

## Benson Dental Centre

Wallingford, Oxfordshire, OX10 6AA

### Defence Medical Services inspection report

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

Are services safe?	No action required	✓
Are services effective?	No action required	✓
Are services caring?	No action required	✓
Are services responsive?	No action required	✓
Are services well led?	No action required	✓

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## **Summary**

### **About this inspection**

We carried out an announced comprehensive inspection of Benson Dental Centre on 6 July 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 Oxfordshire and part of the Central and Wessex Region, Benson Dental Centre is a three-chair practice providing a routine, preventative and emergency dental service to a military patient population of 1,170. Families are signposted to nearby dental practices. The dental centre is co-located with the medical centre within a two storey building and is situated on the first floor.

Clinics are held five days a week Monday to Thursday 08:00-12:00 hrs and 13:00-17:00 and Friday 08:00-13:30 hrs. Daily emergency treatment appointments are available. Hygiene support is currently carried out by a hygienist who is shared with Abingdon Dental Centre and Bicester Dental Centre. Out-of-hours patients are seen by the regional on-call team. Minor oral surgery referrals are made to the visiting oral surgeon at Brize Norton Dental Centre. Secondary care support is available from the local NHS hospital trust (John Radcliffe Hospital, Oxford) 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) (military)	One
Dentist (civilian)	Two (part-time)
Dental hygienist	One (full-time)
Dental nurses (civilian)	Two
Dental nurses (military)	One (locum in post)
Practice manager (military)	One

## Our Inspection Team

This inspection was undertaken by a CQC inspector supported by dentist and practice manager/dental nurse specialist advisors.

## 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 hygienist. We looked at practice systems, policies, standard operating procedures and other records related to how the service was managed. We also checked the building, equipment and facilities. We also reviewed 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. Responsible staff had the experience and role-specific training had been planned.
- Suitable safeguarding processes were established, and staff understood their responsibilities for safeguarding adults.
- The required training for staff was up to date and they were supported with continuing professional development.
- The 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 had recently stabilised and although improvement work was ongoing, the approach 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. However, the lack of a dedicated room did not meet with best practice.
- Systems for assessing, monitoring and improving the quality of the service were in place. Staff made changes based on lessons learnt.

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

- COVID-19 risk assessments should be carried out on individual staff members and the general practice risk assessment should be updated to reflect changes.
- Strengthen governance arrangements to include formal peer review.

**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 ASER training in July 2022 and had refresher training planned at six month intervals. Staff we spoke with were clear in their understanding of the types of significant events that should be reported, including near misses and never events. A record was maintained of all ASERs, which supported identifying a trend analysis. No ASERs had been recorded since the Senior Dental Officer (SDO) had arrived into post (November 2021). Significant events were a standing agenda item so would be discussed at practice team meetings. Staff unable to attend could review records of discussion, minutes of these meetings were held in a shared electronic folder (known as SharePoint). The practice had recently implemented the 'Defence Unified Reporting and Lessons Learnt System' (referred to as DURALS) used by DPHC to share learning from incidents and accidents. All staff had completed training and could access DURALS. 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 that staff had read and signed and supporting information was displayed on the health and safety notice board.

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, alerts were included on a daily 'direction and guidance' email. Alerts were disseminated verbally or by email if urgent. The practice updated a regional register of alerts which included a record of actions taken. A recent example from June 2022 for defibrillator pads had been added to the register. Any relevant alerts received was discussed at the daily huddle (implemented at the time of inspection) and at the following practice meeting. There was an arrangement with High Wycombe Dental Centre for the practice managers to provide cross cover for any absence.

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

The Senior Medical Officer at Benson Medical Centre was the safeguarding lead, deputised by the SDO who was the lead for the practice. The SMO and SDO had completed level three safeguarding training. The safeguarding policy and personnel in key roles were displayed in every surgery and reviewed annually. All other members of the staff team had completed level two safeguarding training. Staff were aware of their responsibilities if they had concerns about the safety of patients who were vulnerable due to their circumstances.

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, there would always be another member of staff in the dental centre. Each room had a doorbell that allowed staff to call for assistance.

A whistleblowing policy was in place and displayed on the staff noticeboard. Staff had completed whistleblowing training planned in June 2022 and this module included direction around the freedom to speak up. This training was scheduled to be refreshed annually. Staff said 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 reception area.

We looked at the practice's arrangements for the provision of a safe service. The practice manager was enrolled to for the health and safety course but was having to wait until the post became substantive. A risk register was maintained, and this was reviewed annually as a minimum, the last review was carried out in December 2022 by the SDO. A range of risk assessments were in place, including for the premises, staff and clinical care. The COVID-19 risk assessment. Whilst we were told the document was reviewed and revised frequently we saw that it had not been updated to reflect changes and no COVID-19 risk assessment had been completed for individual staff members. The practice was following relevant safety legislation when using needles and other sharp dental items. Needle stick injury guidance was available in each surgery and staff had completed training. 'Sharps' bins were correctly labelled, had not been overfilled and were stored appropriately whilst awaiting collection by the waste contractor.

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.

A comprehensive business resilience plan was in place, which set out how the service would be provided if an event occurred that impacted its operation. The plan included critical loss of staff, loss of power, a radiation fault and loss of compressed air.

### Medical emergencies

The medical emergency standard operating procedure (SOP) from Defence Primary Healthcare (DPHC) was followed. The automated external defibrillator (AED) was shared with the medical centre and dental centre staff ensured checks were carried out. The 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 resuscitation lead reviewed the emergency medicines in May 2022. 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 were in-date for annual basic life support (BLS) training and had a refresher planned for July 2022. Training that used simulated emergency scenarios had been planned for six month intervals with the most recent in January 2022 (cardiac arrest). Formal cardiopulmonary resuscitation (CPR) and AED training was completed in conjunction with the BLS training.

First aid kit, bodily fluids and mercury spillage kits were available. The practice used the duty medic for any first aid requirements. Staff had completed formal training in recognising the signs of sepsis and information was displayed in the surgeries. Panic alarms to attract attention in the event of an emergency were not connected to the medical centre but the layout and close proximity meant an audible call for help would be effective.

### 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 the practice manager with civilians checked every three years and military personnel every five years.

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. The previous practice manager routinely undertook a six monthly health and safety inspection and the new practice manager planned to reintroduce this once the 'Managing Safety' course had been completed. The unit carried out a fire risk assessment of the premises every five years with the most recent assessment undertaken in December 2021. A medic was the fire warden for the premises and regularly checked the fire system. Staff received annual fire training provided by the unit and an evacuation drill of the building was conducted in February 2022. Portable appliance testing had been carried out in line with policy. A Control of Substances Hazardous to Health (COSHH) risk assessment was in place and had been updated in June 2022 with the change of practice manager. COSHH data sheets were in place and had been reviewed in January 2022 by the previous practice manager and SDO. A log sheet was maintained of each hazardous product with links to the safety data sheets. All staff had signed this log sheet.

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, information about the virus was displayed around the dental centre and hand sanitiser was provided throughout the building. The practice had procured 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. 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 boxes in surgeries were 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 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.

We checked the surgery. It was clean, clutter free and met IPC standards, including the fixtures and fittings. Environmental cleaning was carried out by a contracted company twice a day and this included cleaning the floors in between morning and afternoon clinics during COVID-19 restrictions. The practice manager and SDO had scheduled regular meetings with the cleaning supervisor having identified some minor issues with the standard of cleaning. The cleaning cupboard was tidy and well organised and a key was held in the medical centre so staff could gain access if needed in between the routine daily cleaning.

Decontamination took place in the surgeries as there was no dedicated central sterilisation services department (CSSD). Arrangements were acceptable as areas were clutter-free, well organised and clearly labelled to identify dirty from clean instruments. However, best practice guidelines were not being met because the CSSD should be in a separate, dedicated room. A statement of need had been submitted for a new CSSD area. 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 manager carried out a legionella risk assessment in May 2022 and a contractor completed monthly monitoring including water temperature checks. Following the inspection, the practice manager sent evidence to show that the contractor completed the water checks and records showed water temperatures to be within the recommended parameters. A protocol for the prevention and management of legionella was in place. This protocol detailed the process for flushing taps and disinfecting water lines. A log sheet was maintained for daily flushing of all taps and we found it had been signed and dated.

Arrangements were in place for the segregation, storage and disposal of clinical waste products, including amalgam, sharps, extracted teeth. 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 medical centre. Waste transfer notes were retained by the IPC lead to provide a record of transfer.

### **Equipment and medicines**

An equipment log was maintained to keep a track of when equipment was due to be serviced. Maintenance contracts were in place for the X-ray sets, sterilisation equipment, dental chairs and compressor/pressure vessels. The autoclave and ultrasonic bath had been serviced in May 2022. 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 February 2022 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 either through the dispensary in the medical centre or from a local pharmacy. Medicines that required cold storage were kept in a fridge, and cold chain audit requirements were in place and recorded. A list of stock items in each surgery and the storeroom included expiry dates and was checked weekly by the store's manager. Processed packaged instruments were checked monthly and records maintained by the dental nurses. The practice had carried out an audit of prescribing in 2019 and had paused activity during COVID-19 but planned to repeat annually. Although this is not a requirement, it is good practice and improved clinical oversight. Individual clinician's prescribing history was audited as part of the bi-annual 'Clinical Quality Assurance Audits' (CQAA) conducted by the Principal Dental Officer. The most recent CQAA for the SDO had been in May 2022 and the hygienist's was planned for September 2022.

### **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 annually and had last been reviewed in March 2022. These were reviewed 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 May 2021.

Evidence was in place to show equipment was maintained annually, last done in May 2022. Staff requiring IR(ME)R (Ionising Radiation Medical Exposure Regulations) training had received relevant updates.

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

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 around 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.

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 had been a catch up programme for category four patients in the last six months aided by the relaxing of COVID-19 restrictions (category four 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. Staff supported the Local Oral Health Coordinator (practice manager) to deliver oral health education campaigns. Patients were referred to the medical centre for smoking cessation advice. Dental care records showed that lifestyle habits of patients were included in the dental assessment process. The dentists and hygienist 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 and 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 information on dental tourism and a campaign to educate patients on the impact of sugar and acid on oral health. A dental aid was used to demonstrate to patients how to brush teeth properly.

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 but this had not been tailored to the dental centre. The practice manager had plans to adapt the induction in readiness for the next new starter.

We looked at the organisational-wide electronic system used to record and monitor staff training and confirmed most staff had undertaken the mandated training. Mandatory training was in-date for all staff and the records updated to include recently completed training. All dental nurses that were asked 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. We highlighted that more peer review would encourage sharing of best practice and could be facilitated within the region.

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 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 the John Radcliffe Hospital, Oxford for secondary care and to Brize Norton Dental Centre for minor oral surgery from the visiting surgeon. Patients were given a copy of the referral letter and the SDO maintained a monthly check of referrals using an electronic reminder. Each referral was actioned by the referring clinician once the referral letter was returned. Urgent referrals were prioritised and the SDO stated that these were checked more frequently. Referrals we checked had been completed within acceptable timescales. We highlighted that there was no evidence of checks and this was added on the day of inspection.

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

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

### **Consent to care and treatment**

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

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 Benson Dental Centre. The practice conducted their own patient survey as an ongoing process using the General Practice Assessment Questionnaire (GPAQ) feedback tool. In the last two years, a total of 135 responses had been submitted. A patient survey was arranged by the Defence Medical Services Regulator to complement this inspection and a total of five patients responded. The feedback given by patients was positive. For example, 99% of respondents to the GPAQ questionnaire said they were satisfied with the care and treatment received.

For patients who were particularly anxious, the practice provided longer appointments and time to discuss treatment and invite any questions. 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, done by referral through the electronic referral system.

The waiting area for the dental centre had been relocated to promote confidentiality at reception and to allow seating to be separated in line with COVID-19 guidelines. However, the area was on the landing halfway up the stairs so had limited space. A statement of need had been submitted to regional headquarters for building modifications to improve confidentiality at reception. 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.

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. Patients were able to request a clinician of the same gender as there was only female dentists, would be signposted to Halton 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 evidenced that patients were 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 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. Emergency appointments slots were available each day. An emergency clinic (referred to as sick parade) was held twice daily; in the morning and afternoon. 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 May 2022. The audit found the building met the needs of the patient population, staff and people who used the building. The SDO and practice manager had explored the potential need for a hearing loop at the reception desk and confirmed that there was no requirement. 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. There was no lift so an agreement was in place for patients to be seen at Halton Dental Centre if unable to use the stairs. The issues had been addressed as part of a statement of need submitted for a new building.

## **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 (DPHC) complaints policy. The team completed complaints training annually, last done in September 2021. 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. We reviewed the process followed to find that the complaint 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 leaflet and a display in the practice. The practice had a box in the waiting area away from reception to promote confidentiality for patients when submitting feedback.

The practice had received 10 verbal and five written compliments in the past 12 months. The main themes were around the quality of clinical care.

# **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 June 2022 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 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 a live system with data entered monthly.

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 inclusive approach. 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, inclusive and considerate of their views and suggestions.

### **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 (CPD) in line with General Dental Council (GDC) 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. A survey was sent out by the Defence Medical Services regulator in the weeks that led up to the inspection. Five patients responded with positive comments. An ongoing patient survey was conducted by the practice using the General Practice Assessment Questionnaire. The feedback had been positive and there were no examples of changes or negative experiences from patients. Staff were informed of feedback during meetings and a display informed 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.