Wimbish Dental Centre

Carver Barracks, Wimbish, Saffron Walden, Essex, CB10 2YA

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 Wimbish Dental Centre on 9 July 2025.

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

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

Background to the practice

Based in the Defence Primary Healthcare (DPHC) East Region and co-located with the medical centre, Wimbish Dental Centre provides a service for British Army engineers who frequently deploy, often at short notice. It is a single chair practice supporting a registered patient population of 730. The full complement of preventative and restorative general dentistry is provided at the practice and there is limited access to a dental hygienist based at Chicksands Dental Centre.

Wimbish Dental Centre is part of a support 'Hub' that includes Chicksands and Wyton dental centres; each approximately an hour's drive from Caver Barracks. This arrangement enables the provision of emergency cover for planned workforce shortages.

The previous Senior Dental Officer (SDO) retired in March 2022 and the practice was staffed by a locum dentist until October 2022. It then closed and the patients received a service from Colchester Dental Centre from October 2022 to January 2024 when the practice re-opened with the current staff team.

Opening times are from 08:00 to 17:00 hours Monday to Thursday (closed for lunch 12:30 to 13:30 hours and Friday afternoons). Wednesday afternoons are dedicated time for staff training and operational meetings. An emergency clinic is held each morning. East Region provides an out-of-hours service for emergency treatment only at weekends and on public holidays.

The staff team

Dentists	Civilian SDO (based at Wyton Dental Centre) Locum dentist
Dental nurses	Civilian nurse Locum nurse
Practice management	Civilian practice manager

Our inspection team

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

How we carried out this inspection

Prior to the inspection we reviewed information about the dental centre provided by the practice. During the inspection we spoke with the SDO, practice manager and clinical staff. 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 and reviewed patient feedback.

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 provided examples of when the practice had gone ‘the extra mile’ to support patients.
- Leadership at the practice was inclusive, collaborative and the team worked well together.
- The practice effectively used the DMS-wide electronic system for reporting and managing incidents, accidents and significant events.
- Effective systems were in place to support the governance and risk management of the practice.
- Staffing levels were identified as a risk and being part of a ‘Hub’ had supported with improving staff resilience.
- Suitable safeguarding processes were established and staff understood their responsibilities for safeguarding adults and young people.
- Staff were up-to-date with appraisals, training and continuing professional development.
- Clinicians provided care and treatment in line with current guidelines. The focus on oral health education had improved the dental fitness of the patient population.

- Staff worked in accordance with national practice guidelines for the decontamination of dental instruments.
- Processes for assessing, monitoring and improving the quality of the service were in place.
- Arrangements were in place to support the safe use of X-ray equipment.

We identified the following notable practice, which had a positive impact on the patient experience:

- When clinics were held, 3 staff were required to be present in the building in the event of a medical emergency. Given the small staff team, this was not always possible so the medical centre provided back up. As the medical centre was only open 3 days a week, the practice had an arrangement for a unit medic trained in Basic Life Support to be based in the dental centre if only 2 staff were available during clinic times. This meant clinics could be held ensuring continuity for patients.
- To address the decline in dental fitness when the practice was closed for an extended period, the staff team had taken an intensive and pro-active approach to oral health education (OHE). Enhanced measures included the of purchase of electric toothbrushes for patients with the most significant periodontal disease and patients who struggled to effectively brush their teeth due to an arm injury. Furthermore, patients were given disclosing tablets (harmless dye to highlight dental plaque) to map if their oral hygiene was improving. Feedback we received as part of the inspection highlighted that patients valued the OHE sessions, particularly the education and information about techniques for brushing teeth.

The Chief Inspector recommends to DPHC:

- Ensure the DPHC-wide clinical waste policy is updated in a timely way so the practice can confirm management of clinical waste that reflects the 2023 revisions made to HTM 07-01: Safe and sustainable disposal of healthcare waste.

The Chief Inspector recommends to the practice:

- Ensure the safety of the compressor is inspected as part of the 5-yearly fire risk assessment.
- Replace the rusting and broken clinical waste bins so the risk of an infection spreading is minimised.
- Ensure copies of the maintenance certificates for the compressor are held at the practice.

Mr Robert Middlefell BDS

CQC's National Professional Advisor for Dentistry and Oral Health

Our Findings

Are Services Safe?

Reporting, learning and improvement from incidents

Adverse patient-related incidents were reported through the Automated Significant Event Reporting system (referred to as ASER), a DMS-wide process for the management of significant events. A register of events and incidents was maintained and all staff, including locum staff, had received ASER training and were registered to use the system.

Staff we spoke with appropriately described the types of incidents reported through ASER. Practice meeting minutes showed ASER was a standing agenda item and sought to explore what happened, why it happened, learning from the incident and changes made. One ASER had been raised in the last 12 months and was classified as a 'near miss' with no harm to the patient.

Staff related accidents and incidents not involving the patient care pathway were reported through the 'MySafety' system. Such incidents were escalated to the practice manager or Senior Dental Officer (SDO). The practice manager had a good understanding of the types of incidents that met the criteria for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (referred to as RIDDOR). Such incidents were reported through the ASER system.

The SDO and practice manager were notified of Central Alerting System (CAS) medical alerts through 'direction and guidance' from Regional Headquarters (RHQ). Action taken by the practice was recorded on the regional CAS register. CAS alerts were a standing agenda item at practice meetings.

Reliable safety systems and processes (including safeguarding)

The SDO was the designated safeguarding lead supported by the Senior Medical Officer (SMO) based in the co-located medical centre. Their names were clearly listed in the local safeguarding policy, which was displayed for both patients and staff to view. All staff were up-to-date with safeguarding training at a level appropriate to their role, including the SDO who was trained to Level 3.

Staff were aware of their responsibilities if they had concerns about the safety of patients who were vulnerable due to their circumstances. We were given examples of how potential safeguarding concerns had been raised and managed. Both patients were discussed with the SMO and the welfare team were informed. Any safeguarding concerns were also discussed at the Unit Health Committee meetings.

Regular DMICP (patient electronic record system) searches were undertaken for patients under the age of 18. At the time of the inspection, there were 3 registered patients under 18.

Duty of candour (DoC) guidance was displayed and the staff had completed relevant training. The DoC principles is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. Staff we spoke with had a clear understanding of what was expected of them regarding the DoC principles. DoC breaches were reported through the ASER system.

Dentists were always supported by a dental nurse when treating patients. A lone working/minimal staffing protocol was in place. The surgery had an emergency alarm button which could be heard throughout the building. It was checked weekly to ensure it was in working order.

When clinics were held, 3 staff were required to be present in the building in the event of a medical emergency. Given the small staff team, this was not always possible so the medical centre provided back up. As the medical centre was only open 3 days a week the practice had an arrangement for a unit medic trained in Basic Life Support (BLS) to be based in the dental centre if staffing was reduced to 2 during clinic times. This meant clinics could be held ensuring continuity for patients.

The chaperone policy was displayed in the waiting area. Patients could access a chaperone if they wished, including the option of being supported by a friend. Patients could be observed in the waiting area from both the dental and medical receptions.

A dental dam was used routinely for endodontics (root canal treatment). The SDO advised that they would not undertake this treatment if a patient refused the use of a dam; this had not occurred. Our review of patient records confirmed the use of a dental dam was recorded.

The business continuity plan (BCP) was last reviewed in November 2024. A copy was held in the practice manager's office and stored digitally on SharePoint. When the BCP was activated due to a shortage of staff, support was provided by a dental centre in the 'Hub'.

Medical emergencies

The SDO was the lead for resuscitation and the practice manager was the nominated first aider. All staff were up-to-date with required medical emergency training, including BLS, use of the automated external defibrillator (AED) and anaphylaxis. The British Dental Association medical emergency reference guide was displayed in the surgery and medical emergency protocols were held in reception.

The SDO and staff confirmed that scenario-based training was held 6-monthly. We were given an example of when a patient appeared pale and unwell after treatment so they were laid flat with their legs elevated and given water with a glucose tablet. The patient stayed in the waiting area until they felt better.

Signage on the door indicated the emergency kit was held in the surgery. The AED, emergency medicines and oxygen were checked daily. Controlled drugs (medicines with a potential for misuse) were securely held in the surgery and Glucagon (medicine used to treat low blood sugar levels) was stored in the pharmaceutical fridge. We reviewed the full medical emergency kit and emergency medicines; all required items were available and in-

date. The biohazard spill kit, eye care and mercury spillage kits were checked regularly to ensure they were in-date.

Medicines were disposed of through the medical centre. Safe arrangements were in place for the disposal of controlled drugs. Quarterly Buccolam (schedule 3 controlled drug used to manage seizures) checks were undertaken.

Measures were in place to ensure patients understood what to do if they experienced pain or their condition deteriorated following treatment. The dentists discussed with patients potential risks and they were advised to contact the practice during working hours and the dentist on-call or NHS 111 out-of-hours (OOH). Opening times and OOH arrangements was displayed on the front door, in the practice information leaflet and explained individually to patients during a consultation if needed.

Sepsis/deteriorating patient training was facilitated for the staff team as part of scenario-based training. Staff we spoke with were familiar with the action to take if they were concerned a patient may be displaying the signs of sepsis. Sepsis information was displayed at reception.

Staff recruitment

The practice manager had oversight of the recruitment for permanent and locum staff. Although the full range of recruitment records for permanent staff was held centrally, evidence was in place to confirm that recruitment checks had been completed for staff new to the practice. This included a Disclosure and Barring Service check to ensure staff were suitable to work with vulnerable adults and young people. The registration status of staff with the General Dental Council, indemnity cover and the relevant vaccinations staff require for their role were also monitored.

Staff who recently joined the practice described a thorough induction involving shadowing/observation, time to become familiar with policies and time to complete the required training.

Monitoring health & safety and responding to risks

The practice manager was the building custodian, lead for safety, health, environment and fire (SHEF) and also the infrastructure lead. They were in the process of undertaking the Institute of Occupational Safety and Health (referred to as IOSH) training and had a clear understanding of their responsibilities in relation to SHEF. Health and safety logs were maintained and stored on SharePoint. Workplace inspections were undertaken 6-monthly with the most recent was completed in June 2025; no actions were required following the inspection. The practice manager attended the unit SHEF meetings.

Reviewed in November 2024, a range of risk assessments were in place including assessments relevant to the premises, staff and clinical care. The practice manager was the designated lead for Control of Substances Hazardous to Health (COSHH). The COSHH register was reviewed in June 2025 and was accessible on SharePoint, along with the COSHH risk assessments. The contracted cleaner kept cleaning products securely in the medical centre and held a copy of the company's COSHH risk

assessments. SHEF, the risk register and COSHH were standing agenda items at the practice meetings.

The 5-yearly fire risk assessment (FRA) was undertaken by the fire safety officer in May 2022 and it identified the building as a tolerable risk. Although the compressor was not specifically included in the main FRA, a local risk assessment was in place for the compressor. Fire alarm checks and checks of firefighting equipment were up-to-date. The fire action plan was displayed, a fire register was completed to indicate who was in the building. Staff confirmed they participated in fire evacuation drills every 6 months and records showed the most recent was held in July 2025.

A legionella prevention and management protocol was in place. A full legionella risk assessment was conducted in February 2021 resulting in an overall risk score of 60 (moderate risk). The legionella risk assessment was reviewed every 2 years with the next due to be carried out shortly after the inspection.

Staff adhered to relevant safety laws when using needles and other sharp dental items. The sharps exposure/injury procedure was displayed in the surgery and sharps boxes were labelled, dated and used appropriately. The ‘Insafe’ system was used to reduce the risk of sharps injuries and dentists disposed of the sharps they used.

Staff had completed training on sharps injuries. We were advised that training in drawing up syringes and the snapping of ampoules had been included in the medical emergency training. Sharps incidents were reported using the ‘MySafety’ and/or ASER systems. Sharps injuries were managed in line with DPHC policy. We were given an example of how a sharps injury was managed including blood tests for both the patient and staff involved, raising an ASER and the provision of further staff training in the use of the ‘Insafe’ system.

Staff noted that disposing of aspirator tips in the clinical waste risked piercing the bags. Use of sharps boxes meant the aspirators filled up the boxes quickly. Therefore a large sharps bin was ordered and used specifically for aspirator tips and other non-sharp single-use items.

Infection control

The permanent dental nurse was the lead for infection prevention and control (IPC) and had completed multiple IPC lead courses. They were very knowledgeable and experienced in IPC matters. The lead aimed to foster a culture of safety and compliance by ensuring IPC remained a standing agenda item at practice meetings. All staff were in-date for IPC training. In addition, supplementary in-service training was regularly undertaken to reinforce best practices and ensure continuous improvement in IPC standards.

We found that IPC measures at the practice were of a high standard, which supported with minimising the spread of infectious diseases. Hand washing guidance was displayed in clinical areas and toilets. Hand sanitiser was available and there was access to a sufficient stock of personal protective equipment. The appointment was re-booked if a patient was

unwell and staff were advised to stay off work if they were ill. The BCP included a section about the action to take if there was an outbreak.

The IPC lead used the DPHC centralised IPC audit tool to conduct and monitor IPC standards. All IPC audits were up-to-date, demonstrating the department's commitment to maintaining high levels of compliance. The only outstanding action identified during a recent audit related to 2 clinical waste bins, which were starting to rust and could not be opened hands-free with the foot mechanism. This issue had been reported with a request for new bins.

Cleaning of the premises was undertaken twice a day with a schedule in place outlining the cleaning arrangements for each area and frequency. A log was maintained by cleaning staff to confirm cleaning had taken place. Staff had a collaborative relationship with both the cleaning contractor and their management team, ensuring effective communication and swift resolution of any issues. The cleaning contract was overseen by the practice manager with daily sign-off sheets maintained to ensure compliance and accountability.

Arrangements were in place for an annual deep clean of the whole department with the most recent deep clean completed in May 2025. In addition, the practice had a clinical laundry contract with weekly collections in place to manage the safe and compliant laundering of clinical items.

Staff had access to the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) online. It was easily accessible to staff for ongoing reference through a dedicated link on the practice's SharePoint site.

A comprehensive system was established for the decontamination of dental instruments, which aligned with HTM 01-05 and DPHC standards. The CSSD was well-organised with a clearly defined flow from dirty to clean areas which ensured the safe and efficient handling of instruments to minimise the risk of cross-contamination. Although an extractor fan was fitted, the installation of an air conditioning unit in the CSSD was being considered to further enhance environmental climate control.

Overseen by the dental nurse, clinical waste was safely managed, including extracted teeth, gypsum (for taking dental impressions) and amalgam (used for fillings). Secure storage for clinical waste was located outside of the building and was collected weekly by the contractor. A waste log, waste transfer notes and consignment notes were in place and up-to-date. The annual pre-acceptance clinical waste audit had been completed. The dental nurse had requested a review of waste management as the contract was for 7 waste bags when the practice only used 1.

Staff were aware of the 2023 revision to HTM 07-01 regarding the classification of clinical waste. As directed by DPHC, changes had not yet been made to clinical waste processes until DPHC-wide policies were updated.

Equipment and medicines

The SDO was the equipment care holder and the practice manager was the equipment care manager. Staff adhered to DPHC directive, undertaking the required checks to

ensure compliance with the policy. We found that equipment was well maintained and cared for. Clinical equipment was serviced annually by the medical and dental servicing section (a military capability referred to as MDSS) with the next service due in November 2025. Electrical Equipment Testing was next due to be checked in October 2025. A comprehensive faults log was maintained to ensure all issues were accurately recorded and tracked for timely resolution.

The compressor was visual checked by the unit each month. Staff provided photographic evidence to confirm they had sight of the compressor when the last monthly check took place. They planned to undertake this check annually as directed by DPHC. The practice manager retained copies of the quarterly air quality tests undertaken. They did not have a copy of the annual maintenance certificate and requested this from the unit during the inspection.

The dental nurse managed the stock and ensured appropriate rotation and ordering of stock. Regular checks of the surgeries were undertaken to monitor materials were available and in-date. We checked the surgeries and they were clean and tidy. All equipment was latex free. Ambient temperatures were monitored through the use of thermometers in key areas; temperatures were checked and logged twice a day. During warmer weather air conditioning was used to maintain a cool temperature in the surgery.

A log of prescriptions was maintained. Although the recording of historical prescriptions was not consistent, this had improved since the SDO took up post. The pharmaceutical fridge temperatures were monitored and recorded daily; temperatures were within the expected range. Evidence was in place of regular prescription tracking and review of prescribing patterns. An antibiotic prescribing audit completed in November 2024. Patient information about the use of antibiotics was available in the waiting area.

Radiography (X-rays)

Suitable arrangements were in place to ensure the safety of the X-ray equipment, including a radiation protection file that contained the required documentation. A Radiation Protection Advisor for the practice was identified. The SDO was the Radiation Protection Supervisor (RPS) and had completed the required RPS training for the role.

Appropriate signage was displayed on the door of the surgery to indicate X-rays took place. Signed and dated Local Rules were displayed. To minimise radiation exposure, staff stood outside of the surgery when a patient was being X-rayed. A rectangular collimator to reduce unnecessary radiation exposure was used.

X-ray equipment was maintained in line with the Ionising Radiation Medical Exposure Regulations (IR(ME)R) and was regularly serviced by MDSS. In-service image quality checks were undertaken and a radiology audit was undertaken annually. Staff had received IR(ME)R training updates.

Are Services Effective?

Monitoring and improving outcomes for patients

Through discussion with clinicians and a review of patient records, we confirmed the treatment needs of patients was assessed in line with organisational policy and recognised national guidance, including National Institute for Health and Care Excellence, Scottish Intercollegiate Network guidance and the Faculty of General Dental Practice guidance. Guidelines were followed for the management of wisdom teeth or third molars, pericoronitis (gum inflammation), caries (tooth decay) and periodontal disease (inflammation of tissues supporting the teeth).

Our review of a range of dental records confirmed an assessment, including information about the patient's current dental needs, past treatment, medical history and treatment options was routinely undertaken. The diagnosis and treatment plan for each patient was clearly recorded. A medical and dental history assessment was completed at the patient's initial consultation and was checked for any changes at each subsequent appointment. Records showed the appropriate pathway for Basic Periodontal Examination (BPE) was followed and treatment provided recorded. A BPE was carried out at each dental inspection.

Service personnel were at high readiness to deploy so occupational preparation was a key focus for the practice, particularly in relation to the dental target categories for deploying personnel. Clinical records indicated patients received an appropriate risk assessment of their oral health, including consideration of each individual's occupational role and tasking.

The military dental fitness target framework was closely monitored by the staff team and was a standing agenda item at the practice meetings. Coupled with high readiness for deployment, the patient population had moderate to high treatment needs so there was a focus on preventive intervention.

The Senior Dental Officer (SDO) advised that when the practice closed temporarily October 2024 and patients were redirected to Colchester Dental Centre, dental fitness declined across the population. This was possibly due to service personnel not wishing to travel to Colchester. As a result, there was a significant backlog in untreated disease which was now the priority. Statistics showed dental fitness targets had improved greatly since the practice reopened in January 2024.

Health promotion and prevention

The dental nurse was the lead for oral health education (OHE) and had completed the required OHE training to undertake this role. The way in which OHE was delivered aligned with nationally recognised guidance - Delivering Better Oral Health toolkit: an evidence-based toolkit for prevention. The incidence of caries and periodontal disease was high for the patient population in comparison to other Defence dental practices so proactive prevention was key for the practice.

From our discussions with clinicians and a review of patient records, we confirmed that patients were routinely asked about their oral hygiene routine, dietary habits, alcohol intake and smoking, including vaping. Dietary, oral hygiene and lifestyle habits were captured on initial consultation and followed up at subsequent appointments.

High concentration sodium fluoride toothpaste, fissure sealants and fluoride varnish treatment options were available. Although staff provided brief interventions, patients could be referred for alcohol related concerns and smoking cessation at the medical centre.

Dentists referred patients to the OHE clinic and the dental nurse saw patients on an individual basis for an hour. The cause of periodontal disease was discussed with the patient including an assessment of lifestyle factors that contribute to tooth decay. The dental nurse had an OHE kit which included a range of interactive resources to educate patients about ways to improve their oral hygiene including toothbrushes, interdental brushes and floss.

Disclosing tablets (harmless dye to highlight dental plaque) were used to show the patient areas they had been missed with brushing and flossing. The patient was encouraged to take a photograph of the staining and were given disclosing tablets to use regularly at home to map if their oral hygiene was improving. Patient feedback highlighted the value of these OHE sessions as they said they received good education and information about looking after their teeth.

The dental nurse had applied for and secured funding to purchase 14 electric toothbrushes. These were given to patients with the most significant periodontal disease and also to patients who struggled to effectively brush their teeth due to an arm injury. An audit of OHE was planned once staffing levels improved with permanent staff in post.

In response to the Defence Primary Healthcare's (DPHC) guidance on 'dental tourism' for cosmetic procedures, the OHE lead had put in place a display titled 'Turkey Teeth' to capture the attention of patients. It simplified the DPHC guidance, highlighting the risks of 'smile makeovers' by overseas dental providers. Clearly highlighted was the potential of being downgraded if the treatment increased the risk of requiring emergency dental care following such treatment.

Patient-orientated OHE information in the patient waiting area was regularly refreshed to reflect national and organisational strategy. At the time of the inspection information was displayed about the impact of sugary drinks and snacks. In addition, a range of OHE leaflets were displayed for patients to access.

The practice was represented at the annual unit health fair usually held before 'standdown' or leave. Samples of oral hygiene products were distributed to prompt patients to maintain their oral hygiene when on leave.

Staffing

As the practice team was small there was limited resilience to cover staff absence or vacancies. When the previous SDO retired in March 2022 a locum dentist provided cover

until October 2022. The practice then closed until January 2024 and remaining staff were temporarily deployed to other defence dental practices in the region.

The current SDO joined the practice in January 2024 and moved to Wyton Dental Centre in February 2025. Whilst the SDO continued to provide clinical leadership for Wimbish Dental Centre, a locum dentist was employed to cover the clinical work. The locum had recently been successfully recruited to join the team as a permanent member of staff. Furthermore, an additional dental nurse had been recruited and was due to start in September 2025. Staff highlighted that being part of a 'Hub' has been valuable with covering staffing gaps.

Staff training was monitored by Regional Headquarters with a 10% check of training carried out each month. The practice manager also checked the status of training on the DPHC dental Personnel Management System and sent an email to staff when updates were due. Training was a standing agenda item at practice meetings. At the time of the inspection, all staff were up-to-date with mandated training.

Staff were responsible for their own continuing professional development (CPD), required for maintaining registration with the General Dental Council. To support with CPD, all staff could attend regional training events, dental conferences and weekly in-service training. DPHC webinars were available for staff via the 'Agilio' online training platform. Both dentists and nurses engaged with peer review on an annual basis.

Working with other services

Practice staff worked closely with the units who were pro-active with monitoring dental fitness for deployment; personnel were required to have a grading of either requiring no dental treatment (Category 1) or unlikely to have a dental emergency within the next 12 months (Category 2) in order to deploy. With patient consent, the SDO discussed with the Chain of Command (CoC) service personnel who were graded as Category 3; a dental condition likely to result in a dental emergency with 12 months.

The practice was represented at the quarterly Unit Health Committee meetings at which the dental targets were reviewed. In addition, there was ongoing engagement with the CoC on a day-to-day basis.

Clinicians had an effective relationship with medical centre staff to discuss both safeguarding and clinical concerns about patients. The medical centre was also responsive when the practice had insufficient staff in the building to ensure cover in the event of a medical emergency.

The practice manager had oversight of referrals and used the DPHC electronic referral system to manage all referrals including hospital referrals, referrals to enhanced Defence dental practices and those to the Defence Centre for Restorative Dentistry. Two-week-wait referrals for patients with suspicious lesions were monitored through the same system. Some minor surgery could be facilitated at the practice reducing the need for referral and to access treatment sooner.

Consent to care and treatment

Feedback from patients confirmed they were given information about treatment options and the risks and benefits of these so they could make informed decisions.

Depending on the type of examination or treatment, implied or verbal consent was taken. Written consent was secured for extractions and root canal treatment. Our review of patient records showed some ambiguity with the recording of consent and we discussed this with the dentists at the time of the inspection.

Staff completed Mental Capacity Act (2005) training in April 2025. Clinicians we spoke with had a good awareness of mental capacity and how it could apply to their patient population, including if the patient was intoxicated or hypoglycaemic (fall in blood sugar levels).

Are Services Caring?

Respect, dignity, compassion and empathy

We received feedback from 14 patients via our pre-inspection feedback cards. All patients spoke highly of the staff with references to staff being kind, professional and respectful. Staff provided examples of when the practice had gone ‘the extra mile’ to support patients, particularly in relation to potential safeguarding concerns.

Measures were in place to support patients who experienced dental anxiety including familiarisation sessions, longer appointments and general conversation to relax/distract the patient. Feedback from patients who experienced dental anxiety indicated staff were empathic and comforting.

A notice was displayed offering patients the option of speaking to reception staff in private. The practice had access to the ‘Big Word’, a translation service for patients who did not have English as their first language.

Involvement in decisions about care and treatment

Feedback from patients suggested clinicians provided clear information to support them with making informed decisions about treatment choices. From our discussions, it was clear clinicians used a range of options to ensure patients understood their dental issue and proposed treatment plan. Examples included the use of pictures, X-rays and models. Clinical records confirmed treatment options were discussed with patients.

Are Services Responsive?

Responding to and meeting patients' needs

Alongside clinical judgement, dentists referenced National Institute for Health and Care Excellence and Defence Primary Healthcare (DPHC) guidelines to determine recall intervals between oral health reviews. Based on risk, patients were recalled between 3 and 24 months. From our review of clinical records, we noted sometimes patients identified as a low risk were recalled at 12 months intervals; a low risk indicates a recall period up to 24 months. We discussed this with both dentists who acknowledged they were possibly being over cautious and said that they would reflect on this.

Patients could make appointments between recall intervals depending on the requirement or request. Those reporting pain were usually seen on the same day and patients with an issue not deemed to be urgent were given the next routine appointment.

Promoting equality

In line with the Equality Act 2010, an Equality Access Audit was completed in February 2025 and no actions were identified. There was an accessible parking space, ramp access and automatic doors to access the building. An accessible toilet was available near the waiting area. A hearing loop was not required based on the needs of people who currently accessed the building. We were advised funding would be sought from the unit for a hearing loop should one be required.

Staff considered the needs of patients in terms of disability, gender, gender identity, race, religion or belief and sexual orientation. The team had completed the mandated training in equality and diversity. In addition, they had completed the training about how to interact appropriately with neurodiverse people, including those with a learning disability and/or autism.

Access to the service

There was a 1-2 week wait to see a dentist. Even though the majority of periodontal treatment was completed at the practice, there was limited access to a dental hygienist at Chicksands Dental Centre. Patients requiring an urgent appointment during working hours could be seen on the same day as there was a dedicated emergency clinic each morning to accommodate patients with an emergency need. If the emergency appointments were unfilled then they were offered to patients due a routine appointment.

Dental out-of-hours (OOH) care was provided all year round through the regional duty on-call rota. Information about the service, including opening hours and access to an emergency OOH service was displayed on the front door of the practice and in the practice information leaflet.

Concerns and complaints

The Senior Dental Officer (SDO) was the lead for complaints and the investigating officer. Complaints were managed in accordance with the DPHC complaints policy and were

recorded logged on the centralised DPHC register. Staff we spoke with said they had completed in-service training on complaints and that complaints was a standing agenda item at the practice meetings. No formal complaints had been received since the SDO took up post.

Patients were made aware of the complaints process through the practice information leaflet and information displayed in the waiting area.

Are Services Well Led?

Governance arrangements

The practice worked to the Defence Primary Healthcare (DPHC) mission statement:

> "DPHC is to continue to provide safe and effective healthcare, which meets the needs of the patient and the chain of command in order to contribute to Fighting Power".

The Senior Dental Officer (SDO) was the clinical lead and lead for healthcare governance. The practice manager had the delegated responsibility for the day-to day administration of the service. A framework of up-to-date organisational and local policies, standard operating procedures and protocols underpinned governance activity. These were available electronically and many were printed for ease of access. Staff skillsets were effectively used, such as for lead roles. Terms of reference were in-date for all staff.

Local and regional processes were established to monitor service performance, including the Health Assessment Framework (HAF); an internal quality assurance tool. The HAF summary from January 2025 identified a rating of 'substantial assurance' and the practice manager confirmed all actions on the associated management action plan had been completed. Key performance indicators and dental targets were monitored by the SDO. The practice submitted performance data to Regional Headquarters (RHQ) each month.

The risk register was regularly reviewed by the SDO and practice manager. Workforce resilience was the key risk for the service. Other risks included the constraints in relation to the medical centre only opening 3 days week and the demands of a population at high readiness to deploy, often at short notice.

A practice and wider communication structure was established, including a 4 weekly practice meeting. A 'Hub' meeting involving Wimbish, Wyton and Chicksands dental centres was held each month. This provided the opportunity for the practice to highlight any forecasted staffing gaps which the other dental centres could support with. In addition, monthly meetings were held with RHQ to discuss governance and performance matters.

Healthcare governance and assurance was a standing agenda item at the monthly practice meetings. Meeting minutes indicated that governance and risk management systems were routinely reviewed to ensure they were up-to-date and reflected the current operation of the practice.

The SDO was the Caldicott Guardian to ensure the confidentiality of patient information was protected. The Caldicott principles and practice policy were displayed by reception. The practice manager was the data protection supervisor. Information governance arrangements were in place and staff were aware of the importance of these in protecting patient personal information. Data protection was covered in the in-service training and staff had completed additional training as part of their continuing professional development.

All 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.

To address environmental sustainability, the practice aimed to reduce the use of paper through digitisation. Recycling bins were available and stock was effectively managed to reduce wastage.

Leadership, openness and transparency

We found that leadership at the practice was collaborative and promoted inclusive decision-making. The team worked well together and the knowledge and experience of all staff was valued and effectively used to improve the service. The practice had faced challenging periods with unstable staffing levels and closure of the practice for over a year. When the practice re-opened, the staff had the onerous task of improving dental fitness for the patient population, which had significantly declined during the closure. This was being achieved through collaborative teamwork, careful planning of appointments and on-going engagement with the units through quarterly unit health care committee meetings and more directly with the chain of command on a day-to-day basis.

Given the risks and limited resources, the team were creative and solution-focussed to ensure a safe and effective service for the patients. There were numerous examples of this, such as arranging for a medic to be based in the practice when the medical centre was closed and the pro-active and comprehensive approach to oral health education.

All staff we spoke with, including locums, were happy in their work environment and said the team was cohesive and supportive. Staff spoke highly of the inclusive and transparent approach of the SDO and practice manager. We heard they were empowered to share ideas and were involved in decision making about the service, including service developments. ‘White space’ team building events were held on a regular basis.

Staff told us they were confident any concerns they raised would be addressed without judgement as practice leaders were approachable. They were familiar with organisational whistleblowing protocol for the practice and said would approach the regional team if it was not appropriate to raise a concern at practice level.

Learning and improvement

The SDO was the lead for clinical audit and quality improvement activity; a standing agenda item at the practice meetings. An audit schedule was in place with links to the audits. All mandated audits had been completed. In addition, an antibiotic audit and record keeping audit had been undertaken.

Whilst we acknowledged the team’s focus has been on improving dental fitness, many of the good practice initiatives we identified would benefit from being raised as a ‘purple’ ASER or a quality improvement project. By doing so, showcases the positive performance of the practice and also enables the sharing of good practice with other DPHC facilities.

Mid and end of year staff appraisals were up-to-date.

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

To monitor how well the practice was performing, patients were encouraged to complete the Patient Experience Tool (referred to as the PET survey) via a quick reference or QR code. This code was displayed in the waiting area and was included in the patient information leaflet. Patients also had the option of leaving feedback in the suggestion box in the waiting area. Patient feedback was reviewed by the practice manager and shared with the staff team at practice meetings.

A ‘you said, we did’ display in reception highlighted how the practice responded to feedback. For example, patients asked for shorter waiting times for appointments. As the practice was fully booked for 6 weeks, appointments were offered at Wyton Dental Centre for those graded as category 4 or on high readiness to deploy.