

Newcastle Dental Centre

Albemarle Barracks, Near Harlow Hill, Newcastle upon Tyne, NE15 0RF

Defence Medical Services inspection report

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information given to us by the practice and patient feedback about the service.

Are services safe?	No action required	✓
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	✓

Contents

Summary.....	3
Are services safe?.....	6
Are services effective?.....	11
Are services caring?.....	14
Are services responsive?.....	15
Are services well led?	16

Summary

About this inspection

We carried out an announced comprehensive inspection of Newcastle Dental Centre on 18 and 20 October 2021. The first day we gathered our evidence virtually and the lead inspector visited the service on the second day.

As a result of the inspection we found the practice was safe, effective, caring, responsive and well-led in accordance with CQC's inspection framework.

The CQC does not have the same statutory powers with regard to improvement action for the Defence Medical Services (DMS) under the Health and Social Care Act 2008, which also means that the DMS is not subject to CQC's enforcement powers. However, as the military healthcare regulator, the Defence Medical Services Regulator (DMSR) has regulatory and enforcement powers over the DMS. DMSR is committed to improving patient and staff safety and will ensure implementation of the CQC's observations and recommendations.

This inspection is one of a programme of inspections that the CQC will complete at the invitation of the DMSR in their role as the military healthcare regulator for the DMS.

Background to this practice

Located in Albemarle Barracks, Newcastle Dental Centre is a one-chair practice providing a routine, preventative and emergency dental service to a military patient population of 651. The dental centre also provides a service for service personnel from several local satellite units.

Clinics are held five days a week Monday to Thursday 07:45-16:30 hrs and Friday 07:45-12:30 hrs. Daily emergency treatment appointments are available. Hygiene treatment is carried out by the Senior Dental Officer (SDO). Out of hours treatment is accessible through the north region on call rota. Secondary care support is available from Newcastle Dental Hospital for oral surgery and oral medicine and through the Defence Primary Healthcare (DPHC) Dental Managed Clinical Network for other referrals.

The staff team at the time of the inspection

SDO (civilian)	One
Dental nurses (civilian)	Two
Practice manager (civilian)	One

Our Inspection Team

This inspection was undertaken by a CQC inspector, a dentist specialist advisor and a dental nurse specialist advisor.

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 SDO, the dental nurses and the practice manager. We looked at practice systems, policies, standard operating procedures and other records related to how the service was managed. We also checked the building, equipment and facilities. We also reviewed patient feedback and interviewed patients who were registered at the dental centre.

At this inspection we found:

- Feedback showed patients were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.
- The practice effectively used the DMS-wide electronic system for reporting and managing incidents, accidents and significant events.
- Systems were in place to support the management of risk, including clinical and non-clinical risk.
- Suitable safeguarding processes were established and staff understood their responsibilities for safeguarding adults.
- The required training for staff was up to date and they were supported with continuing professional development.
- The Senior Dental Officer (SDO) 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.
- The appointment and recall system met both patient needs and the requirements of the Chain of Command.
- Leadership at the practice was inclusive and effective. Staff worked well as a team and their views about how to develop the service were considered.
- 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.
- Systems for assessing, monitoring and improving the quality of the service were in place. Staff made changes based on lessons learnt.

We identified the following notable practice

The practice had developed a quick action guide for each substance or material hazardous to health. It clearly highlighted the important facts should an incident occur thus reducing the extent of injury by administering first aid in a timely way. It was available in an area which staff could access promptly.

Dr John Milne MBE BChD, Senior National Dental Advisor

(on behalf of CQC's Chief Inspector of Primary Medical Services and Integrated Care)

Our Findings

Are Services Safe?

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. The staff team had completed ASER training in August 2021 and were clear in their understanding of the types of significant events that should be reported, including never events. A record was maintained of all ASERs, which supported identifying a trend analysis. Significant events were discussed at practice team meetings and staff provided examples of events reported through the ASER system, including changes made as a result. In addition, staff were aware when to report incidents in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

The Senior Dental Officer (SDO) and practice manager were 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). Alerts were also circulated from the dispensary in the medical centre if they concerned dental practice. In addition, they were received from the Dental Administration Technical Information (DATI) (Scotland North Regional Newsletters). Alerts were logged including action taken. They were discussed and recorded at practice meetings.

Reliable safety systems and processes (including safeguarding)

The SDO was the safeguarding lead for the practice and had completed level two safeguarding training. All other members of the staff team had completed level two safeguarding training appropriate to their roles. Staff we spoke with were aware of their responsibilities if they had concerns about the safety of patients who were vulnerable due to their circumstances. Staff provided an example when a potential safeguarding had been raised.

Clinical staff understood the duty of candour principles and this was evident in patient records when treatment provided was not in accordance with the original agreed treatment plan. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

The SDO was always supported by a dental nurse when assessing and treating patients. Lone working rarely happened. If it did, staff would inform medical centre staff downstairs or the guardroom would be made aware.

A whistleblowing policy was in place and displayed on the wall. Staff had completed whistleblowing training and said they would feel comfortable raising any concerns. The whistleblowing policy was discussed at the practice meeting in August 2021. Staff also had the option to approach the regional Freedom to Speak Up champion.

Are Services Safe? Newcastle Dental Centre

We looked at the practice's arrangements for the provision of a safe service. A risk register was maintained and this was reviewed in August 2021. A range of risk assessments were in place, including for the premises, staff and clinical care. The COVID-19 risk assessment was reviewed in August 2021. Individual COVID-19 risk assessments had been completed for all staff. The practice was following relevant safety legislation when using needles and other sharp dental items. Needle stick injury guidance was available in the surgery.

The SDO routinely used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. Floss ligatures (to secure the dam) were used with the support of the dental nurse. A split dam was used if required.

A comprehensive business continuity plan was in place, which set out how the service would be provided if an event occurred that impacted its operation. The plan included staff shortages, loss of power, adverse weather conditions and loss of compressed air.

Medical emergencies

The medical emergency protocol was reviewed September 2021. The automated external defibrillator (AED) and emergency trolley were well maintained and securely stored, as were the emergency medicines. Daily checks of the medical emergency kit were undertaken by the SDO and recorded, demonstrating that all items were present and in-date. The SDO reviewed the emergency medicines annually. 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. The team completed annual basic life support (BLS) training in June 2021. Although no simulated emergency scenarios had taken place, the team discussed such a scenario at the dental team training in August 2021. One of the dental nurses was due to attend a simulated BLS course.

First aid kit, bodily fluids and mercury spillage kits were available. Training records confirmed staff were up-to-date with first aid training. Staff were aware of the signs of sepsis and sepsis information was displayed. An emergency alarm was located in the surgery.

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 organisational policy.

Monitored by the practice manager, a register was maintained of the registration status of staff with the General Dental Council, indemnity cover and the relevant vaccinations staff required for their role.

Monitoring health & safety and responding to risks

Are Services Safe? Newcastle Dental Centre

A number of local health and safety policy and protocols were in place to support with managing potential risk. The practice manager carried out a workplace health and safety inspection in April 2021. In addition, the unit routinely undertook health and safety walkabouts. The unit carried out a fire risk assessment of the premises every three years with the most recent assessment undertaken in January 2021. The practice manager was the fire warden for the premises and regularly checked the fire system. Staff received annual fire training and an evacuation drill of the building was conducted in September 2021. Portable appliance testing had been carried out in line with policy. A COSHH (Control of Substances Hazardous to Health) log (reviewed in July 2021), risk assessments and data sheets were in place. The practice had developed a quick action guide for each substance or material hazardous to health. It clearly highlighted the important facts should an incident occur thus reducing the extent of injury by administering first aid in a timely way. It was available at the front of the COSHH locker which staff could access promptly.

DPHC had produced a standard operating procedure for the resumption of routine dentistry during the COVID-19 pandemic. The dental team demonstrated that they were adhering to the guidance in order to minimise the risk of the spread of COVID-19. Testing for COVID-19 was undertaken regularly by all staff. Information about the virus was displayed around the dental centre. Hand sanitiser was provided throughout the building and the practice had procured a large stock of personal protective equipment for use by both staff and patients. Clinical staff knew which aerosol generating procedures presented a low or high risk depending on whether high volume suction and/or a rubber dam was used. Fallow periods between patients were built into the appointments schedule.

The practice followed relevant safety laws when using needles and other sharp dental items. A risk assessment and protocol was in place for the management of sharps and needle stick injuries. The sharps box in the surgery was labelled, dated and used appropriately.

Infection control

The practice manager was the lead for infection prevention and control (IPC) and had completed the required training in February 2021. The IPC policy and supporting protocols 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. All the staff team were up to date with IPC training, and records confirmed they completed refresher IPC training every six months. IPC audits were undertaken twice a year and the most recent was undertaken in September 2021.

We checked the surgery. It was clean, clutter free and met IPC standards, including the fixtures and fittings. Environmental cleaning was carried out by a contracted company three times a day. The cleaning supervisor carried out spot checks. The cleaning cupboard located in the medical centre was identified as a risk and this was due to be addressed as part of the upcoming planned refurbishment.

Decontamination took place in a central sterilisation services department (CSSD) accessible from the surgery. Sterilisation of dental instruments was undertaken in accordance with HTM 01-05. Records of routine checks were in place to monitor that the ultrasonic bath and autoclave were working correctly. Records of temperature checks and

Are Services Safe? Newcastle Dental Centre

solution changes were maintained. Instruments and materials were regularly checked with arrangements in place to ensure materials were in date.

A legionella risk assessment had been undertaken and reviewed in April 2020. A written scheme and monitoring system was established. Room use had changed but room names had not been updated to inform the written scheme. The practice manager said they would rectify this. Water temperature checks were undertaken monthly and recorded.

Arrangements were in place for the segregation, storage and disposal of clinical waste products, including amalgam, sharps, extracted teeth and gypsum. Although the clinical waste bin was locked, it was not secured to the wall. We were assured this would be addressed as part of the planned refurbishment of the building due to take place shortly. Three consignment notes were missing at the time of the inspection. They were held electronically by the contractor and the practice was reliant on the contractor providing these. After the inspection, the practice manager confirmed the missing consignment notes had been received. They had since made an arrangement with the contractor for the consignment notes to be provided on a monthly basis. A clinical waste pre-acceptance audit took place in June 2021

Equipment and medicines

An equipment log was maintained to keep a track of when equipment was due to be serviced. The autoclave and ultrasonic bath had been serviced this year. The servicing of all other routine equipment, including clinical equipment, was in date in accordance with the manufacturer's recommendations. A land equipment assessment (LEA) was completed in November 2020 and recommendations made had been actioned. Portable appliance testing was undertaken annually by the practice team.

The prescription printer was secured at reception and prescription paper was manually inserted when required. A manual log of prescriptions was maintained and prescriptions were sequentially numbered. Minimal medicines were held in the practice. Patients obtained medicines either through the dispensary in the medical centre or outsourced to a local pharmacy. Medicines that required cold storage were kept in a fridge, and cold chain audit requirements were in place and recorded. An audit of antibiotic prescribing had not taken place as this was not an organisational required audit.

A record of the checks of controlled drugs (medicines with a potential for misuse) by the Duty Officer every quarter was maintained. They were destroyed in accordance with policy and in the presence of the Regimental Sergeant Major or Quarter Master.

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 available in the surgery along with safety procedures for radiography. The Local Rules were updated in December 2020. Although a copy of the Health and Safety Executive (HSE) notification was not available, the SDO provided evidence (radiation protection advisory visit, October 2013) to show notification of radiography equipment had been made to the HSE. After the inspection the SDO

Are Services Safe? Newcastle Dental Centre

contacted the Principal Dental Officer requesting a copy of the notification from DPHC for future reference.

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.

The dental records for patients that we looked at showed the SDO justified, graded and reported on the X-rays taken. The SDO carried out an annual radiology audit.

Are Services Effective?

Monitoring and improving outcomes for patients

The treatment needs of patients was assessed by the SDO in line with recognised guidance, such as National Institute for Health and Care Excellence (NICE) and Scottish Intercollegiate Guidelines Network (SIGN) guidelines. Treatment was planned and delivered in line with the BPE (basic periodontal examination - assessment of the gums) and caries (tooth decay) risk assessment. The SDO referenced appropriate guidance in relation to the management of wisdom teeth, taking into account operational need.

The SDO followed appropriate guidance in relation to recall intervals between oral health reviews, which were between six and 24 months depending on the patient's assessed risk for caries, oral cancer, periodontal and tooth surface loss. In addition, recall was influenced by an operational focus, including variances in the three services as service personnel were recruited from different socio-economic groups.

We looked at patients' dental records to corroborate our findings. The records were comprehensive and included 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. Patients completed a detailed medical and dental history form at their initial consultation, which was verbally checked for any changes at each subsequent appointment. The SDO followed the guidance from the British Periodontal Society regarding periodontal staging and grading. Records confirmed patients were recalled in a safe and timely way.

The SDO discussed the downgrading of personnel in conjunction with the patient's doctor to facilitate completion of treatment. The military dental fitness targets were closely monitored by the SDO.

Health promotion & prevention

A proactive approach was taken in relation to preventative care and supporting patients to ensure optimum oral health. Both dental nurses were oral health educators. They were not trained in smoking cessation so patients were referred to the medical centre for this service. Dental records showed that lifestyle habits of patients, such as smoking and drinking, were included in the dental assessment process. The SDO provided oral hygiene advice to patients on an individual basis, including discussions about lifestyle habits, such as smoking and alcohol use. Oral health promotion leaflets were given to patients. The practice recently participated in a unit health and wellbeing fair.

The application of fluoride varnish and the use of fissure sealants were options the SDO considered if necessary. Equally, high concentration fluoride toothpaste was recommended to some patients. The dental nurses could provide these treatments but as it was a one-chair practice this was not feasible. A statement of need had been submitted for a second surgery.

Are Services Effective? Newcastle Dental Centre

The SDO described the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Staffing

Although no new staff had recently joined the team, an induction programme was available that included a generic programme and induction tailored to the dental centre.

We looked at the organisational-wide electronic system used to record and monitor staff training and confirmed all staff had undertaken the mandated training. The system showed clinical staff were undertaking the continuing professional development required for their registration with the General Dental Council.

The staff team confirmed that the staffing establishment and skill mix was appropriate to meet the dental needs of the patient population and to maximise oral health opportunities. The dental team were working to deliver the best level of care possible whilst adhering to the current COVID-19 restrictions.

Working with other services

The SDO confirmed patients were referred to a range of specialists in primary and secondary care for treatment the practice did not provide. The SDO followed NHS guidelines, the Index of Orthodontic Treatment Need and Managed Clinical Network parameters for referral to other services. Patients could be referred to the Newcastle Dental Hospital. There were six referrals in the system. We discussed with the SDO obtaining consent for patient's attending hospital due to the increased risk of contracting COVID-19 (from a recent paper in the British Dental Journal). A spreadsheet was maintained of referrals and checked monthly by the SDO with colour-coding and explanatory notes. Urgent 'two week wait' referrals were sent to Newcastle Dental Hospital.

The practice worked closely with the medical centre in relation to patients with long term conditions impacting dental care. In addition, the doctor reminded the patient to make a dental appointment if it was noted on their record during a consultation that a dental recall was due. The Chain of Command was informed if patients failed to attend their appointment.

The SDO attended the unit health committee meetings at which the health and care of vulnerable and downgraded patients was reviewed. At these meetings, the SDO provided an update on the dental targets.

Consent to care and treatment

Clinical staff understood the importance of obtaining and recording patient's consent to treatment. Patients were given 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 from patients confirmed they received clear information about their treatment options.

Are Services Effective? Newcastle Dental Centre

Clinical staff had a good awareness of the Mental Capacity Act (2005) and how it applied to their patient population.

Are Services Caring?

Respect, dignity, compassion and empathy

We took into account a variety of methods to determine patients' views of the service offered at Newcastle Dental Centre. These included direct interviews with patients, the regional-wide Governance, Performance, Assurance and Quality (GPAQ) patient survey and the DMSR patient satisfaction survey which complemented this inspection. All sources of feedback indicated staff treated patients with kindness, respect and compassion. Patients provided examples of how practice staff had effectively supported them particularly when they felt anxious about treatment.

For patients who were particularly anxious, the practice provided longer appointments. The SDO used a desensitisation process based on the 'tell, show, do' approach. Patients could also be referred for hypnosis or, as a final option, treatment under sedation

There was no dedicated waiting area for the dental centre. Patients used the waiting area in the medical centre. Since COVID-19 patients had arrived one at a time so there had not been a need for the waiting area to be used.

Access to a translation service was available for patients who did not have English as their first language. Patients who wished to see a female dentist would be referred to another dental practice.

Involvement in decisions about care and treatment

Patient feedback suggested staff provided clear information to support patients with making informed decisions about treatment choices. The dental records we looked at indicated patients were involved in the decision making about the treatment choices available.

Are Services Responsive?

Responding to and meeting patients' needs

The practice 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 concerns about their oral health. The SDO maximised appointment times by completing as many treatments as possible for the patient during the one visit. Emergency appointments slots were available each day. Feedback from patients suggested they had been able to get an appointment with ease and at a time that suited them.

Promoting equality

In line with the Equality Act 2010, an equality access audit had been completed. We discussed with the practice manager including additional detail to ensure the audit clearly reflected that the needs of the patient population, staff and people who used the building had been considered. The practice manager revised the audit accordingly. The dental centre was on the first floor accessible by stairs. The unit had carried out an assessment for the fitting of a stairlift. This was not considered financially viable. In addition, the equality audit did not identify this as a necessary reasonable adjustment based on current use of the building. In the event a patient was unable to use the stairs then they would be referred to another dental centre with disability access. A hearing loop was not available as this had not been identified as a need for people who used the building.

Access to the service

Information about the service, including opening hours and access to emergency out-of-hours treatment, was displayed in the foyer by the front door and on the practice leaflet.

A planned refurbishment of the building was imminent, which would mainly impact the medical centre. For the dental centre, it would impact how patients were seen. The staff team planned to work on Wednesday and Thursday from Boulmer Dental Centre as the dental centre was not in use on these days. Boulmer Dental Centre is approximately an hour away if travelling by car. The practice planned to inform patients of this change via part 1 orders and through notices in the building.

Concerns and complaints

The SDO was the lead for complaints. Complaints were managed in accordance with the DPHC complaints policy. The team completed complaints training in April 2021. A process was in place for managing complaints, including a complaints register for written and verbal complaints. Just one complaint had been received and that was in 2018. Complaints were a standing agenda item at the practice meetings, confirmed by the minutes of the September 2021 meeting.

Patients were made aware of the complaints process through the practice information leaflet and a display in the practice. Feedback from patients indicated they knew how to make a complaint.

Are Services Well Led?

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 administration of the service. Staff were clear about current lines of accountability and secondary roles. They knew who they should approach if they had an issue that needed resolving.

A framework of organisation-wide policies, procedures and protocols was 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 referred to them throughout the inspection. The General Dental Council standards were displayed in the practice. Effective risk management processes were in place and checks and audits were in place to monitor the quality of service provision.

An internal Health Governance Assurance Visit (HGAV) took place in May 2020 and a management action plan was developed as a result. Three actions were identified, two of which would be completed during the refurbishment. A monthly governance return was completed on the regional spreadsheet which included performance against military dental targets, complaints, staffing levels, staff training, audit activity, the risk register and significant events.

All staff felt well supported and valued. Staff told us that there were clear lines of communication within the practice. Practice meetings were held each month and an informal team meeting was held most mornings.

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 a login password to access the electronic systems and were not permitted to share their passwords with other staff. Measures were taken to ensure computers were secure and screens not accessible to patients or visitors to the building. Discussions with patients were held away from reception. A reporting system was in place should a confidentiality breach occur. Staff had completed the Defence Information Management Passport training, data protection training and training in the Caldicott principles.

Leadership, openness and transparency

Staff told us the team was cohesive and worked well together with the collective aim to provide patients with a good standard of care. Staff described an open and transparent culture and were confident any concerns they raised would be addressed without judgement.

Learning and improvement

Quality assurance processes to encourage learning and continuous improvement were effective. The dental centre had implemented guidance set out by DPHC around the safe return to dental care provision during the COVID-19 pandemic.

Are Services Well Led? Newcastle Dental Centre

Staff received mid and end of year annual appraisal and these were up-to-date.

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

Due to COVID-19 restrictions, the token system and comment slips previously used for patient feedback were no longer in use. The regional-wide GPAQ survey was the main method to seek feedback. The most recent data showed just one patient responded over a three month period. The practice manager said they would explore alternative ways to encourage patients to participate in the survey.

The SDO listened to staff views and feedback at meetings and through informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.