

## Edinburgh Dental Centre

Redford Barracks, Edinburgh, EH13 0PP

### 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?	<b>No action required</b>	✓
Are services effective?	<b>No action required</b>	✓
Are services caring?	<b>No action required</b>	✓
Are services responsive?	<b>No action required</b>	✓
Are services well led?	<b>No action required</b>	✓

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# Summary

## About this inspection

We carried out an announced comprehensive inspection of Edinburgh Dental Centre on 28 April 2022 and sought patient feedback about the service by telephone on 3 May 2022.

**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

Co-located with Edinburgh Medical Centre in Redford Barracks, Edinburgh Dental Centre is a four-chair practice providing a routine, preventative and emergency dental service. An enhanced practitioner works two days a week at the dental centre and takes referrals from the north of England and Scotland. The military patient population of 1,828 covers a broad area, including the Army Personal Centre based in Glasgow. Facilities at the dental centre include a laboratory and central sterilisation department.

The practice is open from 08:00 hours to 16:00 hours Monday to Friday and from 08:00 hours to 16:00 hours on Friday. Out-of-hours emergency access is via NHS Lothian.

## The staff team

Dentists	Senior Dental Officer – 0.7 whole time equivalent (WTE) Civilian dental practitioner – 0.8 WTE Civilian dental practitioner – full time; 0.6 WTE working as an enhanced practitioner
Dental hygienist	One
Dental nurses	One senior dental nurse Two civilian dental nurses Military dental nurse – position vacant Trainee military dental nurse
Practice management and administration	Civilian practice manager Civilian administrator – 0.6 WTE Receptionist – position currently not filled

## Our Inspection Team

This inspection was undertaken by a CQC inspector and a dentist 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, administrator, dentists and dental nurses. We looked at practice systems, policies, standard operating procedures and other records related to how the service was managed. We 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.
- Local systems were in place to support the management of risk, including clinical and non-clinical risk. The monitoring of safe water temperatures was undertaken by an external stakeholder but was not effective.

- Suitable safeguarding processes were established and staff understood their responsibilities for safeguarding adults.
- Appraisals and required training for staff were up-to-date, and staff were supported with continuing professional development.
- Clinicians 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.
- Leadership at the practice was inclusive and effective. The team worked well together and staff 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.

**The Chief Inspector recommends to Defence Primary Healthcare (DPHC):**

That the team/department responsible for the monitoring of water safety addresses the reason why water temperatures are not within the range to minimise the risk of Legionella in the water system. In addition, the DPHC should ensure water temperature checks are routinely shared with the practice so the practice has assurance checks are being carried out and that temperatures are within the parameters as outlined in HTM 01-05 (chapter 19).

**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

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### Are Services Safe?

#### Reporting, learning and improvement from incidents

All staff had a log-in to the Automated Significant Event Reporting (ASER) DMS-wide system to report a significant event (SE). They had completed training and were clear in their understanding of the types of SEs that should be reported, including never events. An ASER register was maintained and the organisational Governance, Performance, Assurance and Quality (GPAQ) dashboard was used to monitor significant events. GPAQ showed that 13 significant events had been raised between July 2021 and March 2022. Significant events were discussed at practice meetings and staff provided examples of changes made as a result. Staff were aware of when to report incidents in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

A process was in place to monitor and share with the staff team national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority and the Department of Health Central Alerting System. Alerts were logged including the action taken. They were raised with the team at the practice meetings. Staff provided examples of recent alerts discussed.

#### Reliable safety systems and processes (including safeguarding)

A safeguarding lead and deputy was identified for the practice. All members of the staff team had completed safeguarding training at a level appropriate to their role. Staff we spoke with were aware of their responsibilities if they had concerns about the safety of patients who were vulnerable due to their age or circumstances. We were provided with examples of safeguarding concerns identified by clinicians and the action taken demonstrated appropriate engagement with the medical centre and welfare team.

Clinical staff understood the duty of candour principles, a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. Duty of candour was covered in the practice training held every six months. From an example provided, it was clear that duty of candour principles had been applied, including informing the patient and offering an apology.

The dentists had chairside support when treating patients. The hygienist was supported by a nurse. However, this was only possible when a dentist was away, so the hygienist had not been able to provide clinics full time. The working hours for one of the staff team meant they were alone in the practice for a period of time. While this specific circumstance was captured on the risk register, there was not a lone working protocol in place. Shortly after the inspection the practice developed a lone working standard operating procedure (SOP) that took account of all actual and potential lone working circumstances.

Staff were aware of how to raise concerns through whistleblowing processes. One of the team was a Freedom to Speak Up (FTSU) champion. FTSU information and guidance was displayed at the practice.

Dentists routinely used rubber dam in line with guidance from the British Endodontic Society when providing root canal treatment and also for routine fillings.

The business continuity plan was revised in April 2022 and outlined 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

A lead and deputy lead were identified for the management of medical emergencies. The automated external defibrillator (AED) and medical emergency kit were well maintained. Appropriate oxygen signage was in place. The oxygen and AED were checked daily. Emergency medicines were checked four to five times each week. All staff were aware of medical emergency procedure and knew where the medical emergency kit was located.

Records identified that staff were up-to-date with training in managing medical emergencies, including annual basic life support (BLS) and the use of the AED. The newest member of staff completed the training within the first 5 days as part of their induction. A full day was dedicated to mandatory training every six months. The most recent session was held in January 2022 with additional BLS training in April 2022. The training included ampule snapping and drawing up syringes. Training was predominantly scenario based as the team said they learnt more this way.

First aid kit, bodily fluids and mercury spillage kits were available. Training records confirmed staff were up-to-date with first aid training. Clinical staff were aware of the signs of sepsis and had completed training in recognising the deteriorating patient in 2021.

An emergency alarm was in place in each surgery which alerted the wider staff team if activated.

### 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

We looked at the practice's arrangements for the provision of a safe service. A risk register was maintained that showed how risks were managed. The risk register was a standing agenda item at the practice meetings. A range of risk assessments were in place including assessments relevant to the premises, staff and clinical care. A general COVID-19 risk assessment and also individual staff COVID-19 risk assessments had been completed.

The practice manager had completed the Institution of Occupational Safety and Health (IOSH) training so was the lead for health, safety (referred to as SHEF). A SHEF audit was undertaken in October 2021. The five-yearly fire risk assessment was undertaken in April 2020. A member of the staff in the co-located medical centre was the building custodian for the whole building and was responsible for undertaking local fire safety checks. Three weeks before this inspection the practice became aware the weekly checks had not taken place for a considerable amount of time. Since then, the practice had taken over its own fire safety checks, including identifying a member of staff to lead on fire safety. The staff team were up-to-date with fire training and a fire evacuation drill was conducted in January 2022.

The practice manager had completed the Control of Substances Hazardous to Health (COSHH) assessor training course so was the COSHH lead for the practice. COSHH risk assessments and data sheets were available in paper and electronic formats. The risk assessments were reviewed annually or if there was a change of product. They were last reviewed in June 2022. COSHH products were stored securely.

The IOSH technician for the camp confirmed a legionella risk assessment for the building had been undertaken in March 2021. We were advised the contractor for the camp carried out monthly water temperature checks but did not share this information with the practice. Prior to the inspection, the practice manager requested evidence of these checks and noted that water temperatures were not always within the range as outlined in HTM 01-05 (chapter 19). The practice had not been made aware temperatures were outside of the required parameters to minimise the risk of Legionella in the water system. Following the inspection, the practice manager submitted a works request for the matter to be rectified. Email evidence received by the practice suggested this was “a known and ongoing issue” in relation to the infrastructure of the building.

In response to COVID-19, the practice worked to the Defence Primary Healthcare (DPHC) SOP, ‘Infection Prevention and Control for Respiratory Infections (including SARS-CoV-2) in DPHC dental settings (February 2022)’. Patients were triaged by telephone before their appointment and were assigned either the non-respiratory pathway or respiratory pathway. For the latter pathway, full personal protective equipment (PPE) was used along with the measures outlined in the guidance. Patients on the respiratory pathway were offered an appointment at the end of the day if possible. Clinical staff were aware of which AGP 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 if required. 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 PPE for use by both staff and patients.

The practice followed relevant safety laws when using needles and other sharp dental items. The local risk assessment and protocol for the management of sharps and needle stick injuries was displayed in clinical areas. Sharps training was covered in the six-monthly staff training programme. The sharps box in the surgeries were labelled, dated and used appropriately.

### Infection control

One of the nurses was the lead for infection prevention and control (IPC) and had the appropriate skills and experience for the role. The local IPC policy took account of the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health. The staff team were up-to-date with IPC training. IPC audits were undertaken twice a year with the most recent completed in March 2022. The practice achieved a compliance score of 93%. The IPC lead participated in the quarterly regional IPC meetings.

We checked the surgeries and they were clean, clutter free and met IPC standards, including the fixtures and fittings. Decontamination took place in a central sterilisation services department (CSSD). The layout and facilities of the CSSD met the requirements of HTM 01-05 best practice guidance. Appropriate arrangements were in place for the sterilisation of dental instruments. Records of routine checks were maintained to demonstrate that the ultrasonic baths and autoclaves were monitored to ensure they were working correctly. Equally, records of temperature checks and solution changes were in place. Instruments and materials were regularly checked with arrangements in place to ensure materials were in-date.

A log was held in each surgery and the CSSD that captured the daily, weekly and monthly cleaning activity in each area. Clinical areas were cleaned by staff at the end of each day and a deep clean undertaken each week. Environmental cleaning of non-clinical areas was carried out by a contracted company twice a day.

Arrangements were in place for the segregation, storage and disposal of clinical waste products, including amalgam, sharps, extracted teeth and gypsum. Clinical waste bins were stored securely outside the building. A waste audit was undertaken in November 2021.

### Equipment and medicines

An equipment care policy was in place and displayed on the equipment care board. An equipment log was maintained to keep a track of when equipment was due to be serviced. The compressor, autoclaves, sterilisers and ultrasonic baths were in-date for servicing. All other routine equipment, including clinical equipment, had been serviced in accordance with the manufacturer's recommendations. Routine portable appliance testing was undertaken every three years and was next due in September 2022. A faults log was in place to track the reporting and management of faulty equipment. Packaged instruments were stamped with an expiry date. All equipment held at the practice was latex free.

A system was in place for the management of stock and one of the nurses took the lead with ensuring there was adequate stock. Surplus items and instrument packs were kept in drawers in CSSD.

Serialised prescription pads were locked in drawer in practice manager's office. Dentists used the printer in reception to generate prescriptions which meant they or the nurse had to leave the surgery during a consultation to countersign and ensure consecutive prescription numbers were identified. They highlighted that this was not the most efficient

system particularly as clinicians in the medical centre all had access to a printer in each surgery.

Medicines were stored securely. Medicines requiring cold storage were kept in a fridge. The temperatures of the fridge were checked four to five times a week rather than twice daily in accordance with organisational guidance. Shortly after the inspection the practice manager confirmed that staff had been sent a reminder email to check fridge temperatures twice a day on all working days. The management of controlled drugs (medicines with a potential for misuse) and disposal of medicines was through the pharmacy technician in the medical centre dispensary. Antibiotic prescribing guidance was in place. Two antimicrobial audits had been completed in the last three years and both demonstrated effective compliance with the guidance.

### **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 surgeries along with safety procedures for radiography and the Health and Safety Executive (HSE) notification. Evidence was in place to show equipment was maintained in accordance with manufactures instructions. Staff requiring IR(ME)R (Ionising Radiation Medical Exposure Regulations) training had received relevant updates.

Radiology audits were completed six monthly. Dentists also audited each digital image and provided justification, quality assurance grading and an outcome in the patient's clinical records. A metal ruler was used for daily digital test exposures to allow the clinician to calibrate their measuring software.

## Are Services Effective?

### Monitoring and improving outcomes for patients

The treatment needs of patients were assessed in line with recognised guidance, such as National Institute for Health and Care Excellence (NICE) and Scottish Intercollegiate Guidelines Network (SIGN) guidelines. Dentists followed the guidance from the British Periodontal Society regarding periodontal staging and grading; basic periodontal examination (BPE) - assessment of the gums and caries (tooth decay). Dentists referenced appropriate guidance in relation to the management of wisdom teeth, taking into account operational need.

We looked at the dental records for 20 patients to corroborate our findings. They 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 medical and dental history form at their initial consultation, which was verbally checked for any changes at each subsequent appointment. Dental records confirmed patients were recalled in a safe and timely way.

The military dental fitness targets were closely monitored by the SDO. In accordance with Defence Primary Healthcare guidance (DPHC), we noted dentists had not always re-assessed the recall period at each consultation and, on a small number of occasions, defence dental categories were not updated. This had not been identified as an issue from self-audits of record keeping completed in February 2022 as part of a clinician specific organisational Clinical Quality Assurance (CQA) visit.

### Health promotion and prevention

A pro-active approach was taken in relation to preventative care and supporting patients to maintain optimal oral health. This was undertaken in line with the Delivering Better Oral Health toolkit. Prior to the COVID-19 pandemic, regular oral health clinics were held. Additional infection prevention and control (IPC) measures, prioritisation of dental categories 3 and 4 and reduced staffing capacity had prevented this clinic starting up again. In accordance with recent DPHC guidance to drive oral health promotion, patients were asked at their appointment about dietary habits, smoking and alcohol use and a brief intervention was given. Our review of dental records confirmed this.

The dental hygienist and one dental nurse were formally trained in oral health education (OHE). We spoke with medical centre staff who confirmed the dental centre routinely referred patients for smoking cessation or other health issues impacting dental health. Two of the dental team had recently completed smoking cessation training. A range of oral health promotion leaflets were available for patients in the waiting area along with a television screen displaying OHE information.

The senior dental nurse undertook an audit of high caries risk patients in 2018. Results demonstrated 76% compliance with recall and 69% compliance with fluoride application against DPHC caries risk management clinical guidelines. A repeat audit in 2019 showed compliance with the high caries risk management pathway for fluoride intervention and recall had reduced. The audit determined that this reduction related to locum clinicians

who were less compliant with the high caries risk management pathway than permanent clinicians. There were no locums working at the practice at the time of this inspection. The practice planned to repeat this audit.

### Staffing

An induction programme that included a generic programme and induction tailored to the dental centre was in place for new staff joining the team. Staff were up-to-date with mandatory training. In-service training was held every six months with the most recent training day taking place in January 2022. Topics covered included information governance, IPC and the management of complaints. Staff confirmed they were up-to-date with their continuing professional development required for maintaining registration with the General Dental Council.

Reduced staffing resources coupled with the impact of COVID-19 had impacted clinical capacity particularly at a time when the practice was addressing the need for increased demand. The practice was 0.7 short of a whole time equivalent dentist and the receptionist position was currently unfilled. The military nurse post was vacant but was mitigated by a trainee military dental nurse. The senior dental nurse had recently qualified as a dental nurse examiner with the National Examining Board for Dental nurses. Although their experience as an examiner was being utilised, it was not optimised due to reduced staffing capacity. The team worked well together to address the staffing gaps, including the nurses and hygienist providing reception cover. It was clear the practice had been working at a very fast pace to address the backlog resulting from COVID-19 restrictions.

Team members aimed to coordinate dentist-to-nurse leave where possible. Local units took block planned leave so the practice reduced staffing in accordance. There was no spare capacity to effectively cover short or long-term absences. As the dental centre was a significant distance from the nearest other DPHC dental facility, the regional team would be approached if locum support was needed.

### Working with other services

The dentists advised us that referral support was efficient and timely. Patients were referred to the Edinburgh Dental Institute (EDI) for oral surgery. EDI had recently introduced the option to refer a patient for an orthopantomography or OPG (panoramic X-ray), opinion and surgery at the same time, rather than the just the OPG. EDI was mindful of the operational requirements of patients so were responsive to priority requests. We were told the pandemic had strengthened the working relationships with the EDI.

For restorative, periodontal, orthodontics and endodontics, a formal referral was made through the Defence Centre for Rehabilitative Dentistry (DCRD). The enhanced practitioner (EP) who worked two days a week at the practice was available for peer support which reduced the need for referral to DCRD. The EP could accommodate more than just restorative work. The SDO was a Tier 2 practitioner so was also available to filter other referrals. The EP monitored referrals to other services.

### Consent to care and treatment

Patients we spoke with confirmed they were given information about treatment options and the risks and benefits of these so they could make informed decisions. The patient records

## **Are Services Effective? |Edinburgh Dental Centre**

we reviewed indicated not all of the dentists consistently made reference to consent in their note keeping, including the taking of verbal consent when undertaking a BPE. Verbal consent was taken from patients for routine treatment. For more complex procedures, full written consent was obtained. The recording of consent was not identified as a concern from the CQA visit self-audits.

Clinical staff had received training and 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 reviewed patient feedback which was obtained using a variety of methods. These included direct interviews with six patients, the Governance, Performance, Assurance and Quality dashboard patient experience survey, and the Defence Medical Services Regulator (DMSR) patient satisfaction survey which complemented this inspection (69 respondents). All sources of feedback indicated staff treated patients with kindness, respect and compassion. A focus on military rank was discouraged and we noted the military Senior Dental Officer (SDO) was referred to as 'doctor' on the staff display board.

All respondents to the DMSR survey and the patients we spoke with said adequate time was allocated for their appointments so they did not feel rushed. In particular, patients who were anxious described a range of approaches used to address their anxiety. These included extended appointment times, continuity of clinicians, referral to the medical centre and referral for psychological therapies. Alerts were used on patient records to facilitate patients seeing their requested clinician.

Access to a translation service was available for patients who did not have English as their first language.

### Involvement in decisions about care and treatment

All sources of patient feedback suggested clinicians provided clear information to support patients with making informed decisions about treatment choices. This included verbal explanations and printed information. 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

Dentists 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. Patients could make routine appointments between their recall periods if they had any concerns about their oral health.

### Promoting equality

In line with the Equality Act 2010, an Equality Access Audit was completed in September 2021. The audit identified that the height of the reception desk did not support equal access for wheelchair users and a statement of need had been submitted for it to be remodelled. Wheelchair access was available through the adjoining medical centre where an accessible toilet was also located. Staff had received training in equality and diversity.

### Access to the service

At the time of the inspection, the next available periodic dental inspection (PDI) or check-up appointment was approximately four weeks. We were advised that PDI appointments were prioritised as patients needed to be up-to-date with PDIs for deployment. The waiting time for treatment appointments and an appointment with the hygienist was approximately eight weeks. An hour long emergency appointment was available each day and access to this appointment was triaged based on risk. Some of the patients we spoke with mentioned the waiting times for treatment but they understood this related to the practice catching up on the backlog due to limited access during the COVID-19 pandemic. The outcome of the Defence Medical Services Regulator (DMSR) patient survey carried out prior to this inspection indicated 41% of respondents were seen on the day or within a few days of contacting the practice and 47% waited a week or longer for an appointment (12% were unable to recall the wait time).

The practice provided a service for Army Personal Centre (APC) based in Glasgow. The dental centre in Glasgow had closed some time back and the patients transferred to Edinburgh Dental Centre. The Glasgow-based patients we spoke with expressed concern about the travel time for appointments but understood this was not the responsibility of the dental team at Edinburgh. They said staff were sympathetic and accommodated appointment times to avoid busy traffic periods and fit with work schedules.

Information about the service, including opening hours and access to an emergency out-of-hours (OOH) service, was displayed in the practice and on the practice leaflet. OOH emergency care was through Lothian NHS.

### Concerns and complaints

The Senior Dental Officer was the lead for complaints which were managed in accordance with the DPHC complaints policy. The team received training in managing complaints in January 2022. A process was in place for managing complaints, including a complaints register for written and verbal complaints. Complaints were a standing agenda item at the practice meetings, confirmed by the minutes of the January and February 2022 meetings.

## **Are Services Responsive? |Edinburgh Dental Centre**

No complaints had been received since 2019. A complaints audit was completed every six months with the most recent audit undertaken in April 2022.

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

## Are Services Well Led?

### Governance arrangements

The Senior Dental Officer (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 lines of accountability and communication. Staff with lead roles were allocated dedicated time to fulfil their secondary duties. Practice meetings were held each month.

A framework of organisation-wide policies, procedures and protocols was in place. In addition, there were local 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.

The risks directly overseen by the practice were managed effectively. However, the management of risk by other stakeholders was not so effective, such as monitoring of safe water temperatures. Furthermore, practice staff were pro-active in taking responsibility for the fire safety checks when it recently came to light the checks were not being undertaken by the building custodian in line with organisational policy.

Internal and regional processes were established to monitor service performance. The practice was in the process of moving from the internal quality assurance tool, the Common Assurance Framework (eCAF) used to monitor safety and performance to the new 'Health Assessment Framework'. A regional-led Health Governance Assurance Visit (HGAV) took place in March 2018 and a remote HGAV in January 2021. A further HGAV was planned to take place in June 2022. A management action plan (MAP) resulting from the HGAV was in place. The MAP and other governance updates were discussed at practice meetings. A monthly governance return was completed for the regional team which included performance against military dental targets, complaints, staffing levels, staff training, audit activity, the risk register and significant events.

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. 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 to protect confidential patient information.

### 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.

All staff told us they were well supported and felt valued. To support staff wellbeing and team development, team building and 'white space' time was scheduled with the most recent event held in October 2021. A staff reward system and bonus scheme were used to acknowledge the contribution of individual staff.

### **Learning and improvement**

Quality improvement activity (QIA) to encourage learning and continuous development was evident. The range of QIA included environmental, equipment and inventory checks. Regular audits including infection prevention and control, antibiotic prescribing and radiology. Although not entirely objective, the dentists had completed self-assessments of their record keeping in February 2022. The enhanced practitioner continually ran audits to monitor their own performance, particularly with endodontics. A repeat of the high caries risk audit undertaken in 2018 and 2019 was planned.

Staff subscribed to the British Dental Journal, Dental Update and other continual professional development (CPD) providers. A WhatsApp group alerted staff to relevant articles or training opportunities. There was a frustration amongst staff with the lack of access to funded CPD and external training.

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**

Options were in place for patients to leave feedback about the service including a suggestion box in the waiting area and quick reference or QR code to access the patient experience survey. The Governance, Performance, Assurance and Quality dashboard was used to monitor patient feedback

Staff told us they had the option to provide 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.