

Yeovilton Dental Centre

Ilchester, Somerset BA22 8HT

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 service effective?..... | 10 |
| Are service caring?..... | 12 |
| Are service responsive?..... | 13 |
| Are services well led? | 14 |

Summary

About this inspection

We carried out an announced comprehensive inspection of Yeovilton Dental Centre on 19 and 20 October 2021. The first day we gathered our evidence remotely and the lead inspector visited the service on the second day.

As a result of this inspection we found that this 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 Defence Medical Services.

Background to this practice

Located in Yeovilton, Somerset. Yeovilton Dental Centre is a four-chair practice providing a routine, preventative and emergency dental service to a military population of 2,700 service personnel.

The dental centre is open Monday to Thursday 08:00 to 16:30 and Fridays from 08:00 to 15:00.

Out-of-hours (OOH) arrangements are in place through a regional duty dental officer.

At the time of the inspection the staff team comprised

| | |
|-----------------------------|-----|
| Senior Dental Officer (SDO) | one |
| Civilian dentist | one |
| Practice manager | one |
| Civilian dental nurses | one |
| Military dental nurses | one |

| | |
|-------------------|-----|
| Dental hygienists | one |
|-------------------|-----|

Our Inspection Team

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

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, deputy practice manager, the dentists and 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.

We also spoke with four patients who were currently registered at the dental centre. All the feedback from patients was positive.

At this inspection we found:

- The practice used a DMS-wide electronic system for reporting and managing incidents, accidents and significant events. However, we found this could be further improved with practice wide sharing of information and subsequent learning.
- The practice was visibly clean and well-maintained.
- There were infection control procedures in place which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had safeguarding processes in place and staff knew their responsibilities for safeguarding vulnerable adults and young people.
- The clinical staff provided patient care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- Systems were in place to support the management of risks.
- The practice asked patients for feedback about the services they provided.
- There was a system in place for managing complaints.
- Staff received a comprehensive induction when they started work at the dental centre. Training requirements for staff had been met.
- There were good information governance arrangements in place.

About this inspection Yeovilton Dental Centre

- There was effective leadership and a culture of continuous improvement. Staff felt involved and supported and worked as a team.

Areas for improvement:

- Ensure significant event reporting is completed including evidence that actions have been identified, recorded and shared with all staff to prevent reoccurrence.
- The lead for infection prevention and control (IPC) should receive specific training pertinent to this role.

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. 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). We saw significant event/ ASER reporting was an agenda item at practice meetings but there was no evidence to show they had been discussed with the team at these meetings and what actions were taken to improve.

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). These were logged and any required action was recorded as undertaken. As a standard agenda item, they were discussed at practice meetings and minutes maintained.

Reliable safety systems and processes (including safeguarding)

The SDO was the safeguarding lead for the practice and had completed level two safeguarding training, the dental centre was next door to the medical centre where the Senior Medical Officer was level three trained. All other members of the staff team had completed level two safeguarding training which was appropriate to their roles. Staff were aware of their responsibilities if they had concerns about the safety of patients who were vulnerable due to their circumstances. There were safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse.

Staff understood their duty of candour and there were effective processes in place underpinning this.

The dentists were always supported by a dental nurse when assessing and treating patients. The dental hygienist had nursing support when carrying out Aerosol Generating Procedures (AGPs). All surgeries were equipped with emergency panic buttons, these were tested monthly. The dental hygienist also had a personal alarm that could be used an emergency. Where staff worked alone at the practice, there was a lone working policy in place to guide staff.

A whistleblowing policy was displayed for all staff to see in the practice. Staff described what they would do if they needed to report in accordance with Defence Primary Healthcare (DPHC) policy.

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. The 'Management of Sharps' protocol was displayed in every surgery and this was also covered in staff training every six months. An assessment for the management of safe sharps was undertaken in March 2021. Sharps were stored in a lockable cupboard in the dental centre before being transferred outside to a lockable clinical waste bin.

The dentists 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. We noted these were latex free.

Medical emergencies

The automated external defibrillator (AED) and emergency drugs kit were well maintained. All staff were aware of medical emergency procedures 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 that was located in the dental centre.

Daily checks of the medical emergency kits were recorded and demonstrated that all items were present and in-date. The medical emergency trolley was located in the corridor outside the surgeries during working hours and then secured in a surgery when the practice was closed.

First aid kit, bodily fluids and mercury spillage kits were available. Training records confirmed staff were up to date with first aid training. We spoke with staff who confirmed they had received training in the early warning signs of sepsis.

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. This included 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 policy.

The regional clinical operations team monitored each member of staff's registration status with the General Dental Council (GDC). The SDO 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

Are Services Safe? Yeovilton Dental Centre

out in line with policy. COSHH (Control of Substances Hazardous to Health) risk assessments had been undertaken, along with routine environmental checks to ensure that the building was safe for patients and staff.

A Business Continuity Plan (BCP) was in place and had been reviewed in September 2021. Copies were held electronically and displayed on a notice board for staff to access.

DPHC had produced a standard operating procedure (SOP) for the resumption of routine dentistry during the COVID-19 pandemic. The Yeovilton dental team demonstrated that they were following this guidance closely in order to protect both staff and patients from potential COVID infection. Risk assessments were in place for individual staff members, COVID-19 testing was undertaken regularly by all staff and symptoms to look out for were displayed around the dental centre. The waiting room had been reconfigured to enable social distancing, hand sanitiser was provided throughout the building and the centre had procured a large stock of personal protective equipment for use by both staff and patients. Dental staff knew which aerosol generating procedures presented a low or high risk and, depending on whether high volume suction and/or a rubber dam was used, fallow periods of varying lengths between patients were built into the appointments schedule.

Infection control

The practice had an infection prevention and control (IPC) policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. There was a lead for infection control as recommended by the published guidance. The lead had yet to undertake IPC training specific to this role. The practice manager was investigating suitable training with the regional team for this.

The surgeries, including fixtures and fittings, were visibly tidy, clean and clutter free. The dental centre was cleaned daily, a monthly report was sent to the unit cleaning manager to discuss any issues, but cleaners are seen daily by the practice staff for any day to day issues. The practice manager said that the cleaning was of a good standard.

Decontamination of dental instruments took place in the purpose built CSSD (central sterile services department). Sterilisation was undertaken in accordance with HTM 01-05. Validation checks were in place to monitor that the ultrasonic baths and autoclaves were working correctly. Records of temperature checks and solution changes were maintained. Instruments and materials were routinely checked by staff: we saw that the sterilisation use-by-date was in place and we did not note any out-of-date items.

The legionella risk assessment for the practice had been undertaken by the station and it was specific to the requirements within a dental centre. Records of hot and cold-water testing and dental unit water line management were maintained.

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

Are Services Safe? Yeovilton Dental Centre

equipment checks, including clinical equipment, were in-date and in accordance with the manufacturer's recommendations. An equipment service audit was undertaken annually.

Prescription sheets were numbered and stored securely. Prescription antibiotics were not held at the practice, all antibiotic prescriptions raised were logged on the prescription log and dispensed either by the medical centre pharmacy or the local Lloyds pharmacy if out of hours. Medicines that required cold storage were kept in a fridge, and cold chain audit requirements were in place and recorded.

Checks of medicines, including controlled drugs, were routinely undertaken by the practice staff with periodic checks by the SDO and the regional dental team.

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 in each surgery. 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 dentists justified, graded and reported on the X-rays they took. Radiography audits had been introduced to comply with current guidance and legislation.

Are Services Effective?

Monitoring and improving outcomes for patients

Patients' treatment needs were assessed by the dentist in line with recognised guidance. For example, wisdom teeth management was conducted in line with National Institute for Health and Care Excellence (NICE) and Scottish Intercollegiate Guidelines Network (SIGN) guidelines. Treatment was planned in accordance with the BPE (basic periodontal examination - assessment of the gums) and caries (tooth decay) risk assessment. The dentists also followed appropriate guidance in relation to recall intervals between oral health reviews.

We looked at 20 patients' dental records to corroborate our findings. The 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. 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. Clinicians were following guidance from the British Periodontal Society around periodontal staging and grading.

Health promotion & prevention

A proactive approach was taken in relation to preventative care and supporting patients to ensure better oral health. Dental nurses delivered oral health education including smoking cessation and alcohol intake management. Dental records showed that lifestyle habits of patients, such as smoking and drinking, were included in the dental assessment process. Oral hygiene advice was given to patients on an individual basis, including discussions about lifestyle habits. The application of fluoride varnish and the use of fissure sealants were options the clinicians considered if necessary. Equally, high concentration fluoride toothpaste was recommended to some patients. Referrals could be made to other health professionals, such as referrals to the medical centre for advice about smoking, diet and alcohol use.

The clinicians described to us 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.

Due to current COVID-19 restrictions, there had been no unit health fairs over the past 18 months. Oral health displays were evident in areas accessible to patients. Staff said the displays were refreshed monthly and they often targeted population need and/or seasonal activities, such as Stoptober. We saw the most recent display showing the affect sugar has on teeth.

The SDO 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.

Staffing

Staff new to the practice had a period of induction that included a generic programme and induction tailored to the dental centre. 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 that staff had undertaken training they were required to complete, with the exception of extended IPC training for the lead staff member.

The system showed clinical staff were undertaking the continuing professional development (CPD) required for their registration with the General Dental Council. All dental nurses we asked were aware of the GDC requirements to complete CPD over a five-year cycle. Staff said they felt supported and were given the opportunity to complete the necessary CPD.

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 Yeovil or Taunton Hospital for oral surgery and restorative specialties were seen. Access to specialist care for dental implants, endodontics, periodontics and orthodontics was available via referral to the managed clinical network (MCN) supported by the Defence Centre for Rehabilitative Dentistry (DCRD) based in Aldershot. 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. There was a practice referral log, which all dentists used to track referrals. This was checked regularly 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 received clear information about their treatment and that treatment options were discussed with them.

Staff had received training and had a good awareness of the Mental Capacity Act (2005) and how it applied in their setting and daily work.

Are Services Caring?

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights. The feedback we received from patients prior to the inspection indicated patients were pleased with the way staff treated them. Emerging themes suggested staff were both professional, respectful, caring and listened to their views. They said the treatment they received was thorough with the dentists offering explanations at all stages of the process.

The waiting room was large, this meant conversations patients were having at reception could not be overheard by patients talking with reception staff. If needed, a private room could be made available.

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.

Staff had a good understanding of the confidentiality guidelines General Data Protection Regulation (GDPR) and the need to ensure patient privacy. All staff were in date with Caldicott training and were aware of the Caldicott Principles and the use of confidential information.

Information governance policies were in place. The practice manager ensured all staff had their own IT logins and checks were in place to ensure access to DMICP was reviewed regularly.

Staff could support patients who did 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 with making treatment choices. The dental records clearly showed patients were informed about the treatment choices available and were involved in decision making. The dentists used a range of methods to ensure patients understood what was needed to maintain good dental and oral health. These included discussion about prognosis, outcomes, use of diagrams and models.

Are Services Responsive?

Responding to and meeting patients' needs

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 three weeks, this was longer than usual due to the absence of one dentist who was away on a course. Emergency appointment slots were available each day. On the day we visited we spoke with one patient who was in pain and had requested an urgent appointment that day. They had been given an appointment immediately and were waiting to be seen.

The practice also took account of the principle that all regular serving service personnel were required to have a periodic dental inspection every 6 - 24 months depending on a dental risk assessment and rating for each patient.

Promoting equality

A disability access audit had been completed in October 2021. The dental centre was open and spacious and could accommodate wheelchair users, with wide doors and an accessible toilet. There was designated parking available for patients with a disability with dropped kerbs and automatic doors for access to the building. A hearing loop was available. Patient requests to see a dentist of a specific gender could be accommodated.

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. 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. No complaints had been received in the last 12 months.

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 a large portion of the day to day running of the service. Staff we interviewed were clear about current lines of accountability and 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. Effective risk management processes were in place and followed by staff. Checks were in place to monitor the quality of service provision.

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.

The regional headquarters completed a healthcare governance assurance visit in 2018 and a Management Action Plan (MAP) was raised from this. The points from the MAP had been addressed but the pandemic had halted further progress. The practice manager recognised that an up to date healthcare governance self-assessment was needed to continue to measure quality and drive improvement.

Peer review meetings were established. Dentists met to discuss cases, particularly complex cases and to discuss current best practice guidelines.

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 dental care records were stored securely.

Leadership, openness and transparency

We found the leaders of the practice had the capacity, values and skills to deliver good quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and provision of the service.

The SDO and the practice manager were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

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.

The staff team had opportunities to participate in clinical peer review. 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 (continuing professional development) to further their professional development and clinical skillset.

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

Due to COVID-19 restrictions, the suggestion box previously located in the waiting area was not currently used. Patients were given the opportunity to provide feedback regarding their experience using the Patient Experience Survey (PET). A recurrent theme highlighted that information regarding access to the out of hours service during the COVID-19 outbreak needed to be improved. As a result of this, and to act on the suggestions made, this information was resent out across the unit and forwarded to the 'My Healthcare Hub'. This is an online application set up by Defence Primary Healthcare as an information site for patients to access information regarding access to dental and medical care remotely during the COVID-19 outbreak.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. There was currently no member of staff to lead on audit, the SDO recognised this and planned to develop this further and extend the audit calendar.

The practice showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. There were systems in place to support staff in training and meeting the requirements of their continuing professional development.

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