Overall summary

We carried out an announced comprehensive inspection of Dental Centre Lympstone on 07 May 2019.

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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<tbody>
<tr>
<td>Are services safe?</td>
<td>No action required ✓</td>
</tr>
<tr>
<td>Are services effective?</td>
<td>No action required ✓</td>
</tr>
<tr>
<td>Are services caring?</td>
<td>No action required ✓</td>
</tr>
<tr>
<td>Are services responsive?</td>
<td>No action required ✓</td>
</tr>
<tr>
<td>Are services well-led?</td>
<td>No action required ✓</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 Defence Medical Services Regulator’s office.

This inspection was led by a CQC inspector and supported by a specialist defence dental officer advisor and a dental practice manager/nurse advisor.

Background to this practice

DMS Lympstone known as Commando Training Centre Royal Marines (CTCRM) delivers all Phase 1 (initial), Phase 2 (continuation) and career course/specialist training to Royal Marines and Officers including initial training of the Royal Marines Band. All training is conducted under OFSTED auspices and is continually assured by internal and external agencies.

There are no registered dependants and currently a small population of under 18-year olds. The majority of the population at risk are aged between 16 and 55 with a small number outside of this range. There is a high turnover of the patient population, which on the day of the inspection was approximately 1500.

<table>
<thead>
<tr>
<th>Position</th>
<th>Numbers</th>
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<tbody>
<tr>
<td>Senior Dental Officer (also SDO)</td>
<td>1 in post</td>
</tr>
<tr>
<td>Civilian Dental Officers</td>
<td>1 in post (part-time)</td>
</tr>
<tr>
<td>Dental nurses</td>
<td>3 in Post (1 military and 2 part time civilians)</td>
</tr>
<tr>
<td>Military Practice Manager</td>
<td>1 In post</td>
</tr>
<tr>
<td>Hygienist</td>
<td>1 in post (Military)</td>
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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, the senior dental officer, one dentist, two dental nurses and the hygienist. 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.
On the day of inspection, we collected 17 CQC comment cards completed by patients prior to and during the inspection. We also spoke with two patients who were attending the dental centre for an appointment. All the feedback from patients was positive.

Our key findings were:

- The practice used a DMS-wide electronic system for reporting and managing incidents, accidents and significant events.
- Systems were in place to support the management of risks.
- Suitable safeguarding processes were established and staff knew their responsibilities for safeguarding adults and young people.
- Staff were appropriately recruited and received an induction when they started work at the practice.
- The clinical staff provided care and treatment in line with current guidelines. Clinical notes were good.
- 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 asked patients for feedback about the services they provided and made improvements to the service based on the feedback.
- There was a system in place for managing complaints.
- Medicines and life-saving equipment were available in the event of a medical emergency.
- Infection control guidelines were being followed and standards met.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- There were good information governance arrangements in place.

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

- Complete an access audit as defined in the Equality Act 2010.
- Review the system for the viewing and retaining of images following an Orthopantomogram (OPG).

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.

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 and incidents. All staff had access to the system to report a significant event. 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 nine significant events had been reported in the last 12 months. Significant events had been discussed at practice team meetings and staff we spoke with confirmed what they had learned. For example, a civilian member of staff sustained a needle stick injury. The individual and the dental centre followed guidance on how to manage this, but the medical centre did not fully understand the situation and initially refused to see the patient. The concern was highlighted to the medical centre and an ASER was completed by the dental practice. We saw an email record of dialogue with the medical centre and evidence in practice meetings minutes which confirmed in-house training had taken place as a result.

The practice manager 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). The MHRA and CAS alerts received were logged and saved and any required action undertaken. As a standard agenda item, they were discussed at practice meetings.

Reliable safety systems and processes (including safeguarding)

The senior dental officer (SDO) was the safeguarding lead for the practice. All members of the staff team had been trained in safeguarding to the appropriate level.

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 and contained the local contact details needed to appropriately signpost staff who needed to raise a concern. Staff told us that they could approach the SDO if they identified and needed to report suspected abuse. Practice staff understood the importance of working closely with welfare teams and chain of command and recognised the unique vulnerabilities of young service personnel in their care.

The dentist was always supported by a dental nurse when assessing and treating patients. The hygienist was the only member of staff who routinely saw patients without support. There was a lone working policy in place but focused more on lone working within the practice rather than individual surgery. Since the inspection, the practice has completed a risk assessment and included obtaining an individual personalised alarm for the hygienist to use if needed.

A whistleblowing policy was in place and was on the wall of the staff room for staff to read. They could describe what they would do if they wished to report in an incident.

We looked at the practice’s arrangements for safe dental care and treatment. These included risk assessments. The practice was following relevant safety legislation when using needles and other sharp dental items. A needle stick injury policy was available in all surgeries.

The dentist routinely used rubber dams when providing root canal treatment in line with guidance from the British Endodontic Society. They also used a rubber dam for some other routine treatments, such as restorative procedures.

A comprehensive business resilience policy and disaster recovery plan was in place, which set out how the service would be provided if an incident occurred that impacted on its operation.

**Medical emergencies**

A civilian nurse maintained oversight of the defibrillator and emergency drugs kit. All staff were aware of medical emergency procedure and knew where to find medical oxygen, emergency drugs and equipment. Records identified that staff were up-to-date with training in managing medical emergencies, including emergency resuscitation and the use of the AED (automated external defibrillator). Simulated emergency scenarios were used to provide practical learning. An AED was available in the medical centre. Daily checks of the medical emergency kits were recorded and demonstrated that all items were present and in-date.

**Staff recruitment**

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 an enhanced Disclosure and Barring Service (DBS) check to ensure staff were suitable to work with vulnerable adults and young people. DBS checks were renewed in line with requirements.

The regional clinical operations team 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.
Monitoring health & safety and responding to risks

A number of local health and safety policy and protocols were in place to support with managing potential risk. The fire risk assessment was comprehensive and included risks and contingencies. Staff received annual fire training and evacuation drills were scheduled. Fire alarms were tested weekly. Portable appliance testing had been carried out in line with policy. A COSHH (Control of Substances Hazardous to Health) risk assessment had been undertaken, along with routine environmental checks to ensure that the building was safe for patients and staff.

Infection control

The practice had an infection prevention and control policy and procedures. Staff 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.

Decontamination of dental instruments took place in CSSD, (central sterile services department). These areas were arranged and organised to support the safe decontamination of dental instruments. Routine checks were in place to monitor that the ultrasonic bath and autoclave were working correctly.

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.

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. The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

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

Equipment and medicines

Equipment logs were maintained to keep a track of when equipment was due to be serviced. Autoclaves had been serviced and replaced as necessary. All other routine equipment checks, including clinical equipment, were in-date and in accordance with the manufacturer’s recommendations. A safety test of portable electrical appliances had been completed.

Prescription sheets were numbered and stored securely. Antibiotics were not held at the practice. All medicines were dispensed from the dispensary downstairs in the medical centre.
The dentist was aware of current guidance with regards to prescribing medicines. Medicines that required cold storage were kept in a fridge, the temperature of which was checked twice daily. Nursing staff knew what to do if temperatures fell outside safe parameters.

**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 every three years. Staff requiring IR(ME)R (Ionising Radiation Medical Exposure Regulations) training, had received relevant updates.

To corroborate our findings, we looked at range of patient’s dental care records. They showed the dentist justified, graded and reported on the intra-oral radiographs (often called X-rays) they took. In accordance with current guidance and legislation each dentist carried out an annual radiology audit.

Orthopantomogram (OPG) is a scan that gives a panoramic view of the jaw and teeth. The scan can provide information on wisdom teeth, bone loss, orthodontic assessment or trauma. The practice did not have a mechanism to take OPGs, however referred patients to a local NHS provider which was effective. We found there was a mechanism for the NHS provider to send digital images and a report back to the practice, but there was no way to transfer images onto the patient dental care record. This was because the practice was not permitted to put data from any medium into the computer system. This was important due to the highly mobile population who would, once fully trained, routinely move between different Defence Primary Healthcare Practices. If images could be attached to the patient record for future reference it would provide further information to other clinicians.
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 looked at three dental records completed by clinicians working at the practice. We noted that records were detailed; containing comprehensive information about the patient’s current dental needs, past treatment, medical history and treatment options. The diagnosis and treatment plan for each patient was clearly recorded and showed that treatment options were discussed with the patient.

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.

The military dental fitness targets were closely monitored by the SDO each month and any significant variations explored. All dental treatment along with the delivery of oral health education was carried out at the start of a service person’s career, such as during recruit training. The Project Molar (a treatment strategy to improve the dental health of personnel entering the military) statistics we saw provided statistics for the 550 recruits (third of the patient population). The target stated by the practice was 100% dental fitness. In the last 12 months the mean average of fitness was 86% for a cohort leaving training.

Health promotion & prevention

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 provided where appropriate. Patients were receiving care in accordance with their need.
Referrals could be made to other health professionals, such as referrals to the medical centre for advice about smoking, diet and alcohol use. A hygienist provided a service to patients five days each week.

The dental team participated in the health and wellbeing promotion fairs held at the camp. The hygienist delivered an hour’s practical presentation on oral health on the second week of each recruit intake.

The SDO and the hygienist attended unit health committee meetings with unit commanders to provide updates on the military dental targets and review the status of failed attendance at dental appointments (referred to as FTAs). Oral health promotion matters were also discussed, such as the uptake of smoking cessation.

An impressive array of 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 Smile week.

**Staffing**

Staff new to the practice had a period of induction that included a generic programme and induction tailored to the dental centre. Our review of induction records and discussion with staff indicated that induction programmes had been completed, prior to clinical work being undertaken by new staff members.

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.

**Working with other services**

The practice could refer patients to a range of services if the treatment required was not provided at the practice. For example, referrals to the Royal Devon and Exeter Hospital for 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. A referral log was maintained and this was checked weekly to ensure urgent referrals were dealt with promptly, and other referrals were progressing in a timely way.

**Consent to care and treatment**

Staff 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 care 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 very satisfied that they received clear information about their treatment and that 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

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 17 CQC comment cards completed prior to the inspection were very complimentary about the understanding, caring attitude of staff.

If patients choose to see a female dentist then arrangements were in place to transport them to another base.

The waiting area was close enough to the reception for patients to be seen, in case of medical emergency. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it. Staff password protected patient’s electronic care records and backed these up to secure storage.

Information about the service, including opening hours and access to emergency out-of-hours treatment, was displayed in the patient waiting area and available in the practice leaflet and online. Staff could support patients who do not speak English as a first language through a translation service.

Involvement in decisions about care and treatment

Patient feedback suggested staff provided clear information to support 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 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, including access to a dentist for an urgent assessment. 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.

Promoting equality

An access audit as defined in the Equality Act 2010 had not been undertaken by the practice. The dental centre was on the first floor above the medical centre. There was no lift and therefore the premises were not accessible to patients using a wheelchair or with reduced mobility. Any patient with accessibility issues had to travel 70 miles to another dental centre for treatment. A hearing loop was not available. This had been identified as a risk and had been on the risk register since June 2018 and remained unresolved.

Access to the service

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. Emergency clinics were held twice a day. 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.

Concerns and complaints

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 a complaint register. Staff told us that verbal complaints were recorded and responded to. There had been no complaints received in the last 12 months.
Are services well-led?

Our findings

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

Governance arrangements

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 and was qualified to do so. 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 2019 and a management action plan was in place to address any 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 being established with the SDO. This would include meeting 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.

Leadership, openness and transparency

There was an open and transparent culture in place and patients and staff knew how to address any concerns they might have. Staff took pride in their work and we saw positives interactions between all staff members, regardless of seniority.

The management team at the practice had the capacity and skills to deliver good quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of services.
Learning and improvement

Quality assurance processes to encourage learning and continuous improvement were evident at the practice. A programme of audit and checks were in place including, a radiology audit and infection prevention and control (IPC) audit. An audit of all antimicrobial prescriptions has been undertaken with the first cycle being undertaken over a three-month period (April 2019) and a second cycle planned. A standard had been set that 90% of antimicrobial prescriptions should meet guidelines set out by Antimicrobial Guidelines in the UK. The practice findings showed that only four (0.3% of the population at risk) had been prescribed anti-biotics.

Staff received mid and end of year annual appraisal. We saw from the staff monitoring system that staff appraisals were up-to-date. Staff were encouraged to access websites providing dental CPD to further their professional development and clinical skillset.

Practice seeks and acts on feedback from its patients, the public and staff

The practice involved patients, the public, staff and external partners to support 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.