Bulford Dental Centre

Salisbury, Wiltshire SP4 9AD

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.

Overall rating for this service	**No action required**	✓
Are services safe?	**No action required**	✓
Are services effective	**No action required**	✓
Are service caring?	**No action required**	✓
Are services responsive to people's needs?	**No action required**	✓
Are services well-led?	**No action required**	✓

Contents

Summary

About this inspection

We carried out an announced comprehensive inspection of Bulford Dental Centre on 4 November 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 1 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.

At this inspection we found:

- Feedback showed patients were treated with compassion, dignity and respect, and were involved in decisions about their treatment and care.
- Leadership at the practice was inclusive and the team worked well together.
- 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 governance and risk management of the practice.
- Suitable safeguarding processes were established, and staff understood their responsibilities for safeguarding adults.
- Staff were up-to-date with appraisals, training and continuing professional development
- Clinicians provided care and treatment in line with current guidelines.
- 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:

- The practice manager had created and introduced a dental tracker; this was shared and used together with the units. Its purpose was to reduce the administrative burden on the dental team by consolidating multiple tasks into a single, integrated platform that streamlined workflows and improved efficiency. It improved communication with the units by establishing a streamlined system that enabled timely access to information, quick updates, and supported proactive planning and projection for up to 3 months.
- The tracker had been in place at Bulford Dental Centre for 6 months and the key performance indicators had shown significant improvement and FTA rates had improved. The units were invested in them and the communication and relationship between them and the practice had improved. Following the success of the trackers these had now been shared with Larkhill Dental Centre for trial.

The Chief Inspector recommends to the practice

- Ensure the safety of the compressor is included as part of the 5-yearly fire risk assessment.
- Ensure the management for the removal of clinical waste is robust.

CQC recommends to Defence Primary Healthcare (DPHC) and the Unit:

- Issue clear guidance to dental teams with regard to the key changes to the Health Technical Memorandum 07-01 and what this means in practice.
- The unit/contractors must provide evidence of ongoing water safety checks and confirmation that the actions have been completed following the last legionella risk assessment.
- Ensure repair of the reverse osmosis machine is hastened in order for the practice to work efficiently and protect staff form unnecessary safety risk and promote environmental sustainability.

Mr Robert Middlefell BDS

CQC's National Professional Advisor for Dentistry and Oral Health

Background to Bulford Dental Centre

Located in Salisbury Plain, Bulford Dental Centre is a 4-chair practice providing a routine, preventative, and emergency dental service to a military population of approximately 3,200 service personnel. The dental centre is open Monday to Thursday from 08:00 to 16:30 hours and on Fridays from 08:00 to 12:30 hours.

Out-of-hours (OOH) arrangements are in place through a duty dental officer, located within the Central Wessex region. Patients call the OOH mobile number and are triaged. They then are directed to which establishment to attend if they need to be seen.

The staff team

Senior Dental Officer (SDO)	1
Civilian dentists	3 (part time)
Nurses	5 civilian 1 military
Administrators	None currently – receptionist on temporary leave
Practice manager	1

Our inspection team

This inspection was undertaken by a CQC inspector, a dentist specialist advisor and practice manager/dental nurse specialist advisor. A recently recruited specialist advisor shadowed the inspection as part of their induction

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, clinical staff and domestic 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.

Are services safe?

We found that this practice was safe in accordance with CQC's inspection framework

Reporting, learning and improvement from incidents

Adverse patient-related incidents were reported through the Automated Significant Event Reporting (referred to as ASER), the DMS-wide system for the management of significant events.

The staff team had received ASER training and were registered to the use the system. Staff appropriately described the types of incidents reported through ASER system. Staff confirmed they would use the Defence Unified Reporting and Lessons System (referred to as DURAL) system for staff incidents.

Staff 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).

ASERS were a standing agenda at the practice meeting, we discussed a previous incident that had been reported, this was discussed in the practice meeting. Organisational learning was also discussed and recorded.

Patient safety alerts were a standing agenda item for discussion at practice meetings. Staff were also notified of alerts through ‘direction and guidance’ from Regional Headquarters. Safety alerts were also a standing agenda item at the practice meetings.

Reliable safety systems and processes (including safeguarding)

The Senior Dental Officer (SDO) was the safeguarding lead and all staff were up-to-date with safeguarding training at a level appropriate to their role. Staff were aware of their responsibilities if they had concerns about the safety of patients who were vulnerable due to their circumstances.

Vulnerable patients were discussed at case discussion meetings with the Senior Medical Officer when required. Safeguarding information was displayed and was a standing agenda item at the practice meeting.

A recent safeguarding referral was discussed. During the course of a patient’s treatment, 1 of the dentists identified that the patient appeared to be unwell and in need of additional support. The dentist acted promptly by referring the patient to the medical centre, where they subsequently received the appropriate care and intervention. Feedback from the patient indicated a high level of appreciation for the timely support provided and conveyed particular praise for the compassion demonstrated by the dentist involved.

Staff had a good understanding of the duty of candour principles; a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We discussed a recent incident that had duty of candour applied. There was a register in place with all incidents recorded.

The chaperone policy was displayed in the waiting area and was reviewed regularly. Patients could access a chaperone if they wished. Patients could be observed in the waiting area from the reception desk.

A lone working risk assessment and policy was in place for the practice; it clearly laid out the procedure to follow should any member of staff be alone in the department. There were personal and emergency alarms in each surgery and these were tested regularly.

A dental dam was used routinely for adhesive restorations and endodontics (root canal treatment). It was also used with restorative treatment when required. This was recorded in patient notes.

A business continuity plan was in place and was reviewed regularly, which covered all required work arounds from loss of IT, power, water, compressors to staff illness and radiation faults. It outlined critical business activities and provided up-to-date contact details.

Medical emergencies

The SDO was the lead for medical emergencies and resuscitation. All staff were up-to-date with the required medical emergency training, including Basic Life Support, use of the automated external defibrillator and anaphylaxis. Scenario-based training in managing medical emergencies was held regularly with the last being in October 2025. A simulation of a patient experiencing anaphylaxis was held. During this session, the team reviewed the use of ampules and the purpose of each needle colour was also discussed. The simulation continued through to the stages of the patient receiving oxygen and subsequent aftercare. It also covered the key information required when contacting the ambulance service.

Following the scenario several learning point identified and actions were taken:

- A quick reference card for the desk was identified as necessary to facilitate the communication of essential information to the ambulance service. This was now in place.
- It was noted that green and red needles for the ampules were missing. This issue has since been resolved with the needles being sourced from the medical centre and placed in the kit.

The medical emergency kit was contained in a trolley bag and accessible only to staff. We checked the full emergency medical kit and all required items were in place and in-date. Safe arrangements were in place for the disposal of controlled drugs.

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

In-house training in sepsis/deteriorating patient was completed and information was displayed.

Staff recruitment

The practice manager had oversight of the recruitment of permanent and locum staff. 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. These 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. Copies of induction paperwork and all certificates were retained by the practice manager.

Monitoring health & safety and responding to risks

A range of local health and safety policies and protocols were in place to support with managing potential risk. A fire risk assessment had been undertaken and the fire alarm was checked weekly and firefighting equipment was checked each month. A fire evacuation drill was carried out every 6 months and was last was undertaken in October 2025. During the drill it was highlighted that the assembly areas were not fit for purpose as there was no communication source in these areas. Furthermore, there was no way to transport people with mobility needs from this area if required as the lift was programmed to go straight down in the event of a fire, then stop. A statement of need (SON) had been raised for the unit to rectify these issues.

Risks for the practice were recorded on the regional risk register which the team reviewed monthly. A range of risk assessments were in place including assessments relevant to the premises.

The practice manager was the lead for Control of Substances Hazardous to Health (COSHH) and the SDO reviewed the COSHH risk assessments when they were completed. A COSHH register was in place with links to the risk assessments updated in September 2025. Items were held inside a lockable cupboard. COSHH items were only accessible to staff.

The safety of water was monitored and the legionella risk assessment was reviewed by the contractor in September 2025. There were a number of issues raised. The practice manager was unaware if the actions had been completed and had been actively pursuing this with the contractor. Although records were not shared with the practice, the practice manager confirmed the contractor carried out monthly annual water checks.

The practice arranged with the contractors to view the compressor, this was done in August 2025, they found the area to be clean and clear of debris. Although the compressor was not specifically included in the main fire risk assessment, a local risk assessment was in place for the compressor.

Infection control

Two dental nurses were the leads for infection prevention and control (IPC) and had completed the required training for the role. A staff protocol was in place to minimise the spread of infectious diseases, along with hand washing guidance. Hand sanitiser was available and there was a sufficient stock of personal protective equipment. Aerosol generating procedures were used if a patient with an infectious disease needed emergency treatment. Furthermore, the patient would be seen at the end of the working day to maximise additional IPC procedures.

Staff had access to the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) online to ensure it was the latest version. The practice had a central sterile services department (CSSD) with clearly identifiable clean and dirty areas. Our review of the decontamination process showed a robust process was in place and the dental nurse with the lead for decontamination had an in depth understanding of the process and monitored that it was being adhered to. The last IPC audit was completed in October 2025; no recommendations were made. We noted within the CSSD that there were plugs in an extension lead that sat just above the ultrasonic baths, which was unsafe. We brought this to the attention of the SDO who immediately moved the extension lead to a safer place and raised a statement of need to have extra sockets fitted. It was also added to the risk register.

A range of tests were undertaken of dental unit waterlines including water quality checks and monthly dip slide testing for monitoring microbial contamination. Quarterly water quality check certificates were in place for the surgeries and reverse osmosis (water purification process). To ensure safe and effective treatment for patients, the practice relied on a rigorous sterilisation process for all clinical instruments. This process depended on multiple pieces of equipment that required highly purified, de-ionised water. As outlined in the joint business agreement, the responsibility for providing this level of water purity lay with the unit's infrastructure. However, the current reverse osmosis machine at the practice had been non-functional for an extended period. In its absence, the unit had resorted to supplying approximately 30 bottles of purified water weekly. This workaround was unsustainable and problematic for several reasons:

- Operational burden: The practice manager was required to chase weekly deliveries, diverting time from core responsibilities.
- Manual handling risks: Staff were required to transport heavy bottled water by hand, introducing avoidable health and safety risks.
- Environmental impact: The reliance on single-use plastic bottles contributes to unnecessary waste, conflicting with sustainability goals.

Replacing the reverse osmosis machine would maximise clinical safety standards, protect staff wellbeing, and reduce environmental harm.

Cleaning was undertaken twice a day. A schedule was in place outlining the cleaning arrangements for each area and frequency. A log was maintained by cleaning staff to confirm cleaning had taken place. Mops and materials were colour coded and stored correctly. The cleaning contract was overseen by the practice manager and any concerns were raised via the cleaning manager.

Clinical waste was managed effectively, including extracted teeth, gypsum (for taking dental impressions) and amalgam (used for fillings). However, there was only 1 clinical waste bin that was shared between the medical and dental centres. Each facility had its own log. Consignment notes were not supplied to the practice and neither had sight of each other's logs, meaning there was no way to confirm the correct number of bags/sharps were being taken at each collection. The practice had requested a separate bin for the dental centre. Until this was in place, we discussed best practice in the interim. The practice indicated that both parties would check the consignment notes after waste collection to ensure the correct number of bags were collected and this would be recorded.

Following some key changes to the HTM 07-01 in December 2024, Defence Primary Healthcare (DPHC) practices were awaiting guidance around the treatment of clinical waste (the use of tiger bags versus orange bags and single use versus reusable aspirator tips). The practice were aware of this and had discussed and minuted it as a team at a practice meeting.

Equipment and medicine

An equipment spreadsheet was in place that included the status of each piece of equipment, such as fault reporting (date of completion/repair). Staff undertook daily checks of equipment in the surgeries, laboratory and CSSD. Clinical equipment was serviced annually by the medical and dental servicing section (a military capability referred to as MDSS). All equipment was in-date for servicing and testing including the ultrasonic bath, and autoclave. Electrical equipment testing was up-to-date.

A system was in place to ensure adequate stock and that it was efficiently managed. All stock requiring temperature control was stored in a room with air conditioning. Stock was checked each month and logged and it was ensured items with closer expiry dates were located at the front of the shelf/drawers. All equipment was latex free.

A register was used to keep track of issued prescriptions. This was checked monthly by the SDO. Pharmaceutical fridge temperatures were monitored and recorded daily; temperatures were within the expected range. The SDO completed an antibiotic prescribing audit annually. The practice followed Faculty of General Dental Practice UK and the British National Formulary guidance for antimicrobial prescribing.

Radiography (x-rays)

Suitable arrangements were in place to ensure the safety of the X-ray equipment, including a radiation protection file containing the required documentation. The SDO was the Radiation Protection Supervisor (RPS) and had completed the required RPS training for the role. Signed and dated Local Rules were displayed in each surgery.

X-ray equipment was maintained in line with the Ionising Radiation Medical Exposure Regulations (IR(ME)R). It was regularly serviced by MDSS. Staff requiring IR(ME)R training had received relevant updates. A radiography audit was undertaken every 6 months.

Are services effective?

We found that this practice was effective in accordance with CQC's inspection framework

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 and the College of General Dentistry guidance. Guidelines were followed for the management of wisdom teeth or third molars, antibiotic prescribing, occupational focus and caries (tooth decay) risk.

Our review of a range of dental records confirmed a thorough assessment, including information about the patient's current dental needs, past treatment, medical history and treatment options. 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.

In addition, records demonstrated that guidance from the British Society of Periodontology (BSP) in relation to periodontal (gum disease) staging and grading was followed.

A Basic Periodontal Examination was carried out at each periodic dental inspection or recall. Occupational requirements were taken into consideration when planning treatment for individual patients and to determine recall periods. Patients were asked at consultation about upcoming deployments, taskings and assignments.

The practice manager had created and introduced a dental tracker; this was shared and used together with the units. Its purpose was to reduce the administrative burden on the dental team by consolidating multiple tasks into a single, integrated platform that streamlined workflows and improved efficiency. It improved the communication with the units by establishing a streamlined system that enabled timely access to information, timely updates and supported proactive planning and projection for up to 3 months. The tracker covered:

- monthly statistics
- statistics trend analysis
- recalls
- failed to attend (FTA) and short notice cancellations.
- downgrades
- deployments.

The latest data was added monthly to develop a picture of the way the statistics had changed over the year. This allowed any trends to be identified by both the practice and the units. It was updated monthly using DMICP searches and reports. This was merged into a recall template and the information was then sorted and extracted. This showed the

units of all the current NATO Category 3's and 4's, plus the NATO Category 1's and 2's that were due to go out of date in the next 3 months. The layout of the tracker allowed for the departments to add the availability of the soldiers, when they could book them to attend the practice. Information was added when a patient FTA for an appointment. This was helpful to the unit to have information on why appointments had been missed.

Dentists were able to complete the details when they referred patients to the medical centre for a downgrade. It was also possible for the administrative team to do this if the dentists gave the details to them. The unit entered onto the tracker any forecast so planning treatment was controlled for the deploying troops in adequate time.

The trackers had been in place at Bulford Dental Centre for 6 months and the key performance indicators had shown significant improvement and FTA rates had improved. The units were invested in them and the communication and relationship with them and the practice had improved. Following the success of the trackers, these had now been pushed out to Larkhill Dental Centre for trial.

The military dental fitness targets were closely monitored by the Senior Dental Officer (SDO) and were a standing agenda item at the practice meetings. The key performance indicators were

Cat 1 (fully dentally fit) 54%

Cat 2 (dental treatment required but not expected to cause problems within a year) 23%

Cat 3 (treatment required and expected to cause problems within a year) 11%

Cat 4 (missing or incomplete dental records or the need for a periodic examination)12%

The practice had been previously closed for 12 months and since the re-opening were working hard to improve data fitness targets. We saw improvements had already been made since the previous year.

Health promotion and prevention

A proactive approach was taken in relation to preventative care and supporting patients to ensure optimum oral health. Two of the dental nurses were qualified as oral health educators and another dental nurse was in training. Oral health clinics run by the nurses took place regularly.

At the time of inspection there was an informative display in the waiting room detailing the ability to recycle some dental products. Locally there were several available options where people could drop off used dental products such as toothpaste tubes, toothbrushes and electric toothbrush heads. The display included pictorial aids supported by succinct information labels. Other oral health information and leaflets were available both in the waiting room and at the top of the stairs for patients to read and /or take away.

There had been no unit health fairs in the last 12 months but it was hoped this would improve in the upcoming year. Plans were in place to visit the local schools to provide oral health education to the children.

The patient records we reviewed showed proposed treatment pathways and information given to individual patients. The practice utilised the Delivering Better Oral Health toolkit: a Public Health England evidence-based toolkit on prevention of oral diseases, such as caries.

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. Clinicians could refer patients to the medical centre if there were concerns about a patient's general health.

Staffing

The induction programme included a generic programme and induction tailored to the practice. The practice manager monitored the status of mandatory training and training was recorded on the Defence Primary Healthcare (DPHC) Dental Personnel Management System. A regional spreadsheet was supplied to ensure all topics were covered at the correct time this was shared to all dental centres in the region, so topics were covered by everyone at the same time. Staff were given time to complete training. At the time of the inspection, staff were up-to-date with all mandated training. The dental team had also completed training around supporting patients with a learning disability/autistic spectrum disorder in line with the national requirement for all healthcare providers.

Staff were responsible for their own continuing professional development (CPD), required for maintaining registration with the General Dental Council. They had access to the 'Agilio Training' platform for access to CPD courses. Clinical staff attended the regional training days and conferences.

Working with other services

The practice worked closely with the Chain of Command and the units to ensure patients were offered treatment in a timely manner. The tracker that had been implemented had been effective with reducing the number of appointments patients failed to attend.

The Senior Dental Officer was the Regional Enhanced Restorative Practitioner providing restorative treatments at a higher level as part of the Defence Primary Healthcare dental managed clinical network, allowing more in house treatment of more complex cases.

Patients requiring more complex treatment where a general anaesthetic may be required were referred to the NHS with wait times of up to 12 months.

A comprehensive process was in place to manage referrals, including the use of the DPHC centralised process for the management of all referrals. These were monitored weekly. Urgent referrals (2 week waits) for oral surgery were made with minimal waiting times.

Consent to care and treatment

Clinical staff demonstrated a clear understanding of the importance of obtaining and documenting patient consent for treatment. Patients were provided with information about their treatment options, including associated risks and benefits, enabling them to make informed decisions. The dental care records reviewed confirmed that this process was followed. Verbal consent was obtained for routine treatments, while written consent was secured for more complex procedures. Patient feedback also indicated that they received clear and comprehensive information regarding their treatment choices.

Clinical staff showed a good awareness of the Mental Capacity Act (2005) and its relevance to their patient group. Completion of an online course on The Act formed part of the annual mandatory training programme for all staff.

Are services caring?

We found that this practice was caring in accordance with CQC's inspection framework

Respect, dignity, compassion and empathy

We received feedback from 65 patients through pre-inspection feedback cards. All respondents were positive about the service, commenting that staff were kind, respectful, and supportive. The practice also carried out patient experience surveys during September 2025, which received 21 responses. All respondents indicated they were treated with care and kindness.

Patients with a known dental anxiety were given extra time to discuss their concerns. Pain relief was used and they could be referred for extraction under general anaesthetic if needed.

The waiting area was generously sized, and the seating arrangement ensured that discussions at reception could not easily be overheard. In addition, a card system was in place, with a sign informing patients that selecting the card would signal their wish to speak confidentially.

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

Patient feedback indicated that clinicians communicated information clearly, helping individuals make informed decisions about their treatment options. Our discussion with the Senior Dental Officer confirmed that a variety of methods were used to ensure patients fully understood their condition and the available treatments.

Are services responsive to people's needs?

We found that this practice was responsive in accordance with CQC's inspection framework

Responding to and meeting people's needs

Clinicians referenced National Institute for Health and Care Excellence guidelines and other national guidance regarding recall intervals between oral health reviews; between 3 and 24 months depending on the patient's assessed risk for caries, periodontal, oral cancer and tooth surface loss.

Patients could make appointments between recall intervals depending on the requirement or request. Those presenting with pain were seen the same day and patients with an issue not deemed to be urgent were given into the next routine slot with advice to call back if the issue worsened.

Further services provided by the practice included:

- hygiene and periodontal care via the hygiene network with Dental Centre Larkhill
- oral hygiene education clinics (linked to periodontal pathway)
- impression clinics
- The Senior Dental Officer was the Regional Enhanced Practitioner (Managed Clinical Network Referral) and also an endodontic specialist so was able to take on complex cases that would otherwise require a referral to specialist services.

The practice used a focussed educational feedback token system at reception to ask specific questions in order to determine patients' knowledge and understanding of specific dental issues. Questions were refreshed each month. For example, patients where asked if they knew they could recycle their toothbrushes. The display board in the waiting room then gave them all the details required.

Promoting equality

In line with the Equality Act 2010, an Equality Access Audit was completed in October 2025. The premises was accessible for patients with reduced mobility. The practice was on the first floor and there was a passenger lift. The practice had a hearing loop installed at reception and accessible toilets for patients.

Staff considered the needs the needs of patients in terms of disability, gender, gender identity, race, religion or belief and sexual orientation. The team had completed training in equality and diversity.

Access to the service

At the time of the inspection, the next available routine appointment with a dentist was within 3 weeks. Individuals or units deploying were prioritised. If patients cancelled an appointment, then the staff offered the appointment to patients on a waiting list. Patients requiring an emergency appointment during working hours could be seen on the same day.

Dental out-of-hours (OOH) care was provided all year round through the regional duty on-call rota. Patients were seen at the practice where the duty dentist worked. 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

Complaints were managed in accordance with the Defence Primary Healthcare complaints policy. A process was in place for managing complaints, including the recording of complaints on the Regional Headquarters SharePoint. Complaints were a standing agenda item at the practice meetings and all staff had competed complaints training.

Are services well-led?

We found that this practice was well-led in accordance with CQC's inspection framework

Governance arrangements

The practice worked to the Defence Primary Healthcare (DPHC) mission statement: "Provide and commission safe and effective healthcare which meets the needs of the patient and the chain of command in order to contribute to Fighting Power".

A framework of organisational policies, standard operating procedures and protocols underpinned governance activity. Local protocols were held online and used during induction and staff training. Staff skillsets were effectively used, such as for lead roles. Terms of reference were up-to-date for all staff. External and regional processes were established to monitor service performance. Key performance indicators and dental targets were monitored by the Senior Dental Officer (SDO) with both regional headquarters (RHQ) and the Chain of Command having oversight.

The practice used the Health Assessment Framework (HAF), an internal quality assurance system used to monitor safety and performance. The last internal assurance review was undertaken in January 2025. Most actions had been completed and a management action plan had been developed. The issues remaining were regarding the waste contract and the legionella report from the contractors. The practice had raised a statement of need for a clinical waste bin and actively tried on several occasions to get information regarding the legionella works. Both issues were on the risk register.

A team communication structure was established, including a monthly practice meeting. 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.

Information governance arrangements were in place and staff were aware of the importance of these in protecting patient personal information. Staff completed mandatory training in data protection 3 yearly. Training in the Caldicott principles to protect confidential patient information was undertaken. 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 in use for food waste and mixed recycling. Stock was effectively managed to reduce wastage.

Leadership, openness and transparency

All staff we spoke with were happy in their work environment and said the team was cohesive and worked well together. Staff spoke highly of the inclusive and transparent approach of the SDO and practice manager, indicating they promoted a collaborative leadership culture. Staff we spoke with confirmed they were empowered to share ideas and concerns and were involved in decision making about the service, including service developments. A 'thank you' scheme of staff rewards was in place.

Learning and improvement

The SDO led clinical audit and quality improvement activities, which were standing agenda items at practice meetings. Quality improvement initiatives included the introduction of the dental tracker, which contributed to improved dental fitness rates. The team was also highly proactive in delivering oral health education.

All required audits had been completed, including those for infection prevention and control, equality of access, clinical waste management, prescribing, and radiography. Additional audits covered clinical records and Basic Periodontal Examination standards. Findings from all audits were routinely discussed with staff during practice meetings. Mid-year and end-of-year staff appraisals were up-to-date.

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

The practice was committed to incorporating patient feedback into service development. To monitor performance, patients were encouraged to complete the Patient Experience Tool survey via a quick response or QR code, which was displayed in the premises and included in the patient information leaflet. The monthly 'yes' or 'no' question, answered using a token, provided a targeted and quick response mechanism and had led to improvements, as outlined earlier in this report.

A 'you said, we did' display at the top of the stairs highlighted how the practice responded to feedback. For example, patients asked for text reminders for appointments this was actioned and patients reminded to ensure their contact telephone number was up to date.

Staff had multiple opportunities to provide feedback, including practice meetings, and a 360° staff survey.