Bramcote Dental Centre

Gamecock Barracks, Bazzard Road, Nuneaton, Warwickshire, CV11 6QN

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 Bramcote Dental Centre on 6 February 2024. We gathered evidence remotely and undertook a visit to the practice.

As a result of the inspection we found the practice was safe, effective, caring, responsive and well-led in accordance with Care Quality Commission (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 CQC's observations and recommendations.

This inspection is one of a programme of inspections that 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 Warwickshire and part of the Defence Primary Healthcare (DPHC) Dental Northern Ireland Wales & West Region, Bramcote Dental Centre is a 2-chair practice providing a routine, preventative and emergency dental service to a military patient population of 890. Patients from 4 nearby external units also receive treatment and care at Bramcote Dental Centre. All within 1 hour drive, these include The Defence Explosive Ordnance Disposal, Munition and Search Training Regiment in Kineton, Defence Medical Rehabilitation Centre at Stanford Hall in Loughborough, 37 Signal Regiment (Army Reserves) in Redditch and 159 RLC (Army Reserves) in Coventry. The dental centre is co-located with the medical centre in a 2 storey building and is situated on the ground floor.

Clinics are held 5 days a week Monday to Thursday 07:30-12:00 hours and 13:00-16:30 and Friday 07:30-13:00 hours. Daily emergency treatment appointments are available. Hygiene support had been temporarily unavailable since January 2024, dentists completed necessary work until a temporary hygienist started in February 2024.

A regional emergency rota provides access to a dentist when the practice is closed. A number is provided for patients to call a dentist and following triage, the patient can be seen at a military dental centre. Secondary care support is available from the local NHS hospital trust (Queen Elizabeth Hospital, Birmingham) or oral surgery and oral medicine and through the DPHC's Defence Centre for Rehabilitative Dentistry and its Managed Clinical Network for other referrals.

The staff team at the time of the inspection

Senior Dental Officer (SDO) (military)	1
Dentist (civilian)	1 (temporary)
Dental hygienist (civilian) Dental nurses (civilian)	1 (temporary) 2 (1 temporary)
Practice manager (military)	1

Our Inspection Team

This inspection was undertaken by a CQC inspector supported by a dentist and a practice manager/dental nurse specialist advisors. A new specialist advisor shadowed the inspection as an observer.

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 Regional SDO (Senior Dental Officer who was providing short-term cover in the absence of a SDO (Senior Dental Officer), dentist, dental nurses and practice manager. We looked at practice systems, policies, standard operating procedures and other records related to how the service was managed. We 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.
- 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. Record keeping was of a high standard.

- 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.

We found one area of notable practice:

- The practice staff told us that outreach clinics had been provided for patients at Stanford Hall (Defence Medical Rehabilitation Centre) who found it difficult to travel due to their physical injuries. Discussions were ongoing for additional portable dental equipment that would make more services available and reduce the requirements for travel to Bramcote.

We recommend to the practice:

- Improve the storage arrangements for emergency medicines to support rapid access.
- Ensure waste collection paperwork is in place for when transfers are made to the medical centre and disposal is completed.
- Display the opening hours and out-of-hours arrangements so that they are visible to patients when the practice is closed.

Mr Robert Middlefell BDS

National Professional Advisor for Dentistry and Oral Health

Our Findings

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, had completed 6 monthly informal ASER training and a link to ASERs was saved in the staff favourites section of a shared electronic folder known as SharePoint. 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, this was categorised to support identification of any trends. A single ASER had been recorded in the previous 12 months. A review of this showed effective management and included learning outcomes as a result. Significant events were discussed at practice team meetings where they were a standing agenda item. Staff unable to attend could review records of discussion, minutes of these meetings were held in SharePoint. In addition, staff were aware when to report incidents in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff we spoke with had a good understanding of their responsibilities and reporting requirements.

Through the 'direction and guidance' communication, Regional Headquarters informed staff 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). Alerts were accessible by all staff. These were then discussed at practice meetings and filed with a note of actions taken. However, we highlighted that it was difficult to evidence that they were being read by individual members of the practice.

Reliable safety systems and processes (including safeguarding)

The Regional Senior Dental Officer (RSDO) had stepped in to be the safeguarding lead until the new Senior Dental Officer (SDO) was in the post. The RSDO had completed level 3 training along with the civilian dentist and hygienist who were also trained to level 3. The safeguarding policy and personnel in key roles were displayed on a dedicated noticeboard and included during in-house training. All other members of the 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.

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 was always another member of staff in the dental centre. Each surgery room had a panic alarm button that allowed staff to call for assistance. The lone working risk assessment referred to having a

minimum of 2 personnel in the building where possible. We highlighted that this implied that there could be lone working and therefore the policy should be amended or the risks of an individual working alone mitigated.

A whistleblowing policy was in place and had last been reviewed by the outgoing practice manager in November 2023. Staff had completed whistleblowing training in January 2024 and said they would feel comfortable raising any concerns. Staff also had the option to approach the regional 'Freedom to Speak Up Champion'. The policy together with key contact details was displayed in the reception area.

We looked at the practice's arrangements for the provision of a safe service. The practice manger had the lead for the general management and assurance of health and safety in the dental centre. The outgoing practice manager (who had completed the most recent risk assessments) had received specialist training. The new practice manager was yet to complete the training but the RSDO was able to sign off any reviews or new assessments in relation to risk and safety. A risk register was maintained, and this was reviewed annually as a minimum, sooner when any changes occurred. A range of risk assessments were in place, including for the outbreak of a fire, use of electrical equipment and legionella. The unit conducted weekly temperature checks. The practice was following relevant safety legislation when using needles and other sharp dental items. Needle stick injury guidance was available in both surgeries in the form of a written 'sharps protocol'.

The dentists routinely used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. Rubber dam usage was mandated for endodontics (root canal treatment) and used for all restorations where it could be placed.

A comprehensive business resilience plan (BRP) was in place and reviewed annually, the last review was undertaken in April 2023. The BRP made specific reference to the role and responsibilities of the dental centre as well as the critical functions that must be maintained. Appendices had been added to the main plan. These included loss of power to the building, loss of information systems, critical loss of staff, a radiation fault, loss of the compressor and what to do in the event of an outbreak or staff illness (included personal protective equipment to be worn). Key contact details listed on the plan included senior members of the regional team and emergency contact details for staff. The BRP could be accessed online should access to the building be restricted. We were given an example of when the BRP had been tested due to 2 water outages that happened in 2023. Staff were able to follow the printed BRP for guidance. We highlighted that there were a number of minor discrepancies between the hard copy and electronic copy. The practice assured us that these would be reviewed and updated. Testing built into the plan (at 6 monthly intervals) included a real-time evacuation exercise, a full simulated exercise and a desktop walk-through.

Medical emergencies

The medical emergency standard operating procedure from Defence Primary Healthcare (DPHC) was followed. The automated external defibrillator (AED) and emergency trolley were securely stored, as were the emergency medicines. However, we highlighted that the storage was congested so it may cause a delay when finding a medicine such as adrenaline in a medical emergency. The Glucagon (an emergency medicine used to treat low blood sugar) was kept in the medical centre (due to it being refrigerated) but this could

cause a delay in access. Daily checks of the medical emergency kit were undertaken and recorded by the dental nurses who had been given specific training to undertake the role. A review of the records and the emergency trolley demonstrated that all items were present and in-date. Reviews of the emergency medicines were done at headquarter level. 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 basic life support, cardiopulmonary resuscitation and AED training annually. Training that used simulated emergency scenarios was undertaken annually. This was supplemented by the dental centre undertaking walk through scenarios and review of medical emergency protocols.

First aid, bodily fluids and mercury spillage kits were available. However, these were out-of-date having expired in December 2023. The dental nurses were first aid trained. To support this, the practice could use the duty medic for any first aid requirements. Staff were aware of the signs of sepsis and sepsis information was displayed in the surgeries. Panic alarms to attract attention in the event of an emergency were connected to reception.

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 personnel were checked every 3 years, military personnel every 5 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 6 monthly workplace health and safety inspection and the practice manager attended the quarterly SHEF (safety, health, environment and fire) meetings. One of the medical centre staff was the fire warden for the premises and regularly checked the fire system. In addition, annual checks of fire equipment were carried out by the SHEF team. Staff received annual fire training provided by the unit and an evacuation drill of the building was conducted in September 2023. 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 reviewed in January 2024. COSHH data sheets were in place and had also been reviewed in line with the risk assessment. A log sheet was maintained of each hazardous product with links to the safety data sheets. All staff had online access to this through SharePoint.

The practice followed relevant safety laws when using needles and other sharp dental items. The sharps boxes in clinical areas were labelled, dated and used appropriately.

We looked at the practice's arrangements for the provision of a safe service. A risk register was maintained and risks were up-to-date. Discussion between the team around risk was said to have taken place but this would be better supported by risk management being a standing agenda item at the practice meetings.

Infection control

The practice manager had the lead for infection prevention and control (IPC) and had planned to complete 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 6 months. IPC audits were undertaken twice a year and the most recent was a self-audit of the decontamination and hand hygiene sections undertaken in December 2023. The last full IPC audit was completed in June 2023. The overall IPC compliance was 87% with minor non-conformances (for example, one surgery had an overflow sink, there was no washer disinfector, cleaning of ventilation fittings and grills) that were tolerable but not gold standard.

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. The cleaning contract was monitored by the unit and although a copy was not provided to the dental centre (due to confidentiality) any concerns were fed back to the cleaning manager. The staff were satisfied that the current contract was sufficient for the practice needs and deep cleaning arrangements were in place. The cleaning cupboard was tidy and well organised and staff could access it if needed in between the routine daily cleaning.

Decontamination took place in a central sterilisation services department (CSSD), accessible from the surgeries. 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 dental centre were making best use of the CSSD room but space was limited and the removal of disused machinery on the day of inspection helped create a clear lineation between dirty and clean areas.

A legionella risk assessment had been carried out by the practice and this supplemented the more detailed unit legionella management plan. The unit had carried out a legionella risk assessment in February 2021, then reviewed this in March 2023. The assessment covered all the required areas. The flushing and disinfecting of waterlines prevention was in accordance with policy. There was a DPHC protocol and SOP for the management of legionella but this was generic and required adapting for Bramcote Dental Centre. This protocol detailed the process for flushing taps and disinfecting water lines..

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. Waste transfer notes were not being utilised and disposal certificates were being obtained by the medical centre but not forwarded to the dental centre.

Equipment and medicines

An equipment log was maintained to keep a track of when equipment was due to be serviced. The autoclave and ultrasonic bath were serviced annually and had weekly and quarterly in-house testing in between. 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 March 2023 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 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 through a local pharmacy. Medicines that required cold storage were kept in a fridge, and cold chain audit requirements were in place. Storage of ambient stock items was fragmented throughout the available spaces in different rooms. We discussed that better control would be achieved moving stock to a central location that could then be more easily monitored for temperature. The practice had carried out an audit of antibiotic prescribing in January 2024 (for the previous 12 months) and found that guidance issued by the Faculty of General Dental Practitioners (FGDP)had been followed.

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 (RPS) were identified for the practice. Signed and dated Local Rules were available in surgery 1 along with safety procedures for radiography. However, these were not displayed in surgery 2 which we were told was the hygienist's surgery but there was an X-ray unit in that surgery that was operational. This was rectified on the day of inspection. The Local Rules were updated 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 RPS. A copy of the Health and Safety Executive notification was retained and the most recent radiation protection advisory visit was in January 2023 and classified the overall level of radiation protection as being 'very good'. A quality assurance audit of the equipment and processes was carried out in December 2023 and the dental centre was compliant.

Evidence was in place to show equipment was maintained annually, last done in September 2023. Staff requiring IR(ME)R (Ionising Radiation Medical Exposure Regulations) training had received relevant updates.

The dental care records for patients showed the dentists justified, graded and reported on the X-rays taken. The SDO carried out an intra-oral radiology audit, the most recent was completed in January 2024. However, this had not been done every 6 months with the last one prior to January 2024 having been done in December 2022. A total of 64 images were

assessed against FGDP and Public Health England criteria and 100% compliance was achieved.

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 (NICE) 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 6 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 together with a note of treatment options discussed with the patient. 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 all met or exceeded key performance indicators. The combined category 1 and category 2 (treatment needed but deployable) was 80% (the target was 80%).

Health promotion & prevention

A proactive approach was taken in relation to preventative care and supporting patients to ensure optimum oral health. The practice manager was the oral health lead and took the lead on health education campaigns support by the hygienist. The dental nurses planned to gain qualifications as oral health educators once courses became available (they had not been in the practice for sufficient time to complete training). 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. 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 a campaign for mouth cancer awareness week, this was part of the NHS November health promotion campaign. The displays had not been updated since then. The team attended and participated in unit health fairs when organised by the unit.

The dentists 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 practice manager monitored the training plan and ensured it covers all the mandated requirements at the right times. An in-house training programme for 2024 had been initiated by the practice manager.

All dental nurses that were asked were aware of the General Dental Council requirements to complete continued professional development (CPD) over a 5-year cycle and to log this training. Staff had subscribed to a specialist online training provider for mandatory training that had been designed by the General Dental Council so that dental professionals could maximise CPD activities they chose to complete. All staff managed their own CPD requirements and had no issues accessing or completing the required work. Staff attended CPD events as required and the region provided peer review meetings and could access courses via the 'interim CPD funding scheme' or offered by the Dental Deanery.

The staff members we spoke with 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 rapid deployment pressures and delays in staff recruitment.

Working with other services

Patients were referred to a range of specialists in primary and secondary care for treatment the practice did not provide. The dentists 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 Queen Elizabeth Hospital, Birmingham for secondary care. A spreadsheet was maintained of referrals and checked weekly. Each referral was actioned by the referring clinician once the referral letter was returned. Urgent referrals followed the 2-week cancer referral pathway. There is no Tier 2 oral surgery service available which would reduce the waiting time for most patients referred to secondary care (Tier 2 services provide and general minor oral surgery such as wisdom teeth removal).

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

The practice manager attended the unit health committee meetings at which the health and care of vulnerable and downgraded patients was reviewed. At these meetings, the practice 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.

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 Bramcote Dental Centre. The practice had conducted their own patient survey in using the General Practice Assessment Questionnaire (GPAQ) feedback tool. A total of 12 responses had been captured in 2023. All respondents said they were generally happy with their healthcare. In the weeks leading up to the inspection, we invited patients to provide feedback using a Care Quality Commission comment card. A total of 49 comment cards were completed and these contained many positive comments on the helpfulness and friendliness of the staff.

For patients who were particularly anxious, the practice had an approach to understand the reason for anxiety, 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 to Queen Elizabeth Hospital, Birmingham.

The waiting area for the dental centre was shared with the medical centre and a CCTV system allowed patients to be observed whilst waiting. The layout of the building made it difficult to provide seating far enough from the reception desk to prevent conversations at the desk from being overheard. A privacy screen in the waiting area had been positioned to promote confidentiality but this restricted the view from the reception desk.

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 and this had been translated into Nepalese. Patients were able to request a clinician of the same gender. Both dentists were male but any request for a female dentist could be met within the region.

Involvement in decisions about care and treatment

Patient feedback suggested staff provided clear information to support patients with making informed decisions about treatment choices. A total of 49 comment cards were completed by patients in the weeks leading up to the inspection, 12 of the responses complimented the staff for providing information and having discussion around the treatment and care. The dental records we looked at indicated patients were involved in the decision making and recording of discussion about the treatment choices available.

Are Services Responsive?

Responding to and meeting patients' needs

The practice took account of the principle that all regular serving service personnel were required to have a periodic dental inspection every 6 to 24 months depending on a dental risk assessment and rating for each patient. Patients could make routine appointments between their recall periods if they had any concerns about their oral health. The clinical team maximised appointment times by completing as many treatments as possible for the patient during the 1 visit. In particular, staff told us this was done for patients who were travelling into Bramcote from one of the external units in order to minimise the requirement to travel. Any urgent appointment requests would be accommodated on the same day, emergency appointments were protected each day, normally in the morning but occasionally in the afternoon. Feedback from patients suggested they had been able to get an appointment with ease and at a time that suited them. There were a small number of negative comments in the CQC comment cards from patients who said they had a long wait or long travel for an appointment. The practice staff told us that outreach clinics had been provided for patients at Stanford Hall (Defence Medical Rehabilitation Centre) who found it difficult to travel due to their physical injuries. Discussions were ongoing for additional portable dental equipment that would make more services available and reduce the requirements for travel to Bramcote.

Promoting equality

In line with the Equality Act 2010, an Equality Access Audit had been completed in November 2023. The audit found the building met the needs of the patient population, staff and people who used the building. Staff we spoke with told us that had never encountered the need for a hearing loop at the reception desk. The facilities included automatic doors at the entrance, visible and audible fire alarms and car parking spaces close to the entrance for disabled patients.

Access to the service

Information about the service, including opening hours and access to emergency out-of-hours treatment, was included in the patient information leaflet, on the practice SharePoint site and was included as part of the recorded message relayed by telephone when the practice was closed. However, the information was not displayed on the front door where only the opening hours were visible. Through the My Healthcare Hub, a Defence Primary Healthcare (DPHC) application used to advise patients on services available, patients could also access the information.

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 DPHC complaints policy. The team had all completed complaints training that included the DPHC complaints' policy. A process was in place for managing complaints, including a complaints register for written and verbal complaints and an annual audit (to check that policy had been followed). One written and 1 verbal complaint had been recorded in the last 12 months. The complaints were investigated and

responded to appropriately and in a timely manner. Any complaint would be discussed in a practice meeting and minutes recorded included a summary of any lessons learnt.

Patients were made aware of the complaints process through the patient information leaflet and a folder available in the patient waiting area. Included in the folder were the named lead, a code of practice for patient complaints, a compliments and suggestions procedure, a reporting form and a complaint process flow chart. The practice had a box in the waiting area where complaints, compliments and suggestions forms could be posted. However, this was positioned adjacent to the reception desk so did not promote confidentiality for a patient who wished to submit feedback. The patient experience survey could be completed by a patient scanning a quick review code from a poster. In this way, patients were able to give feedback out of sight from the reception area to promote confidentiality of any comments.

The practice had received 3 verbal compliments in 2023. The main theme was around the friendliness of 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. The SDO had overall responsibility for the management of risks for the service. These risks were fed into the regional risk register and in turn then from the regional headquarters to Defence Primary Healthcare (DPHC) headquarters. The risk register as well as the business continuity plan were seen at the visit and confirmed to be thorough. They were monitored on a regular basis for updates/compliance and changes.

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. The clinicians, including the hygienist, carried out peer case discussions with other military dental practices.

An internal Healthcare Governance Assurance Visit took place in November 2023. The practice was given a grading of ‘limited assurance’. A management action plan (MAP) was developed as a result; actions identified had been completed or were in progress. Performance against military dental targets, complaints, staffing levels, staff training, audit activity, the risk register and significant events were all uploaded onto SharePoint and could be viewed by region, DPHC headquarters and anyone granted access. The Health Assurance Framework (HAF) was used as part of the practice manager handover, it was a live document, updated regularly by the practice, The SDO and the practice manager monitored the HAF monthly for changes and updates. This was also discussed at practice meetings so all staff had an awareness of the document and its contents. The MAP was reviewed monthly and updated as actions were completed. The MAP was also monitored quarterly by the regional headquarters and DPHC headquarters.

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. Although the SDO and practice manager were responsible for the leadership and management of the practice, duties were distributed throughout the staff to ensure the correct subject matter expert had the correct role. All staff were encouraged to have input into the governance and assurance frameworks. Terms of reference were in place to clarify the responsibilities of those with lead roles. Practice meetings were held every month on a Wednesday afternoon, these had an agenda and were minuted. All staff felt they had input and could speak freely as well as being listened to. Minutes were sighted at the visit and confirmed to include all the required standing agenda items.

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 if requested. 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

With support from regional headquarters, 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. Staff spoke of the practice being an enjoyable place to work, of note, the team had demonstrated the resilience by facilitating the inspection at a time when key personnel had been subject to change.

Learning and improvement

Quality assurance processes to encourage learning and continuous improvement were effective. The dental centre was registered on the regional SharePoint site and used this to access shared learning. Key outcomes of audits were shared at the practice meetings.

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

Patients were asked to scan a quick response or ‘QR’ code at the end of each appointment. This would allow them to provide anonymous feedback in their own time and in privacy. QR codes were also displayed in the patient waiting area and at reception. There was also paper methods available too and staff were always available should the patient want to give verbal feedback. The General Practice Assurance and Quality (GPAQ) questionnaire was used monthly to review feedback. As the GPAQ is a live system, it means the information can also be accessed by the regional headquarters and DPHC headquarters who can then conduct trends analysis for wider regional trends. Updates are then fed to the staff and the unit and we saw an example of a quality improvement project where following external feedback, the directions to the dental centre had been better communicated around the station.

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. All staff completed the continuous attitude survey where results were fed up to DPHC headquarters.