Defence Medical Services
RAF Leeming Dental Centre
Inspection Report

North Allerton
North Yorkshire
DL7 9NJ

Date of desktop review: 29/05/2018
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Overall summary

We carried out a follow-up desk-top inspection of RAF Leeming Dental Centre on 29 May 2018.

We had undertaken an announced comprehensive inspection of this service on the 6 June 2017. We found the 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:

Recommendations made following the inspection in May 2017 were:

- To review the infrastructure and facilities used for the decontamination of dental equipment 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 the arrangements for fire safety in the building taking into account fire safety regulations.
- To review of the current staffing resource and skill mix to ensure it is adequate to meet the needs of the population.

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.

RAF Leeming Dental Centre was providing a service to a population of 1400. The centre has three surgeries which accommodate one full time military dentist, a part-time civilian dentist, a part-time dental hygienist and a visiting orthodontist who was providing a service at the practice one day every three weeks. A full time military practice manager managed the day-to-day operation of the service. A part time dental nurse was in post, and two locum dental nurses were providing cover at the time of our inspection. The dental centre was co-located with the Department of Community Mental Health and could support access for people with limited mobility.

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 reviewed and revised the staffing resource and skill mix and it was adequate to meet the needs of the population.
- The arrangements for fire safety had been addressed and fire safety regulations were being met.
- 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 not 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.

**Staff recruitment**

At the previous inspection key staff were not in post due to absence and deployment. Posts were covered by temporary and locum staff, including that of the practice manager. Temporary and locum staff did not have the skills or experience to carry out some of the key operational and governance activities. The practice manager returned to their post in September 2017 and the staff team had stabilised. No locum staff were being utilised at the time of this follow up inspection.

**Monitoring health & safety and responding to risks**

At the previous inspection we found that fire safety regulations were not being followed. The practice was out-of-date for a fire evacuation exercise; none of the locum staff had undertaken a fire evacuation practice. In addition, we found fire doors wedged open which is contrary to fire regulations. The practice provided evidence to confirm a formal fire inspection undertaken in February 2018 confirmed the practice was meeting fire regulations and had addressed the deficits from the last inspection.

**Infection control**

At the previous inspection we found the facility for undertaking decontamination of dental instruments was not suitable and not in accordance with HTM 01-05. Part of the decontamination process was undertaken in the surgeries and part in a recently identified decontamination room. There was just one sink and no handwashing sink in the decontamination room. There were holes in the walls, the flooring was ripped in places and the ventilation was not adequate. Since then the practice had moved the decontamination equipment back to each surgery while awaiting a refurbishment of the decontamination room to take place. The practice manager provided photographic evidence to support this. Undertaking decontamination in the surgeries was not ideal due to the lack of space, increased noise level and the heat generated in the absence of effective air conditioning. The Senior Dental Officer advised us that a refurbishment of the decontamination room was due to take place at some point in 2018/19.