

## Blandford Dental Centre

Royal School of Signals, Blandford Camp, Dorset, DT11 8RH

### 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>Improvements required</b> | <b>X</b> |
| Are services well led? | <b>No action required</b>    | <b>✓</b> |

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# Summary

## About this inspection

We carried out an announced comprehensive inspection of Blandford Dental Centre on 16 August 2022. An announced follow up inspection was undertaken on 26 October 2023 to see if the recommendations made at the previous inspection had been met.

A copy of the report from the previous inspection can be found at:

[www.cqc.org.uk/dms](http://www.cqc.org.uk/dms)

**As a result of the inspection we found the practice was required improvement in the safe domain but well-led in accordance with CQC's inspection framework.**

CQC does not have the same statutory powers with regard to improvement action for the Defence Medical Services (DMS) under the Health and Social Care Act 2008, which also means that the DMS is not subject to CQC's enforcement powers. However, as the military healthcare Regulator, the Defence Medical Services Regulator (DMSR) has regulatory and enforcement powers over the DMS. DMSR is committed to improving patient and staff safety and will ensure implementation of the CQC's observations and recommendations.

This inspection is one of a programme of inspections that the CQC will complete at the invitation of the DMSR in their role as the military healthcare Regulator for the DMS.

## Background to this practice

Located in Dorset, Blandford Dental Centre is a three-chair practice providing a routine, preventative and emergency dental service to a military population of 1,300 service personnel.

The dental centre is open Monday to Thursday 07:45-16:30 and Fridays from 08:00 to 12:30.

Out-of-hours arrangements are in place through a duty dental officer.

## The staff team

|                  |   |
|------------------|---|
| Dentist          | One civilian dentist (four days)<br>One civilian dentist (three days) |
| Dental nurses    | Two civilian dental nurses<br>Two locum dental nurses                 |
| Dental hygienist | One (locum)   |
| Practice manager | One   |

## Our Inspection Team

This inspection was undertaken by a CQC inspector.

## 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 and 2 dentists. 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.

### At this inspection we found:

Leadership at the practice was inclusive. Risk assessments to monitor the safety of the service were regularly reviewed.

A safe system was in place for the management of 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 dental centre had tried rigorously to improve Health and Safety systems required in the management of clinical waste. Some assurances and improvements had been made but these were still in the early stages and not yet securely embedded.

Robust arrangements were in place to monitor the cleaning contract.

Despite rigorous liaison with the unit/contractors to secure evidence of routine water safety checks assurances had still not been given to the dental centre to ensure patient and staff safety.

All staff had completed training to recognise the deteriorating patient (including signs of sepsis).

The system for the scanning and uploading of paper records onto the clinical system had improved including the procurement of a new scanning machine.

Terms of reference had been updated and reflected individual staff responsibilities.

**The Chief Inspector recommends to DPHC and the Station:**

Camp leaders should share clear information and resolve risks pertaining to water safety checks.

Monitoring against the clinical waste contract should be in place to ensure the dental centre receives the service as it should. This should include waste collection as per contract and the safe and correct recording of waste collection.

**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

At the previous inspection we found there was no clear process 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. At this inspection we found a clear and robust process was in place. All staff had access to the alerts, they were printed and kept in a folder, and staff signed when they had read them. Alerts were also discussed at the practice meetings. The practice manager was registered for the CAS website. In addition, alerts were received through the regional 'Direction and Guidance' bulletin.

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

Previously we saw the scanning machine at the practice had been broken for 12 months, despite many attempts to source a replacement this has not been successful. This meant that any patients paper records were left waiting to be collected (weekly) and scanned at another dental centre causing delays in having up-to-date information uploaded to the clinical system. At this inspection we saw the dental centre had a new scanning machine and there was no backlog of patient records being scanned onto their records.

#### Medical emergencies

At the last inspection we saw staff training records confirmed staff were up-to-date with training in managing medical emergencies, including annual basic life support and first aid training. Clinical staff were aware of the signs of sepsis but had not completed training in the last 12 months. At this inspection we saw evidence that showed all staff had received further updated training in managing medical emergencies and had completed training in the signs of sepsis and the deteriorating patient. There were protocols for staff to follow in clinical rooms and in reception.

#### Monitoring health & safety and responding to risks

A legionella risk assessment for the building had been undertaken in November 2021. Staff flushed through all taps in the building every week. The sentinel water outlets (nearest and furthest outlets from hot and cold-water tanks) were checked each month by the property management team (VIVO). However, records were not routinely sent, staff told us the dental centre were given no formal assurances by the property team that the temperatures were in the correct range to minimise the risk of Legionella in the water system.

In February 2023 the dental centre were sent a report by VIVO, that showed 'dangerously high readings' had been recorded in July and August 2022. The report read;

‘The “dangerously” high readings were for a period during July and August 2022 and the temperature did rise to just over 20 degrees but only in 2 outlets, the staff room and the cleaner’s cupboard and therefore should not have impacted on patients”. No further action had been taken by VIVO. When the practice manager looked at the record it also showed high temperatures in the hygienists’ surgery. To address this the practice manager had raised this issues as a matter of urgency with the Safety, Health, Environment, Fire (SHEF) team and had attended meetings with the contractor (VIVO), and other Health and Safety teams on camp. The dental centre were told due to contractual issues VIVO were not required to send water temperatures directly to the dental centre. The practice manager had concise records of all interactions with the contractor and the Health and Safety teams on the camp. There were detailed entries on the risk register and the regional team were aware.

### Infection control

The dental centre looked visibly clean throughout. Clinical areas were cleaned by staff at the end of each day and environmental cleaning of non-clinical areas was carried out by a contracted company twice a day. Improvements had been made in the management and monitoring of the cleaning contract. Cleaning schedules were in place and all mops were stored and colour coded correctly.

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 November 2022. COSHH products were stored securely. The cleaning team held their own COSHH risk assessments and data sheets, these were up-to-date.

At the previous inspection we found the storage and disposal of clinical waste products, including amalgam, sharps, extracted teeth and gypsum was not failsafe. Since then the dental central has made significant changes to the management of clinical waste. This included updating all staff in the correct management of clinical waste. New staff had a through induction that included this information. The dental centre and medical centre waste had been segregated to allow for better management. The practice manager had access to the clinical waste portal and received quarterly reports. The process for waste being collected had improved as the contractor had previously, on occasion, taken waste without giving or collecting any paperwork or consignment notes. The waste bins had been secured so that the contractor had to ask for another key, to open the bins, from the dental centre.

Many issues had been resolved since the last inspection and improvement by the contractor had been seen in the past two months, the practice manager was constantly monitoring the situation having frequent meetings and conversations with the contractor and the Health and Safety representatives within the camp.

## Are Services Well Led?

### Governance arrangements

One of the dentists and practice manager had overall responsibility for the management and clinical leadership of the practice. Staff were clear about lines of accountability and communication and each had designated roles. There were Terms of Reference in place to support this.

The risks directly overseen by the practice were all managed effectively and were reviewed regularly. All risks were captured on the risk register.