

## Wyton Dental Centre

Wyton, Huntingdon, PE28 2EA

### 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 Wyton Dental Centre on 7 June 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

Located in Cambridgeshire, Wyton Dental Centre is a two-chair practice providing a routine, preventative and emergency dental service to a military patient population of 917. Families are signposted to nearby dental practices. The dental centre is co-located with the medical centre within an adapted, two storey building and is situated on the ground floor.

Clinics are held five days a week Monday to Thursday 08:00 to 12:00 hours and 13:00 to 17:00 and Friday 08:00 to 13:30 hours. Daily emergency treatment appointments are available. Hygiene support is currently carried out by a hygienist who is based at Chicksands Dental Centre. Out-of-hours patients are able to access emergency care via the regional on call dental officer. Secondary care support is available from the local NHS hospital trust (Peterborough Hospital or Fitzwilliam Hospital) for oral surgery and oral medicine and through the Defence Primary Healthcare's 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) (civilian) | One                              |
| Dentist (civilian)                     | One (part-time, two days a week) |
| Dental nurses (civilian)               | Three (one vacant post)          |
| Practice manager (civilian)            | One                              |

## 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 SDO, dental nurses, practice manager and patients. We looked at practice systems, policies, standard operating procedures and other records related to how the service was managed. We also checked the building, equipment and facilities and 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 to support the management of risk, including clinical and non-clinical risk were in place but there was scope to strengthen arrangements.
- Suitable safeguarding processes were established, and staff understood their responsibilities for safeguarding adults.
- The required training for staff was mostly 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.
- The dental centre staff consistently demonstrated a proactive, tailored approach to oral health promotion which was reflected in high levels of patient satisfaction.

### **The Chief Inspector recommends to the practice:**

- Ensure fire evacuation drills are carried out annually.
- Maintain a regular oversight of cleaning processes and standards to include the records of flushing taps to minimise the risk of legionella.
- Complete annual audits of waste transfer notes to ensure all clinical waste can be accounted for.

**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. The staff team had completed informal ASER training in May 2022 and held formal sessions annually. 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 identifying a trend analysis. A total of five ASERs had been recorded since December 2020. A review of these showed that each had been managed effectively and included changes made as a result. The ASERs were categorised to help identify any trends. Significant events were discussed at practice team meetings. Staff unable to attend could review records of discussion as minutes of these meetings were held in a shared electronic folder (known as SharePoint) and discussed at the weekly huddle (set up by the management to share information, allocate tasks and monitor what has been completed).

Staff were aware when to report incidents in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and a poster with instructions was displayed in the staff room. There was a policy that staff had read and signed. In addition, the practice reported incidents and near misses to station command through a system known as Defence Unified Reporting and Lessons System, referred to as DURALS.

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). The practice manager also received alerts from Defence Primary Healthcare (DPHC) headquarters. Alerts were acknowledged as read on a regional safety alerts register and this included actions taken. Alerts were added to the agenda for discussion at the weekly huddle, monthly practice meetings or sooner when required. A recent example from January 2022 for disposable aprons had been actioned. Any relevant alert received was discussed at the weekly huddle and at the following practice meeting. There was a 'buddy' arrangement with Chicksands Dental Centre for the practice managers to provide cross cover for any absence and all staff had links to the RHQ site where alerts could be accessed. Woodbridge Dental Centre provided cover should the clinical system (referred to as DMICP) go down.

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

A doctor from the medical centre acted as the safeguarding lead for the unit and had completed level three training. The SDO was the local point of contact for the dental centre and had completed level 2 safeguarding training. The safeguarding policy and personnel in key roles was displayed in the staff room. All other members of the staff team had

completed level 2 safeguarding training. Staff were aware of their responsibilities if they had concerns about the safety of patients who were vulnerable due to their circumstances. There had been no recorded safeguarding concerns and there were no patients under the age of 18.

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. A duty of candour policy was displayed in reception and we were shown an example where it had been followed.

The dentists were always supported by a dental nurse when assessing and treating patients. Although lone working was normal for the hygienist who treated patients from Wyton at Chicksands Dental Centre, there was always another member of staff in the building. There were no panic alarms situated in surgeries but there was an intercom linked to reception. The layout of the dental centre made audible calls for assistance possible. The practice had a policy of having a minimum of three staff members in the building at any given time. If the policy could not be met, staff informed the medical centre and the guardroom.

A whistleblowing policy was in place and displayed on the staff noticeboard. Whistleblowing training had been completed by all staff and they said that they would feel comfortable raising any concerns. Staff also had the option to approach the regional 'Freedom to Speak Up Champion'. Contact details were displayed in the staff room.

We looked at the practice's arrangements for the provision of a safe service. The SDO was a trained risk assessor and had completed role specific training in relation to risk and safety. The named lead was the practice manager who was part way through completion of health and safety training. A risk register was maintained, and this was reviewed annually as a minimum, the last review was carried out in March 2022 by the SDO. A range of risk assessments was 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 and staff had received training.

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 (AGPs) 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. The new guidance released in June 2020 (regarding the benefits of increased rubber dam usage during AGPs) had been followed by all clinicians.

A comprehensive business continuity plan was in place, which set out how the service would be provided if an event occurred that impacted its operation. The plan included staff shortages, loss of water, temporary loss of facilities and loss of compressed air. An electronic copy could be accessed remotely should access to the building be restricted.

### Medical emergencies

The medical emergency standard operating procedure (SOP) from DPHC was followed. The automated external defibrillator (AED) and emergency trolley were well maintained and securely stored, as were the emergency medicines. Daily checks of the medical emergency kit was undertaken and recorded by the dental nurses who had been given specific training to undertake the role. A review of the records and the emergency trolley demonstrated that all items were present and in-date. The SDO reviewed the range of emergency medicines held following any amendment to the SOPs. 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 May 2022. The practice manager had been unable to attend but had done online training and had completed hands on anaphylaxis training with the medical centre staff. Training that used simulated emergency scenarios was carried out twice a year and had last been done in May 2022 focussed on how to respond to a patient fainting in the waiting room. Formal cardiopulmonary resuscitation and AED training was completed in May 2022. The practice had an 'emergency action plan' displayed at reception and in the staff room. This supported staff in managing an emergency situation and included the list of information required by the emergency services and the immediate actions to be taken.

First aid kit, bodily fluids and mercury spillage kits were available. The practice had two trained first aiders and had access to clinical staff in the medical centre for any first aid requirements. Staff were aware of the signs of sepsis; information was displayed in the surgeries and the practice were familiar with the DPHC sepsis protocol.

### 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. The DBS check was managed by station and civilian every three years military every five years. The civilian dentist was employed by Chicksands Dental Centre but the practice had carried out their own DBS check and had completed an induction which included the relevant recruitment checks.

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 a six monthly workplace health and safety inspection, last completed in May 2022. 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 June 2021. The practice manager was the fire marshal for the premises and regularly checked the fire system. Staff received annual fire training online and an evacuation drill of the building was conducted in January 2021. The practice was aware of this being overdue and were awaiting a date from the medical centre. Portable appliance testing was carried out by the station and had been carried out in line with policy. A Control of Substances Hazardous to Health (COSHH) log (reviewed in January 2022), risk assessments and data sheets were in place. However, the contracted cleaning staff were unable to locate their data sheets when asked.

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 and displayed regularly by all staff. Patients were screened on arrival. 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 AGPs presented a low or high risk depending on whether high volume suction and/or a rubber dam was used whilst treating patients on the respiratory pathway. These appointments were held at the end of the session to allow a fallow period. 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

A dental nurse 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 the staff team were up-to-date with IPC training, and records confirmed they completed refresher IPC training every six months. IPC audits were undertaken twice a year and the most recent was undertaken in May 2022. In addition, hand hygiene audits were carried out every six months and staff were provided with training.

We checked the surgeries. They were clean, clutter free and met IPC standards, including the fixtures and fittings. Environmental cleaning was carried out by a contracted company twice a day and this included cleaning the floors in between morning and afternoon clinics during COVID-19 restrictions. The cleaning supervisor carried out annual reviews of the cleaning schedule but no regular spot checks were conducted. The cleaning cupboard lacked COSHH data sheets and operating procedures had not been reviewed since 2018. Staff could access it if needed in between the routine daily cleaning. There was no key held in the dental centre but the office of the cleaning contractor was on the station. The practice held their own COSHH register that had been reviewed in October 2021 and was due for review in January 2023. Safety data sheets were available but some review dates had expired.

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 practice told us that the safety team for the station carried out legionella risk assessments and completed monthly monitoring including water temperature checks. A programme of daily flushing was carried out by dental centre staff and unit staff carried out their own weekly programme that continued during times of shutdown. However, no records of these programmes were maintained and no copy had been provided by the unit.

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 station, not the dental centre. The clinical waste bin, external of the building, was locked, secured and away from public view. It had been identified as a fire risk as it was not six metres from the building. A statement of need had been raised and an alternative location identified. Clinical waste was collected weekly and consignment notes were provided by the contractor. Waste transfer notes were retained by the practice manager but were not audited annually and the practice reported that transfer notes were not always passed down by the station.

### Equipment and medicines

An equipment log was maintained to keep a track of when equipment was due to be serviced. The autoclave and ultrasonic bath had been serviced in October 2021. 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 July 2021 and recommendations made had been actioned. Portable appliance testing was undertaken annually by the station's electrical team.

A manual log of prescriptions was maintained and prescriptions were sequentially numbered and stored securely. The SDO 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 from a local pharmacy; no items were stored in the building. Medicines that required cold storage were kept in a fridge, and cold chain audit requirements were in place and recorded. Glucagon was not always stored in the fridge but the reduced shelf life (when kept at ambient temperature) had been adjusted on the check list. The practice carried out audits of prescribing. Although this is not a requirement, it is good practice and improves clinical oversight. Individual clinician's prescribing history was audited as part of the bi-annual 'Clinical Quality Assurance Audits' conducted by the Principal Dental Officer. These had been paused due to COVID-19 but were scheduled to recommence in June 2022. The practice followed the DPHC antimicrobial protocol.

### 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

## **Are Services Safe? Wyton Dental Centre**

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 March 2021 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 (HSE) notification was retained and the most recent radiation protection advisory visit was in July 2021.

Evidence was in place to show equipment was maintained annually, six monthly audits were carried out, the most recent in February 2022. Staff requiring IR(ME)R (Ionising Radiation Medical Exposure Regulations) training had received relevant updates. Continued professional development records were retained in the radiation file.

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 in May 2022.

## 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 and, included discussion with the patient on treatment options. 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. Referrals to the hygienist were comprehensive and added to the referral tracker to monitor the patient through the pathway.

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. We noted that there was a monthly monitoring of Category 4 patients (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. A dental nurse was qualified as an oral health educator and had taken on the role in February 2022 to deliver oral health education campaigns. They 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. Patients who required plaque removal could make an appointment to see the hygienist at Chicksands Dental Centre.

The dentists and dental nurses provided oral hygiene advice to patients on an individual basis, including discussions about lifestyle habits, such as smoking and alcohol use. Dedicated clinics were held one morning each week, nurses were given instructions from the dentist about what to cover with each patient, for example brushing technique and

fluoride application. A template was used at the clinic that covered everything from gaining consent to giving instructions. Oral health promotion leaflets were given to patients on an individual basis, not left in the waiting area. The oral health coordinator maintained a health promotion area in the patient waiting area. Displays were clearly visible and at the time of inspection included a campaign for 'national smile month'. This included free packs that contained toothpaste, floss and key messages on oral health.

Dental aids were used to demonstrate to patients how to brush teeth properly and the impact of smoking on oral health. An electric toothbrush was used on a model of a mouth to give instruction. A calendar of health promotion initiatives had been put together for 2022 and this was aligned with national initiatives as well as being tailored to the patients. For example, clinicians had identified damage from grinding and clenching so had planned a campaign for July 2022. Staff attended health and wellbeing days, the last being in April 2022, where a board was used to show the impact of clenching and grinding. The models were used to demonstrate how to clean teeth properly and free packs were provided that contained information sheets on disclosing tablets (that show up which areas are being missed when brushing). Floss was provided during routine check-ups when a need was identified. Patient feedback questionnaires had been completed in April 2022 to gain feedback from patients attending the oral health clinic. The four respondents had been positive and the practice had been complimented an 'excellent' service.

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 practice had introduced minimised the use of repeat prescriptions for toothpaste to ensure patients needed to make an appointment.

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 staff had undertaken the mandated training. The dental nurses were aware of the General Dental Council (GDC) requirements to complete continued professional development (CPD) over a five-year cycle and to log this training. CPD requirements were supported by training sessions as an enhancement to the mandatory training programme. For example, a dental nurse had requested impressions training and the practice manager had completed a business case.

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. The SDO followed NHS guidelines, the Index of Orthodontic Treatment Need and Managed Clinical Network parameters for referral to other services. Patients could be referred to the Fitzwilliam Hospital and Peterborough City Hospital. A spreadsheet was maintained of referrals and checked monthly by the practice manager and fortnightly by the SDO. Each referral was actioned by the referring clinician once the referral letter was returned. Urgent referrals were contacted directly by the dentist and added to the tracker.

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 quarterly unit health committee (UHC) meetings at which the health and care of vulnerable and downgraded patients was reviewed. At the monthly UHC meetings, the practice manager provided an update on the dental targets.

### Consent to care and treatment

Clinical staff understood the importance of obtaining and recording patient's consent to treatment. Patients were given information about treatment options and the risks and benefits of these so they could make informed decisions. The dental care records we looked at confirmed this. Verbal consent was taken from patients for routine treatment. For more complex procedures, full written consent was obtained. Feedback from patients confirmed they received clear information about their treatment options. Staff had undertaken training in the Mental Capacity Act and were aware of their responsibilities to patients.

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 Wyton Dental Centre. The practice had conducted their own patient survey in 2022 from January to May. A total of 53 patients had responded to the survey and 100% had described the service as 'excellent' or 'good' when asked if they were treated with kindness and compassion, if their privacy and dignity were respected, if they were given clear information and if their healthcare needs were addressed. All respondents had said they would recommend the practice to friends, colleagues or family. We spoke with five patients whose feedback indicated that staff treated patients with kindness, respect and compassion.

For patients who were particularly anxious, the practice provided longer appointments and time to discuss treatment and invite any questions. A 'Where's Wally' poster had been on the ceiling until COVID-19. Continuity of seeing their preferred clinician was facilitated by the addition of a patient alert on their record. Patients could also be referred for hypnosis or treatment under sedation as a final option.

The waiting area for the dental centre was away from the reception desk and seating was separated. Since COVID-19, patients had arrived one at a time for pre-booked appointments so there had not been a need for the waiting area to be used by patients attending for a dental appointment. An alternative entrance was provided to prevent patients having to walk through the medical centre. 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 text reminder sent out the day before their appointment asked patients to contact the dental centre in advance if experiencing any COVID-19 symptoms.

Access to a translation service was available for patients who did not have English as their first language. Information on telephone interpretation was displayed in the patient waiting area. Patients were able to request a clinician of the same gender. The dentists were both male but patients could be directed to Chicksands Dental Centre to see a female dentist. Staff told us that a same gender dentist had never been requested.

### Involvement in decisions about care and treatment

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

# Are Services Responsive?

### Responding to and meeting patients' needs

The practice took account of the principle that all regular serving service personnel were required to have a periodic dental inspection every six to 24 months depending on a dental risk assessment and rating for each patient. Patients could make routine appointments between their recall periods if they had any concerns about their oral health. The clinical team maximised appointment times by completing as many treatments as possible for the patient during the one visit when patients were due to deploy. Emergency appointments slots were available each day. An emergency clinic (referred to as sick parade) was held daily in the morning. Feedback from patients suggested they had been able to get an appointment with ease and at a time that suited them.

### Promoting equality

In line with the Equality Act 2010, an Equality Access Audit had been completed in November 2021. The audit found the building met the needs of the patient population, staff and people who used the building. The practice did not have a hearing loop at the reception desk although this had never been raised as an issue. The facilities did not have automatic doors at the entrance but would manually support patients identified in need of assistance. The building had visible and audible fire alarms, car parking spaces close to the entrance for disabled patients and wheelchairs were available for patients if needed. The practice had identified improvements in access, for example, the building only had one entrance, the doors were not automated and there was no hearing loop at reception. Plans to address these were taking place in conjunction with the medical centre and formed part of wider discussions on having a new purpose built building. We fed back that an assessment should be done on the potential need for a hearing loop.

### 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 was included as part of the recorded message relayed by telephone when the practice was closed.

### Concerns and complaints

The Senior Dental Officer (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 completed complaints training in April 2021 and refresher sessions were held annually. A process was in place for managing complaints, including a complaints register for written and verbal complaints. There had been one complaint in the last 12 months, this had been handled appropriately. Any complaint would be discussed in a practice meeting.

Patients were made aware of the complaints process through the practice information booklet and a display in the practice. The practice had a box in the waiting area for patients to post any complaints, comments or suggestions.

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The practice had received two written and nine verbal compliments in the past 12 months. The main themes were around the caring nature of the staff.

## 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. Risk management processes were in place and checks and audits were in place to monitor the quality of service provision. However, we identified areas for improvement in monitoring health and safety. Informal discussion was held between clinicians to review cases and a quarterly formal peer review was held in collaboration with nearby military dental centres to share best practice and provide clinical oversight.

An internal Healthcare Governance Assurance Visit (HGAV) took place in November 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. Governance returns were completed on an electronic regional workbook which included performance against military dental targets, complaints, staffing levels, staff training, audit activity, the risk register and significant events.

All staff felt well supported and valued. Staff told us that there were clear lines of communication within the practice and gave positive comments on the teamwork and leadership. Formal practice meetings to support the governance structure were held at regular intervals.

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 via the SDO). 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 described leaders as supportive and considerate of the views of all staff.

### 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 appraisal and these were up-to-date. These were supported by 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.

### 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. Two patient surveys are completed annually with a minimum target of 20 respondents. The feedback had been universally positive and there were examples of changes to improve the patient experience. For example, a cyclical audit highlighted that improved communication and information had raised patient awareness of how to access out of hours treatment. Staff were informed of feedback during meetings and a display was being created to inform patients on feedback together with actions taken as a result.

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.