact on the safety and quality of clinical care.

A copy of the report from our last comprehensive inspection can be found at: http://www.cqc.org.uk/what-we-do/services-we-regulate/defence-medical-services#raf

Recommendations made following the inspection in May 2017 were:

- To review the infection prevention and control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: ‘Code of Practice about the prevention and control of infections and related guidance’.

- To review staff training and monitoring arrangements for medicines for managing medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK) and the General Dental Council (GDC) standards for the dental team.

These recommendations formed the framework for the areas we looked at for this desk-top inspection.

Our findings were:

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<th>Are services safe?</th>
<th>Improvements required</th>
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Background to this practice

The Defence Medical Services (DMS) are not registered with the Care Quality Commission (CQC) under the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014 and are not required to be. Consequently DMS services are not subject to inspection by the CQC and the CQC has no powers of enforcement. This inspection is one of a programme of inspections that the CQC will complete at the invitation of the Surgeon General in his role as the Defence Authority for healthcare and medical operational capability. Where shortfalls in the quality of service provision were found on inspection, CQC has reported such shortfalls by making a recommendation for action to the Surgeon General’s office.

HMS Drake Dental Centre was providing a service to an operational and deployable population of 3700; most aged from 18 to 50 years. The centre is located within HM Naval Base Devonport and is co-located in a building with occupational health. The centre has eight surgeries; seven on the first floor and one on the ground floor to accommodate patients with mobility needs. The full range of primary dental care is offered, including urgent same day appointments and an out-of-hours on-call service. The department has access to enhanced practitioners for specialised dentistry. Patients requiring oral surgery are referred to the local NHS hospital. The department is a foundation dentist training practice.

The dental centre also provided a portable dental unit that could fly to ships along with a staff team to treat personnel deployed.

The staff team consisted of a mixture of military and civilian personnel including, five dentists, two hygienists and 12 support staff. An endodontic enhanced practitioner and a foundation dentist were also working at the practice.

How we carried out this inspection

This was a desk-top follow-up inspection so we spoke with the practice manager and reviewed the information they sent us.

Our key findings were:

- The practice had addressed all the deficits identified in relation to medical emergencies
- The practice had addressed all the areas of concern in relation to decontamination. It was not within the remit of practice staff to make improvements to the infrastructure in order to support good infection prevention and control practice.

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

- Reviews the infrastructure used for dental treatment giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: ‘Code of Practice about the prevention and control of infections and related guidance’.

Dr John Milne MBE BChD, Senior National Dental Advisor (on behalf of CQC’s Chief Inspector of Primary Medical Services)
Our findings

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

At our request, the practice manager submitted evidence by email to support action had been taken to address the two recommendations we made at the previous inspection. A management action plan (MAP) was developed to confirm how the recommendations had been addressed.

Medical emergencies

At the previous inspection we found the emergency drug (Glucagon) had exceeded its expiry date. There was no signage on the door to indicate the oxygen was stored there. Not all staff were familiar with the procedure for medical emergencies or how to access the medical emergency trolley.

The practice manager sent us evidence to confirm a protocol has been written detailing what to do in the event of a medical emergency. They confirmed staff had been briefed and were aware of the protocol. A telephone had been sourced and was located in the office next to the surgery downstairs for ease of contact should a medical emergency occur in the surgery as it was isolated from the main activity on the first floor.

The MAP illustrated the Glucagon has been replaced with a new one. It also indicated staff were reminded to check the emergency kit and medicines expiry dates accurately, and ensure replacement items were ordered in good time. Since the inspection, the practice supervisor had carried out spot checks each month to ensure items remained in date and the duty dental nurse was checking the kit correctly. Photographic evidence provided confirmed signage was on the door to the room confirming oxygen was stored there.

Infection control

At the previous inspection we found the practice was not working in accordance with national guidance on infection prevention and control (IPC) and guidance on decontamination in primary care dental practices. In response to the recommendation we made, the MAP outlined that all staff had been briefed regarding expectations at infection prevention and control (IPC) training held October 2017. The practice manager confirmed labels have been produced and displayed to indicate "Clean" and "Dirty" zones in each surgery. The surgeries were checked each week by the
practice manager or practice supervisor. Monthly IPC checks were carried out by the lead nurse for IPC. The practice manager carried out weekly snap inspections of all surgeries to ensure instruments are bagged correctly and within expiry dates. We were sent photographic evidence to confirm that adequate handwashing facilities were available in the staff toilets.

At the previous inspection we found the facilities for decontamination were not in accordance with national guidance. There was damage to cabinetry, holes in walls and gaps in skirting boards. Problems with rising damp on the ground floor had led to a notable damp odour to the ground floor and in the accessible toilet. Following the inspection, the practice manager submitted a works request. Windows and the roof had been replaced. The MAP highlighted that there were no further funds available replace cabinetry or holes in the walls and skirting.