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 Inspector General’s office.

This inspection was led by a CQC inspector and supported by a specialist military dental officer advisor and a dental nurse advisor.

To get to the heart of patients’ experiences of care and treatment, we always ask 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 form the framework for the areas we look at during the inspection.

**Our findings were:**

<table>
<thead>
<tr>
<th>Are services safe?</th>
<th>No action required</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are services effective?</td>
<td>No action required</td>
<td>✓</td>
</tr>
</tbody>
</table>
Are services caring? | No action required
---|---
Are services responsive? | No action required
Are services well-led? | No action required

Background to this practice

Bulford Barracks is part of a larger Garrison comprising of Tidworth and Netheravon. It is situated on the edge of Salisbury Plain. It is a purpose-built facility which is co-located with the medical centre. Bulford Dental Centre is a four-chair practice serving a population of 2500 military personnel. The majority of patients are aged between 18 and 25. The dental team comprised of an acting military senior dental officer (SDO) (the permanent SDO was on maternity leave), two other dentists, five dental nurses and two hygienists (one full time equivalent).

A practice manager manages the day-to-day running of the practice. The dental centre is open Monday to Thursday from 08:00 to 16:45 and on Fridays from 08:00 to 12:30. Patients can be referred to the local NHS Trust for treatment not provided at the dental centre. The mission statement for the practice aligns with that of DPHC (Defence Primary Health Care) and is to, “deliver a unified, safe, efficient and accountable primary healthcare and dental care service for entitled personnel to maximise their health and to deliver personnel medically fit for operations.”

How we carried out this inspection

Prior to the inspection we reviewed information about the dental centre provided by the practice. During the inspection we spoke with the practice manager, SDO one of the dentists, the infection prevention and control (IPC) lead, two dental nurses, the health and safety lead and the receptionist. 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.

Our key findings were:

- The practice appeared clean and well maintained.
- There were infection control procedures which reflected published guidance, however there was some scope for improvement.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- There were suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults.
- 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.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients’ needs.
• The practice had effective leadership and a culture of continuous improvement.
• Staff felt involved and supported and worked well as a team.
• Complaints were handled positively and efficiently.
• There were good information governance arrangements.

We found areas where the practice could make improvements. CQC recommends that the practice:
• Ensure the cleaning schedule is in line with Defence Primary Healthcare (DPHC) policy.
• Ensure systems for the removal of clinical waste are complete.
• Ensure protocols for impression disinfectant reflect the policy in place.

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of patients who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

The practice had a system to highlight vulnerable patients on records. The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was documented in the dental care record and a risk assessment completed.

There was a business continuity plan describing how staff would deal with events that could disrupt the normal running of the practice. All staff were aware of this and copies were on display in the practice itself.

The full range of recruitment records for permanent staff was held centrally. The practice manager had access to the DMS-wide electronic system so could demonstrate 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 each member of staff’s registration status with the General Dental Council (GDC). The practice manager confirmed all staff had professional Crown indemnity cover. Information was in place to confirm staff had received all the relevant vaccinations required for their role at the practice.
The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers’ instructions, including electrical and gas appliances.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

**Risks to patients**

There were systems to assess, monitor and manage risks to patient safety.

The practice’s health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk.

We looked at the practice’s arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The practice had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the dental team. A risk assessment was in place for when the dental hygienist/hygiene therapist worked without chairside support.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice used locum staff. We noted that these staff received an induction to ensure that they were familiar with the practice’s procedures.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental
practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers’ guidance. However, we noted that the protocol for impression disinfectant and bodily fluid spillage did not reflect the current cleaning product instructions. The practice manager agreed to update this immediately.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected. However, the Defence Primary Healthcare policy stated that the practice was to be cleaned twice daily and this was not being done; instead just once a day clean. We discussed this with the practice manager who confirmed there had been some issues with the outside contractor and agreed that this needed to be addressed with some urgency.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted however that the waste consignment notes were not cross referenced with records and the waste register and this system needed reviewing.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

**Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

**Safe and appropriate use of medicines**

The provider had reliable systems for appropriate and safe handling of medicines. There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required. The dentists were aware of current guidance with regards to prescribing medicines. Antimicrobial prescribing audits were carried out annually. The most recent audit demonstrated the dentists were following current guidelines.
**Track record on safety and lessons learned and improvements**

The Automated Significant Event Reporting (ASER) DMS-wide system was used to report, investigate and learn from significant events and incidents. 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).

The practice maintained a log of significant events, including the action taken and lessons learnt. The log identified that seven significant events had been reported since June 2018 and included two that were notable and positive incidents. All significant events were discussed at practice team meetings, and all staff we spoke with were clear on learning that had ensued from the ASER system.

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). In addition, the practice manager was also signed up to receive the alerts directly. The MHRA and CAS alerts received were logged and saved. As a standard agenda item, they were discussed at monthly practice meetings and were discussed at a short weekly briefing held every week, which was attended by all staff.

**Are services effective?**

**Our findings**

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

**Effective needs assessment, care and treatment**

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients’ needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

**Helping patients to live healthier lives**

A proactive approach was taken in relation to preventative care and supporting patients to ensure better oral health. 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. Patients were receiving care in accordance with their need, the enhanced skills of dental nurses (oral health education, application of fluoride varnish) were being utilised to their maximum.
The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient’s gum condition.

Oral health displays were evident in the patient waiting area. Staff said the displays were refreshed on a regular basis and they often targeted to population need and/or seasonally activities, such as Stoptober. 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 held on the camp and a visit was planned in to the local primary school for a fun and educational visit for the children.

The SDO attended monthly meetings to provide updates on the military dental targets and review the status of failed attendance at dental appointments (referred to as FTAs). A report on the status of FTAs was submitted each week.

**Consent to care and treatment**

The practice obtained consent to care and treatment in line with legislation and guidance. The practice team understood the importance of obtaining and recording patients’ consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

**Monitoring care and treatment**

The practice kept detailed dental care records containing information about the patients’ current dental needs, past treatment and medical histories. The dentists assessed patients’ treatment needs in line with recognised guidance.

We saw the practice audited patients’ dental care records to check that the dentists/clinicians recorded the necessary information.

**Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. Staff told us they discussed training needs at annual appraisals or in one to one meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

We looked at the organisational-wide electronic system that recorded and monitored staff training and appraisal. Through this 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 system showed clinical staff were undertaking the continuing professional development (CPD) required for their registration with the General Dental Council.

**Co-ordinating care and treatment**

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. Minor surgical procedures were referred internally to a local practice allowing patients prompt and convenient access to specialised care.

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 SDO maintained a referral log and the dental nurses checked this weekly to ensure urgent referrals were dealt with promptly. If needed, they followed up on any referrals that were not progressing in a timely way.

### Are services caring?

#### Our findings

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

**Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff were aware of their responsibility to respect people’s diversity and human rights.
- Patients commented positively that staff were helpful and kind. We saw that staff treated patients with the utmost respect and were patient and friendly towards patients at the reception desk and over the telephone. The 45 CQC comment cards completed prior to the inspection were very complimentary about the caring attitude of staff, several describing them as an ‘excellent team’.
- Patients said staff were compassionate and understanding, on comment was ‘the staff are friendly and informative’. Patients could choose whether they saw a male or female dentist.

**Privacy and dignity**

The practice respected and promoted patients’ privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients’ personal information where other patients might see it.

Staff password protected patients’ electronic care records and backed these up to secure storage. They stored paper records securely.

**Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care. Interpretation services were available for patients who did not use English as a first language. We saw notices in the reception areas, informing patient’s translation service were available. Patients were also told about multi-lingual staff that might be able to support them. We saw a comment card from a
patient that described how helpful, patient and kind staff had been when explaining treatment as English was not their first language.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Are services responsive?

Our findings

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

Responding to and meeting people’s 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 emergencies out-of-hours. The practice also took account of the principle 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.

Staff were clear on the importance of emotional support needed by patients when delivering care. The practice staff had a particular interest in ensuring patients that were anxious had all they needed to ensure their experience was as stress free and that they were as comfortable as possible. The practice spent extra time with any patient that needed reassurance and patience.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, and accessible toilet, with hand rails and a call bell and a passenger lift.

A disability access audit had been completed in December 2018 and an action plan formulated to continually improve access for patients. For example, improved signage for patients requiring the use of a disabled parking space.

Timely access to services

The opening hours of the practice were displayed in the premises, recorded on the answer phone message 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 held at the guardroom should patients require this information when the practice was closed.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. There was also guidance and information on how to make a complaint in the waiting room.

The SDO had overall responsibility for complaints. The practice manager had the delegated responsibility for managing the complaints process. A process was in place for managing complaints, including complaints register. We saw that two verbal complaints had been received in the past year and they were recorded, and thoroughly responded to.

Are services well-led?

Our findings

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

Leadership capacity and capability

Staff we spoke with reported that they were proud of the standard of care they provided. There was an open and transparent culture in place and patients and staff knew how to address any concerns they might have.

The management team at the practice had the capacity and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, it is expected that an additional 1000 military personnel will be moving into the area in July this year and the practice were working out how this would be best managed with patient care at the forefront of their planning.

Vision and strategy If applicable

There was a clear vision and set of values.

The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.
Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

**Governance and management**

The acting 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. We spoke with staff who told us that they were clear about lines of accountability.

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. When a CAF review is undertaken by RHQ it is referred to as a Health Governance Assurance Visit (HGAV). The last HGAV was undertaken in 2016 and a management action plan was in place to address a number of issues.

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.

Peer review meetings were also established. Dentists met to discuss cases, particularly complex cases and to discuss the progress of clinical audits. Nurses also had their own meetings. Clinical staff also participated in peer review at the quarterly regional dental meetings.

**Appropriate and accurate information**

The practice acted on appropriate and accurate information. Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients’ personal information.

**Engagement with patients, the public, staff and external partners**

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

The staff team enjoyed regular and frequent team days together, the most recent being a trip to the military Arboretum in Stafford.
Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The acting SDO showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.