

## Poole Dental Centre

Hamworthy Napier Road Dental Centre, Hamworthy, Poole, BH15 4NQ

### 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 Poole Dental Centre on 30 March 2022. We reviewed information provided by the service and undertook a visit to the practice.

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 Dorset, Poole Dental Centre is a two-chair practice providing a routine, preventative and emergency dental service to a military patient population. Families are signposted to nearby dental practices. The dental centre is co-located with the medical centre within a purpose-built, single storey building shared with the Primary Care Rehabilitation Facility. In addition, entitled reservists are provided care.

Clinics are held five days a week Monday to Thursday 08:00-12:30 hrs and 13:30-16:30 and Friday 08:00-12:30 hrs. Daily emergency treatment appointments are available. Hygiene support is normally provided by the dental hygienist but due to absence, access to a hygienist requires travel to a neighbouring military dental centre. Out-of-hours patients are signposted by the Duty Dental Officer of the Guard of the South West region. Secondary care support is available from the local NHS hospital trust (Poole Hospital) for oral surgery and oral medicine and through the Defence Primary Healthcare's (DPHC) Defence Centre for Rehabilitative Dentistry and their Managed Clinical Network for other referrals.

## The staff team at the time of the inspection

Senior Dental Officer (SDO) (military)	One
Dental nurses (civilian)	Two
Practice manager (military)	One

## Our Inspection Team

This inspection was undertaken by a CQC inspector, a dentist specialist advisor and a practice manager/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 SDO, dental nurses and practice manager. 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 feedback from 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.
- Mandatory training for staff was up-to-date and they were supported with continuing professional development.
- The clinical team 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.

**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

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 we spoke with were clear in their understanding of the types of significant events that should be reported, including near misses. A record was maintained of all ASERs, which supported the identification of any trends. Two ASERs had been recorded in the previous 14 months, a review of these showed that each had been managed effectively and included changes made as a result. Significant events were discussed at practice team meetings. Staff unable to attend could review records of discussion, minutes of these meetings were held in shared electronic folder (known as SharePoint). Staff were required to sign as read if not able to attend the meeting. In addition, staff were aware when to report incidents in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There was a policy with a link on SharePoint that staff had signed as read.

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). In addition, all staff were notified and signed to confirm receipt. The system to manage alerts included a record of discussion and actions taken. A recent example for disposable aprons had been actioned. Any relevant alert received was discussed at the monthly practice meeting and informally beforehand. There was an arrangement with Poole Medical Centre for the pharmacy technician to provide cross cover to advise of any alert in the absence of the practice manager.

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

The SDO was the safeguarding lead, supported by the Senior Medical Officer (SMO) in their absence. The SMO had completed level three safeguarding training and the dental practice staff had all completed level two training. The safeguarding policy and personnel in key roles were displayed on a noticeboard in reception. Staff were aware of their responsibilities if they had concerns about the safety of patients who were vulnerable due to their circumstances and a follow-up call was made to any patient who failed to attend an appointment.

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 dentists were always supported by a dental nurse when assessing and treating patients. Although lone working was normal for the hygienist, staff told us that there would

always be another member of staff in the dental centre. There was a handheld panic alarm situated in each surgery.

A whistleblowing policy was in place and displayed on the staff noticeboard. Staff we spoke with demonstrated a knowledge of the whistleblowing process and had been supported with training. Staff said they would feel comfortable raising any concerns and were aware of the option to approach the regional 'Freedom to Speak Up Champion'. Contact details were displayed in the reception area.

We looked at the practice's arrangements for the provision of a safe service. The practice manager was a trained risk assessor and had completed role specific training in relation to risk and safety. A risk register was maintained, this was reviewed annually as a minimum and we found all reviews to be in-date. A range of risk assessments were in place, including for the premises, staff and clinical care. The COVID-19 risk assessment had been reviewed and revised frequently as the restrictions had reduced. 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 dentists routinely used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment and for Aerosol Generating Procedures due to COVID-19. 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 (BCP) 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, cyber security and loss of essential facilities. All staff were required to complete business continuity training. The BCP did not include staff details or winter resilience and had not been exercised to ensure effectiveness if needed for an actual event.

### Medical emergencies

The medical emergency standard operating procedure from Defence Primary Healthcare (DPHC) was followed. The automated external defibrillator (AED) was shared with the medical centre and the practice introduced a check to provide reassurance of it working. The emergency trolley was well maintained and securely stored, as were the emergency medicines. Daily checks on the oxygen and weekly checks on the medical emergency kit were undertaken and recorded by the dental nurses who had been given specific training to undertake the role. A review of the records and of the emergency trolley demonstrated that all items were present and in-date. The resuscitation lead reviewed the emergency medicines monthly and an external officer completed a quarterly check. 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 training in October 2021. Training that used simulated emergency scenarios was completed annually and had last been carried out with the medical centre in March 2022. Formal cardiopulmonary resuscitation and AED training was completed in October 2021.

A first aid kit, bodily fluids and mercury spillage kits were available. One of the dental nurses had been trained in first aid at work and staff had support from medics in close proximity. Staff were aware of the signs of sepsis and a sepsis protocol was displayed in the reception area. Patients were followed up after surgery to check if they developed any symptoms that could be 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, including an enhanced Disclosure and Barring Service (DBS) check to ensure staff were suitable to work with vulnerable adults and young people. Renewal of DBS checks was every three years for civilian staff and every five years for military personnel.

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

A number of local health and safety policy and protocols were in place to support with managing potential risk. The safety, health, environment and fire team carried out an annual workplace health and safety inspection. In addition, the practice manager routinely undertook a six monthly health and safety inspection. The unit carried out a fire risk assessment of the premises every five years with the most recent assessment undertaken in August 2020. The fire warden for the premises regularly checked the fire alarm system. Staff received annual fire training provided by the unit and an evacuation drill of the building was conducted in March 2022. Portable appliance testing had been carried out in line with policy. A Control of Substances Hazardous to Health log, risk assessments and data sheets were in place.

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. Patients were screened on arrival and this was recorded on their records. 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 had recently moved away from using fallow periods and used high filtration masks for patients requiring the non-respiratory pathway. These patients were identified by a screening questionnaire in advance of the appointment.

The practice followed relevant safety laws when using needles and other sharp dental items. The sharps box in the surgery was labelled, dated and used appropriately.

### Infection control

The practice manager had the lead for infection prevention and control (IPC) and had completed the required training. 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 staff were up-to-date with IPC training and records confirmed they completed refresher IPC training every six months. IPC and hand hygiene audits were undertaken twice a year, the most recent was completed in November 2021 and achieved an overall compliance score of 93%.

We checked the surgery. It was clean, clutter free and met IPC standards, including the fixtures and fittings. The cleaning cupboard was tidy and well organised and staff could access it if needed in between the routine daily cleaning. Environmental cleaning was carried out by a contracted company twice a day including in between morning and afternoon clinics. The cleaning supervisor carried out spot checks with the practice manager. Staff had cleaned floors in between patients during COVID-19 restrictions.

Decontamination took place in a central sterilisation services department accessible from the surgery. Sterilisation of dental instruments was undertaken in accordance with HTM 01-05. Records of validation checks were in place to monitor that the ultrasonic bath and autoclave were working correctly. Records of temperature checks and solution changes were maintained. Instruments and materials were regularly cleaned with arrangements in place to check materials to ensure they were in-date.

The safety team for the station carried out legionella risk assessments and completed monthly monitoring including water temperature checks. The practice manager held a copy of the risk assessment and maintained a record of temperatures from each test.

Arrangements were in place for the segregation, storage and disposal of clinical waste products, including amalgam, sharps, extracted teeth. The contract was held by the Unit. The clinical waste bin, external of the building, was locked, secured and away from public view. Clinical waste was collected weekly and consignment notes were provided by the contractor. The overall management of clinical waste sat with the environmental health technician in the medical centre. Waste transfer notes were retained by the IPC lead and were audited annually.

### 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 were in-date with their annual service schedule and appropriate checks were carried out daily, weekly and quarterly. The servicing of all other routine equipment, including clinical equipment, was in-date in accordance with the manufacturer's recommendations. A land equipment audit was completed in January 2022 and recommendations made had been actioned.

A manual log of prescriptions was maintained and prescriptions were sequentially numbered and stored securely. The practice manager conducted monthly checks of sequential serialised number sheets to maintain traceability and accountability for any missing prescriptions. 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. The SDO carried out a six monthly audits of prescribing. Although this is not a requirement, it is good practice and improves clinical oversight.

### 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 each surgery along with safety procedures for radiography. The Local Rules were updated in December 2020 and reviewed annually or sooner if any change in the policy was made, any change in equipment took place or if there was a change in the SDO. A copy of the Health and Safety Executive notification was retained and the most recent radiation protection advisory visit was in May 2021.

Evidence was in place to show equipment was maintained annually, last done in June 2021. Staff requiring IR(ME)R (Ionising Radiation Medical Exposure Regulations) training had received relevant updates.

The dental care records for patients showed the SDO justified, graded and reported on the X-rays taken. The SDO carried out an intra-oral radiology audit every six months, the last one reviewed x-rays taken in November and December 2021. A radiology quality assurance audit was carried out annually in June.

## Are Services Effective?

### Monitoring and improving outcomes for patients

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

The 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. In addition, recall was influenced by an operational focus, including prioritising patients in readiness for rapid deployment.

We looked at patients' dental care records to corroborate our findings. The records included information about the patient's current dental needs, past treatment and medical history. The diagnosis and treatment plan for each patient was clearly recorded. Treatment options were discussed with the patient; this was recorded in the clinical notes. 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 dentists followed the guidance from the British Periodontal Society around periodontal staging and grading. Records confirmed patients were recalled in a safe and timely way.

The Senior Dental Officer (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 and practice manager. We noted that there had been a catch up programme for Category 4 patients in the last six months aided by the relaxing of COVID-19 restrictions (Category 4 patients are those who require periodic dental examinations or patients with unknown dental classification).

### Health promotion & prevention

A proactive approach was taken in relation to preventative care and supporting patients to ensure optimum oral health. The hygienist was qualified as an oral health educator and supported the practice manager in delegation to the dental nurses to deliver oral health education campaigns. The dental nurses were not trained in smoking cessation beyond 'Very Brief Advice on Smoking' (VBA) so patients were referred to the medical centre for this service (VBA is an evidence-based intervention designed to increase quit attempts among patients who smoke). Dental care records showed that lifestyle habits of patients were included in the dental assessment process. The dentists 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 although these had been withdrawn during COVID-19. The dental nurses maintained a health promotion area in the patient waiting area. Displays were clearly visible, and at the time of inspection, included a campaign to encourage flossing and an educational campaign advising of the potential dangers with having dental cosmetic surgery abroad. Dental aids were used to demonstrate to patients how to promote better health. For example, advising

on sugar consumption and the impact of chewing tobacco. Plans were to put more posters up around the station, for example, in the unit gym.

The application of fluoride varnish and the use of fissure sealants were options the dentists considered if necessary. Equally, high concentration fluoride toothpaste was recommended to some patients.

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

The induction programme 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 most staff had undertaken the mandated training. All mandated training was in-date and certificates held for individual staff members. Dental nurses were aware of the General Dental Council requirements to complete continued professional development (CPD) over a five-year cycle. Staff spoke positively about the support provided to complete and document their CPD work.

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 and responding to short notice rapid deployment pressures.

### 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. Dentists followed National Health Service (NHS) guidelines, the Index of Orthodontic Treatment Need and Managed Clinical Network parameters for referral to other services. Patients could be referred to several hospitals for oral surgery and oral medicine and radiograph referrals. A spreadsheet was maintained of referrals and checked weekly. Each referral was actioned by the referring clinician once the referral letter was returned. Specialist services were referred through the military network and included access to Aldershot centre for restorative dentistry.

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 practice manager attended the unit health committee meetings at which the health and care of vulnerable and downgraded patients was reviewed. At these meetings, the practice provided an update on the dental targets and failure to attend rates.

### 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.

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 Poole Dental Centre. The practice had conducted their own patient survey between October 2021 and February 2022 using the General Practice Assessment Questionnaire (GPAQ) feedback tool. A patient survey was arranged by the Defence Medical Services Regulator (DMSR) to complement this inspection. All 32 patients who responded to the DMSR survey said they found the receptionists very helpful, and 30 of the 32 respondents described their overall experience as very good.

For patients who were particularly anxious, the practice provided longer appointments and time to discuss treatment and invite any questions. Patients could also be referred for hypnosis or treatment under sedation as a final option, done by referral to Poole General Hospital. Prior to COVID-19, posters had been used on the ceiling to provide a distraction.

The waiting area for the dental centre was shared with the medical centre although seating was separated. Since COVID-19, patients had arrived one at a time for pre-booked appointments. Therefore, there had been minimal need for the waiting area to be used by patients attending for a dental appointment. As restrictions relaxed, chairs were labelled as do not use to create a one metre spacing. Practice staff advised us that all necessary questions were asked in advance of the patient arriving (by telephone) so that conversations at the reception desk were minimised. A telephone reminder was made the day before and included a screening questionnaire to identify potential COVID-19 patients.

Access to a translation service was available for patients who did not have English as their first language. Information on telephone interpretation was displayed on the patient information board. Staff advised that they had never had to use the service. Patients were able to request a clinician of the same gender. No requests had been made but staff knew that they could refer to a nearby military dental centre.

### 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 informed of treatment options and involved in the decision making.

## 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 6 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 clinical team 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. The absence of a hygienist had created a backlog. However, a list of patients who had been referred to the hygienist was maintained and prioritised, then seen by the Senior Dental Officer (SDO) if a priority. Treatment such as routine scale and polish was being incorporated into routine check ups to reduce the backlog. Provision was being sought for a locum hygienist with the previous hygienist having not worked since February 2022.

### Promoting equality

In line with the Equality Act 2010, an Equality Access Audit had been completed in May 2021. The audit found the building met the needs of the patient population, staff and people who used the building. There was no hearing loop at the reception desk but a statement of need had been submitted and approved. The facilities included automatic doors at the entrance, visible and audible fire alarms, car parking spaces close to the entrance for disabled patients and wheelchairs were available to patients if needed.

### Access to the service

Information about the service, including opening hours and access to emergency out-of-hours treatment, was displayed on the front door, in the practice leaflet and guardroom, and was included as part of the recorded message relayed by telephone when the practice was closed.

### Concerns and complaints

The SDO was the lead for clinical complaints and the practice manager was the named contact for compliments and suggestions. Complaints were managed in accordance with the Defence Primary Healthcare complaints policy. The team had completed training in managing complaints, suggestions and compliments. A process was in place for managing complaints, including a complaints register for written and verbal complaints. Although there have been no recent complaints received, staff were able to discuss the process should it be required. The practice manager discussed and gave examples of potential changes and improvements that had been suggested by the staff despite not being issues that had been raised by patients.

Patients were made aware of the complaints process through the practice information leaflet and a display in the practice. The practice had a box in the waiting area and patients could scan a Quick Review code from a poster on the wall. This enabled them to

## **Are Services Responsive? Poole Dental Centre**

give feedback out of sight from the reception area to provide confidentiality when giving feedback.

## 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 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. Effective risk management processes were in place and checks and audits were in place to monitor the quality of service provision.

An internal Healthcare Governance Assurance Visit (HGAV) took place in May 2021 and a management action plan was developed as a result. The HGAV assessment outcome was positive (categorised as substantial assurance in meeting the requirements). Actions identified had been completed or were in progress. 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. This was submitted to regional headquarters.

All staff we spoke with felt well supported and valued. They told us that there were clear lines of communication within the practice and gave positive comments on the team ethos. Formal practice meetings took place monthly to support the governance structure. A summary of discussion held was summarised and written up as minutes. These were made available to staff members unable to attend.

Information governance arrangements were in place and staff were aware of the importance of these in protecting patient personal information. Each member of staff had 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 (on the ASER system). 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. Staff spoke of a supportive and collaborative approach with the SDO and practice manager supportive and considerate of their views.

### Learning and improvement

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

Staff received mid and end of year annual appraisals and these were up-to-date. Appraisals were followed up with personal development plans tailored to individual staff members. Staff spoke positively about support given to complete their continued professional development in line with General Dental Council requirements. Informal and regular discussions were held with the dental nurses and a formal documented process was carried out annually.

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

Due to COVID-19 restrictions, comment slips previously used for patient feedback were no longer in use. Quick Review codes were used as an alternative. An ongoing patient survey was conducted and summarised each quarter. The feedback had been positive and there were no examples of changes or negative experiences from patients. Staff were informed of feedback during meetings.

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.