Defence Medical Services

Wittering Dental Centre

Inspection Report

Location address

RAF Wittering
Peterborough
PE8 6HB

Date of inspection visit: 01 October 2019
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Overall summary

We carried out an announced comprehensive inspection of Wittering Dental Centre on 1 October 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:

Are services safe?	Improvements required	X
Are services effective?	No action required	✓
Are services caring?	No action required	✓
Are services responsive?	No action required	✓
Are services well-led?	No action required	✓

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. Therefore, 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 Officer General's office.

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

Background to this practice

Located in Cambridgeshire, Wittering Dental Centre is a three chair practice providing a routine, preventative and emergency dental service to a military population of 1,013 service personnel. Patients are referred locally to Stamford and Rutland Hospital for panoramic radiography or Fitzwilliam Hospital in Peterborough for oral surgery and medicine. Specialist referrals are made to the Centre for Restorative Dentistry in Aldershot.

The dental centre is open Monday to Wednesday 08:00-12:00 and 13:30-17:00, Thursday 08:00-12:00 and Friday 08:00-14:00

The staff team at the time of the inspection is outlined in the following table.

The staff team

Position	Numbers
Senior Dental Officer (SDO)	one
Unit Dental Officer (UDO)	one
Locum Dental Officer	one
Military Practice Manager	one
Civilian Hygienist	one
Military Dental Nurse	one
Civilian Dental Nurse	two

How we carried out this inspection

Prior to the inspection we reviewed information about the dental centre provided by the practice manager. During the inspection we spoke with the SDO, practice manager, hygienist and the dental nurses. 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 reviewed 40 CQC comment cards completed by patients prior to the inspection. All the feedback from patients was positive.

Our key findings were:

- The practice used the DMS-wide electronic system for reporting and managing incidents, accidents and significant events. However, temporary healthcare workers did not have access to the system.
- Systems were in place to support the management of risk, including clinical and non-clinical risk although those for infection prevention and control required strengthening.
- Suitable safeguarding processes were established and staff understood their responsibilities for safeguarding adults and young people.
- Staff were appropriately recruited and received a comprehensive induction when they started work at the practice. Their required training was up-to-date and they were supported with continuing professional development.
- The clinical staff provided care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect patient privacy and personal information.
- Staff took account of diversity in meeting the needs of patients.
- The appointment and recall system met both patient needs and the requirements of the chain of command.
- The practice had effective leadership. Staff worked well as a team and said they were well supported and included in discussions about the development of the service.
- Processes were in place for patients to provide feedback about the services they received.
- An effective system was in place for managing complaints.
- Medicines and life-saving equipment were available in the event of a medical emergency.
- Staff worked in accordance with national practice guidelines for the decontamination of dental instruments. However, the area used lacked sufficient space to have clear segregation.
- Systems for assessing, monitoring and improving the quality of the service were in place. Staff made changes based on lessons learnt and the outcome of audit.

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

- Ensure all staff members have access to the Automated Significant Event Reporting (ASER) system.
- Review and strengthen arrangements for infection prevention and control, to include the area used for decontamination.

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 not 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, incidents and near misses. All permanent staff had access to the system to report a significant event and they received regular update training in use of the system. However, temporary healthcare workers did not have access to the system to enter any events and view any shared learning. 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). Significant events were a standing agenda item at practice meetings (held every three weeks).

The practice manager maintained a log of significant events, including the action taken and lessons learnt. The log identified that three significant events had been reported in the last 12 months. Lessons learnt and changes made to practice were clearly evident. For example, an ASER was raised in September 2019 after a rubber dam clamp snapped (although there was no harm to the patient). The event was scheduled for discussion at the next practice meeting and immediate action had been taken with all clinicians expected to use dental floss around rubber dam clamps to avoid dislodgment.

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). They logged and sent the alerts to all staff and asked for signed acknowledgement of receipt. In addition, staff were registered to receive the alerts directly by email. Alerts were a standing agenda item at the practice meetings.

Reliable safety systems and processes (including safeguarding)

The SDO was the safeguarding lead for the practice and had been trained to level three. All other staff were trained or had training planned appropriate to their role. Staff were aware of their responsibilities if they had concerns about the safety of patients who were vulnerable due to their circumstances. A safeguarding policy and procedure was in place and was accessible to provide staff with information about identifying, reporting and dealing with suspected abuse. The

dental centre had a register for vulnerable adults within the patients records system, although at the time of the inspection no patients were identified as being vulnerable.

A whistleblowing policy was established and available to staff. Staff had completed whistleblowing training and could accurately describe what they would do if they wished to report a concern in accordance with policy. They were confident they could raise concerns without fear of recrimination. The staff notice board included a poster on how to raise a concern and provided a confidential hotline number that could be used to raise concerns.

We looked at the practice arrangements for providing safe dental care and treatment. These included regularly reviewed risk assessments. The practice followed relevant safety laws when using needles and other sharp dental items. For example, the policy for managing needle stick injuries was displayed in the 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 complex treatments, such as restorative procedures. The SDO was supported by a dental nurse when assessing and treating patients.

The hygienist did not have chairside support as per Defence Primary Healthcare (DPHC) Policy. However, a local standard operating procedure (SOP) was in place that mitigated risks. There was no panic alarm in the surgery, an application has gone in but no action has been taken by the station at the time of inspection. Mitigation of the risk included the door being left ajar and the room was located in the middle surgery to increase probability of support being available.

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 identified that staff were up-to-date with training in managing medical emergencies, including emergency resuscitation and the use of the automated external defibrillator. Daily checks of the medical emergency kit, including the medicines and oxygen, were undertaken, recorded and demonstrated that the required items were present and in-date. The SDO completed a weekly check of the emergency kit.

The medical emergency kit was located in an accessible and secure area. Equally, the controlled drugs (medicines with a potential for abuse or addiction) used in the event of a medical emergency were stored securely. A first aid kit, bodily fluids and spillage kits were available. Training records confirmed staff were up-to-date with first aid training.

Staff recruitment

The full range of recruitment records for permanent staff was held centrally. The practice manager had access to some recruitment information 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. Where civilian staff were employed, appropriate criminal checks had been undertaken and records were held. In addition, the practice manager provided assurance that staff had received the required vaccinations for their role, were registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

Organisation-wide health and safety policy and protocols were in place to support with managing potential risk. These, along with local health and safety information, were available for staff to access. The premises had been subject to a workplace assessment in 2019 and the actions identified had been met or submitted to the station safety, health, environment and fire (SHEF) lead (the SHEF lead was responsible for the whole site).

A range of risk assessments were in place, including assessments in relation to the environment and use of equipment. Records demonstrated that staff were up-to-date with health and safety training. Training was provided at induction and through on-line courses. Both a fault and risk register were in place for the practice. The risk register was routinely monitored to ensure it was current.

A fire risk assessment was undertaken in January 2017 and was next due in 2020. The lead for fire safety was a member of staff from the adjoined medical centre. The dental centre practice manager carried out regular weekly and monthly checks of the fire management system and fire management equipment. The staff team last participated in a fire evacuation drill in August 2019.

Hazardous to health or control of substances hazardous to health (COSHH) products were held and stored securely at the practice. They were reviewed annually with an additional review taking place if there were any changes to the products used. COSHH risk assessments and product data sheets were available for staff to reference. Product data sheets provided information about each hazardous product, including handling, storage and emergency measures in case of an accident.

Infection control

The infection prevention and control (IPC) policy was current and took account of the guidance outlined in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health. However, IPC procedures required strengthening:

- The IPC policy was not displayed and not all staff were familiar with the content.
- The hygienist was the dedicated lead for IPC but had not completed relevant training for the role. Staff were up-to-date with DPHC mandatory IPC training and records confirmed they completed regular refresher training.
- Personal protective equipment (PPE) was stored in a dedicated cupboard but staff told us that aprons were not always used and there were no rubber gloves in the surgery used by the hygienist.

Decontamination of dental instruments took place in the dental surgery as there was no decontamination room. Sterilisation was undertaken in accordance with HTM 01-05. However, although there was a flow from dirty to clean, this was not clearly marked and there was insufficient space to store dirty instruments. In April 2019, a statement of need (SoN) had been raised for a new central sterile services department (CSSD). Following the inspection, this was escalated to headquarters. SoNs had also been raised for new flooring in the dental surgeries and a refurbishment of the Hygienist's surgery. Routine checks were in place to monitor that the ultrasonic bath and autoclave were working correctly. Water lines were well managed at the practice with checks and tests recorded. Staff at the practice told us that a legionella risk assessment had been carried out on the building by the station SHEF team. Although the practice did not have a copy, processes in place suggested that risks were being mitigated:

- Identification of outlets formed part of the SHEF inspection carried out twice a year.
- There was a register of outlets to be flushed (that included frequency) and water temperatures of sentinel taps (first and last taps on the water distribution system) were checked monthly. Little used taps were flushed weekly.
- Surgery water temperatures were checked annually.

The surgeries, including fixtures and fittings were tidy, clean and clutter free. Instruments were checked regularly; we noted they were appropriately stored and all were within their sterilisation use-by-date.

Dental materials and products were kept in the clinical rooms and only essential items were left out and the practice monitored storage temperatures.

IPC audits were undertaken every six months by the IPC lead. The last audit was undertaken in September 2019. The outcome of the IPC audits were shared with the staff team at the practice meetings.

Environmental cleaning was carried out by a contractor who followed a cleaning schedule each morning and afternoon when the practice was open. The practice was clean when we inspected and patient feedback did not highlight any concerns with the cleanliness. Environmental cleaning equipment was used but not always stored in accordance with national guidance.The practice was subject to an annual deep clean and the practice manager carried out six monthly checks of the environment, reporting findings to the station's SHEF lead.

Arrangements were in place for the segregation, secure storage and disposal of clinical waste products, including amalgam, sharps, extracted teeth and gypsum. The medical centre was responsible for waste management and the dental centre kept a log of waste transferred to the medical centre. Consignment notes were in place and a clinical waste log maintained.

Equipment and medicines

An equipment log was maintained that kept a track of when equipment was due to be serviced. A full equipment check was carried out in October 2018, including the autoclave, compressor and ultrasonic bath. All routine equipment checks, including clinical equipment, were in-date and in accordance with the manufacturer's recommendations. A safety test of portable electrical appliances was undertaken in July 2018.

Prescription sheets were numbered and stored securely. Antibiotics were held at the practice and there was a protocol for prescribing. A continuous audit was carried out for all antibiotics given to ensure their use met clinical best practice. Medicines that required cold storage were stored on the premises and the fridge temperature monitored and recorded daily. A monthly check was carried out by the SDO to ensure medicines were in date and checks of the medicines used for medical emergencies were undertaken regularly.

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 equipment specific 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 with the last inspection taking place in 2017.

Clinical dental records showed the SDO justified, graded and reported on the X-rays they took. In accordance with current guidance and legislation, the SDO carried out a bi-annual radiology audit. This involved a review of 50 records retrospectively and 50 records prospectively. Staff were up-to-date with dental radiography training and had completed it as part of their continuous professional development.

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

We looked at a range of patient dental records to corroborate our findings. The records were of a good standard, including information about each patient's current dental needs, past treatment, medical history and treatment options. The diagnosis and treatment plan for each patient was clearly recorded and records showed that treatment options were discussed with the patient. Patients completed a detailed medical and dental history form at their initial consultation and this was verbally checked for any changes at each subsequent appointment.

The treatment needs of patients were assessed by the clinicians in accordance with recognised guidance with treatment planned and delivered in accordance with the BPE (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 timeframes were based on risk, for example; those patients with the greatest needs were recalled monthly. Records we looked at confirmed patients were recalled in a safe way. The military dental fitness targets were closely monitored by the practice and data provided highlighted that performance exceeded DPHC targets. For example, 80% of military patients were categorised as in date with the periodic dental inspection and dentally fit (the DMS target was to achieve more than 75%).

Health promotion & prevention

A proactive approach was taken in relation to preventative care and supporting patients to promote optimal oral health. This was undertaken in line with the Delivering Better Oral Health toolkit. The practice manager was an oral health educator and coordinated promotional work into a seasonal health promotion calendar that extended beyond the dental centre building. Oral health displays were evident in the patient waiting area and in the accommodation blocks on station. Staff said the displays were refreshed monthly and they often targeted population need and/or seasonal activities, such as Stoptober. The practice supported other oral health promotion campaigns, including Smile Week and Mouth Cancer Awareness Week. A monthly oral health message was posted on notice boards throughout the station.

Dental records showed that lifestyle habits of patients, such as smoking and drinking, were included in the dental assessment process. Patients smoking status was recorded and brief advice given together with a referral when appropriate. All patients were screened for alcohol consumption and could be signposted to support services. The application of fluoride varnish, the use of fissure sealants and prescription for high concentration fluoride toothpaste were options the SDO considered and offered if necessary.

Staffing

Staff new to the practice had a period of induction when familiarisation training (that included data security, health and safety, working practices, cleaning procedures) was completed within three weeks of start date. The practice provided a comprehensive induction booklet which used colour coding to tailor to the specific role, for example; there was a tailored induction for temporary healthcare workers.

The practice manager recorded and monitored staff training and appraisal through a personnel management system and it confirmed all staff (unless mitigating circumstances) 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 GDC. Staff were given protected time to attend regional development days and complete online learning.

Working with other services

The clinical staff could refer patients to a range of services if the treatment required was not provided at the practice. These services included referral to enhanced military dental practices (practices providing additional services, such as endodontics) and external referrals to a local NHS trust 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.

The SDO monitored referrals made and checked the referral log regularly to ensure urgent referrals were dealt with promptly and routine referrals were progressing in a timely way.

The practice was invited to participate in the Unit Health Committee (UHC) meetings, a forum for unit commanders to review and discuss the health needs of unit personnel, including the dental statistics of units. The status of failed attendance at dental appointments (referred to as FTAs) was also shared with unit commanders.

The practice manager forwarded the status of the dental targets to the unit commanders each month.

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. 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.

Even though capacity assessments had not been used, the staff team had a good awareness of the Mental Capacity Act (2005) and how it could apply in context. The team had completed training in relation to mental capacity and the principles were displayed in the patient waiting area.

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 we spoke with were aware of their responsibility to respect people's diversity and human rights. The feedback cards, completed prior to the inspection, indicated patients were pleased with the way staff treated them. Emerging themes suggested staff were both professional, respectful and listened to their views.

The practice had strategies to support patients who were anxious about dental treatment. The practice staff spoke of a team approach to support with additional time allowed to provide reassurance and to keep the patient informed.

The seating in the waiting area was set back from the reception desk and a notice invited patients to request a room should they wish to have a discussion in private. 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 electronic care records and backed these up to secure storage. Sensitive paper records were stored securely in locked metal cabinets.

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. They were also included in the answering machine message relayed by telephone when the practice was closed.

Involvement in decisions about care and treatment

Patient feedback suggested staff provided clear information to support with making treatment choices. The dental records clearly showed patients were informed about the treatment choices available and were involved in decision making. The SDO used a range of methods to ensure patients understood what was needed to maintain good dental and oral health. These included verbal and written information provided to patients.

Are services responsive to people's needs?
(for example, to feedback?)

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 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. Check-ups were scheduled depending on the patients assessed recall need. Monthly meetings were held with the chain of command and these included discussion on patients that had failed to attend or whose recall dates were overdue. If a patient was due a check-up when they were deployed then their recall date was brought forward ahead of their deployment date. With sufficient notice, the practice could accommodate block bookings for units.

Patients could make routine appointments between their recall periods if they had any changes to or concerns about their oral health. Routine appointments could be accommodated within one week with a dentist and within two days with a hygienist. Emergency appointments slots were available each day and were available on the day we visited.

Promoting equality

An access audit as defined in the Equality Act 2010 had been completed for the premises in June 2019. 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.

Statement of needs had been submitted as a result of the access audit. These included a dropped kerb (to assist wheelchair access) and a disabled toilet. Should there be a need, there was suitable access for wheelchairs and a disabled toilet in the adjoining medical centre.

Staff were familiar with the translation service should the need arise. The staff mix allowed patient to request a same gender dentist although we were told that no such request had been made.

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. Regional on-call arrangements were in place for access to a dentist outside of working hours.

Concerns and complaints

The SDO 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.

Staff received training in complaints every six months so were familiar with the policy and their responsibilities. Processes were in place for managing complaints, including a complaints register. There had been no complaints made to the practice 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 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. All staff were accountable to the SDO.

An internal quality assurance tool, the electronic 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 SDO and practice manager formally reviewed the CAF on a regular basis and it was discussed at the practice meetings. When a CAF review is undertaken by regional headquarters (RHQ) it is referred to as a Health Governance Assurance Visit (HGAV). The last HGAV was undertaken in March 2019.

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. 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. However, those for health and safety and infection prevention and control required strengthening.

Clear lines of communication were established within the practice. Delegated responsibilities had been identified in terms of reference and a notice board detailed all responsibilities including a list of checks to be carried out. The noticeboard was used to confirm cover in the

absence of the responsible person. A practice meeting was held every three weeks and minutes were made available for those unable to attend.

Information governance arrangements were in place and staff were aware of the importance of these in protecting patient personal information. Each member of staff had their login password to access the electronic systems. They were not permitted to share their passwords with other staff. Paper records were stored securely.

Leadership, openness and transparency

The staff felt they worked well as a team and treated each other with respect. Staff spoke highly of the leadership at the practice, indicating that the culture was open and transparent so they would be confident raising any concerns. Staff were aware of their responsibilities in relation to duty of candour requirements.

Learning and improvement

Quality assurance processes to encourage learning and continuous improvement were evident at the practice. A programme of audit was in place including: laboratory work waiting times. Evidence was in place to demonstrate that action and/or improvement had been made as a result of audit. For example, The SDO had undertaken an effective audit to improve the completion time for laboratory work. In November 2018, total completion time was averaging 38 working days for laboratory work to be fitted. The dental centre established that delays resulted from waiting for the laboratory work to return before contacting the patient to make an appointment for laboratory work fit (delayed by the patient not always being contactable, and the availability of appointments). As a result of the audit, appointments were booked four weeks after initiation of work, instead of waiting for labwork to return. In March 2019,the wait time had reduced to18 days.

Peer review of clinical cases was carried out between dentists and there was aspiration to expand this to carry out peer review as a group practice. There was scope to expand peer review to include all staff, especially dental care professionals to emphasise their central role in patient care. Dentists and hygienist received clinical supervision from regional headquarters (RHQ). All staff received appraisal which focused on bespoke objectives.

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

Patients were encouraged to leave feedback about the service and could do so by a various means, including verbal feedback, patient experience surveys and the suggestion box that was located in the waiting area. The practice monitored patient feedback and the most recent data (captured in September 2019) highlighted a high level of satisfaction. Staff we spoke with felt engaged with the management of the practice and said they would feel comfortable in voicing any ideas and suggestions.