Boulmer Dental Centre

RAF Boulmer, Alnwick, NE66 3JF

Defence Medical Services inspection report

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

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

Contents

Summary

About this inspection

We carried out an announced comprehensive inspection of Boulmer Dental Centre on 14 July 2022 and sought patient feedback about the service by telephone on 7 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

Co-located with Boulmer Medical Centre, Boulmer Dental Centre is a one-chair practice providing a routine, preventative and emergency dental service. The practice supports a military patient population of 550. Facilities at the dental centre include a laboratory and central sterilisation department.

The practice provides patient clinics three days a week; Monday and Tuesday from 08:00 hours to 16:30 hours and on Friday from 08:00 hours to 13:00 hours. Cover is provided by Newcastle Dental Centre on the days the practice is closed. Out-of-hours emergency access is via NHS 111.

The staff team

Dentist	Civilian dental practitioner – three days a week
Dental nurses	Two civilian dental nurses – combined hours provide whole time equivalent cover
Practice management	Senior Dental Officer oversight provided via Edinburgh Dental Centre Civilian practice manager – full-time

Our Inspection Team

This inspection was undertaken by a CQC inspector and a dentist specialist advisor. The inspection was shadowed by the CQC's team administrator.

How we carried out this inspection

Prior to the inspection we reviewed information about the dental centre provided by the practice. During the inspection we spoke with the practice manager, dentist, Senior Dental Officer and dental nurses. We looked at practice systems, policies, standard operating procedures and other records related to how the service was managed. We checked the building, equipment and facilities. We also reviewed patient feedback about the practice.

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. Staff took care to protect patient privacy and personal information.
- The practice effectively used the DMS-wide electronic system for reporting and managing incidents, accidents and significant events.
- Local systems were in place to support the management of risk, including clinical and non-clinical risk.
- Suitable safeguarding processes were established and staff understood their responsibilities for safeguarding adults.
- Appraisals and required training for staff were up-to-date, and staff were supported with continuing professional development.
- Clinicians provided care and treatment in line with current guidelines. Record keeping was audited and would benefit from regular follow up audits to ensure improvements are made.
- Leadership at the practice was inclusive and effective. The team worked well together and staff views about how to develop the service were considered.
- An effective system was in place for the management of complaints.

- Medicines and life-saving equipment were available in the event of a medical emergency.
- Staff worked in accordance with national practice guidelines for the decontamination of dental instruments.
- Systems for assessing, monitoring and improving the quality of the service were in place.

The Chief Inspector recommends:

A quality improvement programme is developed to monitor the quality of record keeping.

Dr John Milne MBE BChD, Senior National Dental Advisor

(on behalf of CQC's Chief Inspector of Primary Medical Services and Integrated Care)

Our Findings

Are Services Safe?

Reporting, learning and improvement from incidents

All staff had a log-in to the Automated Significant Event Reporting (ASER) DMS-wide system to report a significant event (SE). They had completed training and were clear in their understanding of the types of SEs that should be reported, including never events. An ASER register was maintained and the organisational Governance, Performance, Assurance and Quality (GPAQ) dashboard was used to monitor significant events. GPAQ showed that one significant event had been reported in the last 12 months. Minutes confirmed significant events were a standing agenda item at practice meetings.

Staff were aware of when and how to report incidents in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

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

Reliable safety systems and processes (including safeguarding)

The regional Principal Dental Officer was the safeguarding lead and the Senior Dental Officer the deputy lead for the practice. All members of the staff team had completed safeguarding training at a level appropriate to their role. Staff we spoke with were aware of their responsibilities if they had concerns about the safety of patients who were vulnerable due to their age or circumstances. The practice was represented at the unit health and welfare meetings.

Clinicians understood the duty of candour principles, a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

The dentist had chairside support when treating patients. The working hours for some of the staff team meant they were alone in the practice for a period of time. A lone working risk assessment was in place and a protocol specific to ensuring the safety of staff who worked alone.

Staff were aware of how to raise concerns through whistleblowing processes. Whistleblowing and Freedom to Speak Up information was displayed at the practice.

The dentist routinely used rubber dam in line with guidance from the British Endodontic Society when providing root canal treatment.

The business continuity plan was revised in May 2022 and outlined how the service would be provided if an event occurred that impacted its operation. The plan included staff shortages, loss of power, adverse weather conditions and loss of compressed air.

Medical emergencies

The automated external defibrillator (AED) and medical emergency kit were well maintained. Along with the emergency medicines, the AED and kit were regularly checked and there was clear signage to indicate the presence of compressed gases. The medical emergency kit was locked in the storeroom overnight and kept in the practice manager's office during the working day. All staff were aware of medical emergency procedure and knew where the medical emergency kit was located.

Records identified staff were up-to-date with training in managing medical emergencies, including annual basic life support (BLS) and the use of the AED. The most recently recruited member of staff had completed on-line training and was due to complete face-to-face BLS training with the rest of the team in August 2022. Although the SDO from Newcastle Dental Centre had provided the team with training in the emergency medical kit, we discussed with the team the value of testing out responsiveness to an unplanned scenario-based medical emergency, such as anaphylaxis. The practice manager said this would be added to the in-service training schedule.

First aid kit, bodily fluids and mercury spillage kits were available. We noted one of the spillage kits had no expiry date. The practice manager confirmed it had been taken out of use and a replacement ordered. In the interim, staff could use the spillage kit at the medical centre. Training records confirmed staff were up-to-date with first aid training. Clinical staff were aware of the signs of sepsis and had completed training in the last 12 months in recognising the deteriorating patient.

Staff recruitment

The full range of recruitment records for permanent staff was held centrally. The practice manager had access to the DMS-wide electronic system so could demonstrate that relevant safety checks had taken place at the point of recruitment, including an enhanced Disclosure and Barring Service (DBS) check to ensure staff were suitable to work with vulnerable adults and young people. DBS checks were renewed in line with organisational policy.

Monitored by the practice manager, a register was maintained of the registration status of staff with the General Dental Council, indemnity cover and the relevant vaccinations staff required for their role.

Monitoring health & safety and responding to risks

We looked at the practice's arrangements for the provision of a safe service. A risk register was maintained and risks were managed in accordance with the 'four T's' (transfer, tolerate, treat, terminate) approach. The risk register was a standing agenda item at the practice meetings. A range of risk assessments were in place including assessments relevant to the premises, staff and clinical care. A general COVID-19 risk assessment and also individual staff COVID-19 risk assessments had been completed.

The unit responsible for health and safety carried out an annual assessment with the most recent taking place in January 2022. The practice manager also carried out a health and safety risk assessment every six months. The five-yearly fire risk assessment was undertaken in April 2018. The fire department for the station checked the fire system each week. A fire marshal was identified for the building. The staff team were up-to-date with fire training and a fire evacuation drill was conducted in December 2021.

Control of Substances Hazardous to Health (COSHH) risk assessments and data sheets were available in paper and electronic formats. The risk assessments were reviewed annually or if there was a change of product. They were last reviewed in July 2022. COSHH products were stored securely. The cleaning team held their own COSHH risk assessments and data sheets. These were up-to-date and stored along with cleaning COSHH products in a locked cupboard.

A legionella risk assessment for the building had been undertaken in November 2020 and had since been reviewed. The sentinel water outlets (nearest and furthest outlets from hot and cold water tanks) were checked each month and were within temperature ranges to minimise the risk of Legionella in the water system. The practice manager had to request evidence of the water temperature checks and we discussed that it would be more efficient if these were automatically sent to the practice.

In response to COVID-19, the practice worked to the Defence Primary Healthcare (DPHC) SOP, 'Infection Prevention and Control for Respiratory Infections (including SARS-CoV-2) in DPHC dental settings (February 2022)'. Patients were triaged by telephone before their appointment and were assigned either the non-respiratory pathway or respiratory pathway. For the latter pathway, full personal protective equipment (PPE) was used along with the measures outlined in the guidance. Fallow periods between patients were built into the appointments schedule if required. Testing for COVID-19 was undertaken regularly by all staff. Information about the virus was displayed around the dental centre. Hand sanitiser was provided throughout the building and the practice had procured a large stock of PPE for use by both staff and patients.

The practice followed relevant safety laws when using needles and other sharp dental items. Sharps boxes were labelled, dated and used appropriately. The local risk assessment and protocol for the management of sharps and needle stick injuries was displayed in clinical areas. We noted it was not in line with current guidance (JSP 950 Leaflet 7-2-1 [v1.3 June 21]) and highlighted this to staff at the time of the inspection. Sharps training was covered in the six-monthly staff training programme.

Infection control

One of the nurses was the lead for infection prevention and control (IPC) and had the appropriate training, skills and experience for the role. They participated in the quarterly regional IPC meetings. The local IPC policy took account of the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health. The staff team were up-to-date with IPC training. IPC audits were undertaken twice a year with the most recent completed in March 2022. The practice achieved a compliance score of 82%. The score had been impacted by the temporary decontamination facility.

Decontamination was managed safely given the constraints of the current facilities. Records of routine checks were maintained to demonstrate that the ultrasonic bath and autoclave were monitored to ensure they were working correctly. Equally, records of temperature checks and solution changes were in place. Instruments and materials were regularly checked with arrangements in place to ensure materials were in-date. The building was due to be refurbished including converting a suitably sized room into a central sterilisation services department (CSSD) that met the requirements of HTM 01-05 best practice guidance.

We checked the surgeries and they were clean, clutter free and met IPC standards, including the fixtures and fittings.

Clinical areas were cleaned by staff at the end of each day and a deep clean undertaken each week. Environmental cleaning of non-clinical areas was carried out by a contracted company twice a day. Cleaning schedules were in place and monitoring forms maintained to demonstrate cleaning had taken place in accordance with the schedules.

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

Equipment and medicines

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

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

Serialised prescription pads were locked in a drawer in the practice manager's office. The practice manager maintained a log as there had previously been some errors with printing between visiting dentists, including prescriptions being printed on the wrong side. The matter was reported, investigated and resolved.

Medicines were stored securely. Medicines requiring cold storage were kept in a fridge. The temperatures of the fridge were checked twice daily in accordance with organisational guidance. The management of controlled drugs (medicines with a potential for misuse) and disposal of medicines was through the dispensary in the medical centre.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. The required information in relation to radiation was located in the radiation protection file. A Radiation Protection Advisor and Radiation Protection Supervisor were identified for the practice. Signed and dated Local Rules were available in the surgery along with safety procedures for radiography and the Health and Safety Executive (HSE) notification. Evidence was in place to show equipment was maintained in accordance with manufactures instructions. Staff requiring IR(ME)R (Ionising Radiation Medical Exposure Regulations) training had received relevant updates.

Radiology audits were undertaken quarterly; the last in July 2022 with 82 images checked by the dentist. There was a plan to repeat the audit in one month. The dentist also audited each digital image and provided justification, quality assurance grading and an outcome in the patient's clinical records.

Are Services Effective?

Monitoring and improving outcomes for patients

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

We looked at the dental records for nine patients to corroborate our findings. They included information about the patient's current dental needs, past treatment, medical history and treatment options. We noted limitations with the records. For example, a lack of diagnosis was evident in some instances. However, treatment was clearly recorded in line with the screening processes. It wasn't always clear from the records if treatment options were discussed with the patient. Patients we interviewed as part of the inspection confirmed they were fully informed and included regarding treatment options. Dental records confirmed patients were recalled in a safe and timely way. The military dental fitness targets were closely monitored by the practice and discussed at practice meetings.

Health promotion and prevention

In the absence of a dental hygienist, the dentist carried out the periodontal work in line with the 'Delivering Better Oral Health toolkit'. In accordance with recent Defence Primary Healthcare guidance to drive oral health promotion, patients were asked at their appointment about dietary habits, smoking and alcohol use and a brief intervention was given. Our review of dental records confirmed this.

One of the dental nurses was the local oral health coordinator and oversaw the oral health programme including display boards and information for patients. A range of oral health promotion leaflets were available for patients in the waiting area. Unit health fairs had not been held since 2019. There was an intention for the nurse to train in oral health education. We discussed with the team the practicalities of this given there is only one surgery which was used by the dentist. The dentist had completed basic training on smoking cessation. Patients could be referred to the co-located medical centre for more in-depth interventions for smoking cessation.

Staffing

An induction programme that included a generic programme and induction tailored to the dental centre was in place for new staff joining the team. Staff were up-to-date with mandatory training. In-service training was held each month. Topics covered included information governance, infection prevention and control and the management of complaints. Our review of a range of continuing professional development (CPD) files demonstrated staff were up-to-date with their required for maintaining registration with the General Dental Council. Staff said they were given protected time to complete CPD.

Staff indicated there was a sufficient number of staff to meet the needs of the patient population. The practice had an effective relationship with Newcastle Dental Centre and provided support to each other in terms of resources and cover for staff absence.

Working with other services

The dentist advised us that referral support was efficient and timely. For restorative, periodontal, orthodontics and endodontics, a formal referral was made through the Defence Centre for Rehabilitative Dentistry. The referral pathway for sedation was through Newcastle Dental Hospital.

A referral log was maintained and checked weekly. One referral made in March 2022 was still ongoing as the patient had been posted and was under the care of another dental practice. We discussed with the dentist following up on the progress of the referral so it could be recorded in the patient's record.

The practice was represented at the unit health and welfare meetings and also the station health and safety meetings.

Consent to care and treatment

Patients we spoke with confirmed they were given information about treatment options and the risks and benefits of these so they could make informed decisions. The patient records we reviewed indicated reference to consent was not always made, including the taking of verbal consent when undertaking a periodic dental inspection. For more complex procedures, full written consent was obtained.

Clinical staff had received training and had a good awareness of the Mental Capacity Act (2005) and how it applied to their patient population.

Are Services Caring?

Respect, dignity, compassion and empathy

We reviewed patient feedback which was obtained using a variety of methods. These included direct interviews with six patients, the Governance, Performance, Assurance and Quality dashboard patient experience survey and the Defence Medical Services Regulator (DMSR) patient satisfaction survey which complemented this inspection (11 respondents). All sources of feedback indicated staff treated patients with kindness, respect and compassion.

All respondents to the DMSR survey and the patients we spoke with said adequate time was allocated for their appointments so they did not feel rushed. In particular, patients who experienced dental anxiety described a range of approaches used to minimise their anxiety. These included extended appointment times and the use of aids to explain treatment options.

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

Involvement in decisions about care and treatment

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

Are Services Responsive?

Responding to and meeting patients' needs

The dentist followed appropriate guidance in relation to recall intervals between oral health reviews, which were between six and 24 months depending on the patient's assessed risk for caries, oral cancer, periodontal and tooth surface loss. Patients could make routine appointments between their recall periods if they had any concerns about their oral health.

Allocation of appointments was prioritised for service personnel deploying. In addition, the daily emergency appointment slots were structured to take account of travel time to the practice.

Promoting equality

In line with the Equality Act 2010, an Equality Access Audit was completed in March 2022. The building could accommodate wheelchair users. Disabled parking, a ramp and an accessible toilet was available. Staff had received training in equality and diversity.

Access to the service

At the time of the inspection, the next available periodic dental inspection or check-up appointment was in approximately four weeks. The waiting time for treatment appointments was dependent on the time needed and availability. Three emergency appointment slots were available each day. Patients we spoke with said they received a timely appointment. In addition, the Defence Medical Services Regulator patient survey carried out prior to this inspection indicated patients were satisfied with the appointment they received.

Information about the service, including opening hours and access to an emergency out-of-hours (OOH) service, was displayed in the practice and on the practice leaflet. OOH emergency care was through NHS 111.

Concerns and complaints

The Senior Dental Officer was the lead for complaints. Although no written or verbal complaints had been received in recent years, a process was in place for the management of complaints, Complaints was a standing agenda item at the practice meetings, confirmed by the minutes of the April and May 2022 minutes. A complaints audit was completed every six months with the most recent audit undertaken in April 2022.

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

Are Services Well Led?

Governance arrangements

The Senior Dental Officer (SDO) for Edinburgh Dental Centre had overall responsibility for the management and clinical leadership of the practice. This arrangement was due to change as the SDO was shortly to move to another practice. Alternative options for clinical leadership oversight were being explored. The practice manager had the delegated responsibility for the day-to day administration of the service. Staff were clear about lines of accountability and communication. Staff with lead roles were allocated dedicated time to fulfil their secondary duties. Practice meetings were held each month.

A framework of organisation-wide policies, procedures and protocols was in place. In addition, there were local dental specific protocols and standard operating procedures that took account of current legislation and national guidance. Staff were familiar with these and they referred to them throughout the inspection. The General Dental Council standards were displayed in the practice.

The risks directly overseen by the practice were managed effectively. Internal and regional processes were established to monitor service performance. The regional Governance, Performance, Assurance and Quality (GPAQ) dashboard was used to monitor significant events. The practice was in the process of moving from the internal quality assurance tool, the Common Assurance Framework (eCAF) used to monitor safety and performance to the new ‘Health Assessment Framework’. A management action plan (MAP) was in place and updated as actions were completed. Dental targets were monitored and discussed at the practice meetings. A monthly governance return was completed for the regional team which included performance against military dental targets, complaints, staffing levels, staff training, audit activity, the risk register and significant events.

Information governance arrangements were in place and staff were aware of the importance of these in protecting patient personal information. Each member of staff had a login password to access the electronic systems and were not permitted to share their passwords with other staff. Measures were taken to ensure computers were secure and screens not accessible to patients or visitors to the building. A reporting system was in place should a confidentiality breach occur. Staff had completed the Defence Information Management Passport training, data protection training and training in the Caldicott principles to protect confidential patient information.

Leadership, openness and transparency

Staff told us the team worked well together with the collective aim to provide patients with a good standard of care. Staff described an open and transparent culture and were confident any concerns they raised would be addressed without judgement. All staff told us they were well supported and felt valued.

Learning and improvement

Quality improvement activity (QIA), including audit, was used to promote learning and continuous development was evident. The range of QIA included environmental, equipment and inventory checks. Regular audits included infection prevention and control

(IPC) and radiology. An example of a change made as a result of audit included the creation of a spreadsheet to prioritise category 3 of the dental targets (treatment required but the individual is likely to experience dental morbidity within 12 months). At the time of the inspection the practice was meeting the category 3 target. A records audit undertaken in February 2022 identified themes for improvement. A timely repeat audit would be useful to identify if the improvements had been made. We discussed with the dentist and SDO the potential for Newcastle Dental Centre to conduct the records audit to maximise objectivity.

Staff were engaged with regional colleagues with the aim to promote shared learning. For example, the practice was represented at the regional SDO meeting and the lead for IPC attended the quarterly IPC meetings. Staff were up-to-date with mid and end of year annual appraisals.

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

Options were in place for patients to leave feedback about the service including a suggestion box in the waiting area and quick reference or QR code for the patient experience survey emailed to patients following their consultation. The GPAQ dashboard was used to monitor and analyse patient feedback

Staff told us they had the option to provide feedback at meetings and through informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.