

Colchester Dental Centre

Merville Barracks, Colchester, CO2 7UT

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.....3

Are services safe?.....6

Are services effective?.....11

Are services caring?.....14

Are services responsive?.....15

Are services well led?16

Summary

About this inspection

We carried out an announced comprehensive inspection of Colchester Dental Centre on 27 January 2022.

As a result of the inspection we found the practice was safe, effective, caring, responsive and well-led in accordance with CQC's inspection framework.

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

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

Background to this practice

Located in Merville Barracks, Colchester Dental Centre is a six-chair practice providing a routine, preventative and emergency dental service to a military patient population of 3,400 from 16 Air Assault Brigade and associated units. The dental centre also provides a service for the Military Corrective Training Centre (MCTC) based on Berechurch Hall Camp, approximately one mile away.

Clinics are held five days a week Monday to Thursday 08:00 - 16:30 hours and on Friday 08:00 - 13:30 hours. Daily emergency treatment appointments are available. Out-of-hours emergency care is available through the East Region on call rota.

The staff team

Dentists	Senior Dental Officer (deployed) Military dental officer – acting Senior Dental Officer Two civilian dental officers (one part time) Military foundation dental officer Visiting military dental officer (16 Med Regt)
Dental hygienists	Two (civilian job share)
Dental nurses	Military dental nurse Five civilian dental nurses Trainee military dental nurse Visiting military dental nurse (vacant until April 2022)
Practice management and administration	Military practice manager Civilian receptionist

Our Inspection Team

This inspection was undertaken by a CQC inspector and a dentist 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 practice manager, dentists, hygienists and dental nurses. We looked at practice systems, policies, standard operating procedures and other records related to how the service was managed. We checked the building, equipment and facilities. We also reviewed patient feedback and interviewed 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 dentists provided care and treatment in line with current guidelines.
- 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.

The Chief Inspector recommends to Defence Primary Healthcare (DPHC):

Staffing levels are kept under review to ensure the practice has the capacity to meet the needs of patients and operation of practice.

The Chief Inspector recommends that the dental centre:

Ensures the contractor routinely shares the outcome of environmental safety checks with the practice.

Dr John Milne MBE BChD, Senior National Dental Advisor

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

Our Findings

Are Services Safe?

Reporting, learning and improvement from incidents

All staff had access to the Automated Significant Event Reporting (ASER) DMS-wide system to report a significant event (SE). They had completed training and were clear in their understanding of the types of SEs that should be reported, including never events. A record was maintained of SEs, which supported identifying a trend analysis. Significant events were discussed at practice team meetings. Nine SEs were logged for 2021. All were radiology related so a trend was evident. Staff described the changes made as a result. Staff were aware when to report incidents in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

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

Reliable safety systems and processes (including safeguarding)

A safeguarding lead was identified for the practice. All members of the staff team had completed safeguarding training at a level appropriate to their role. The practice supported a small number of patients under the age of 18 and had access to the Senior Medical Officer in the co-located medical centre who was level three trained. A safeguarding children and vulnerable adults flowchart was displayed that included local contact details. Staff we spoke with 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, a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. Information about duty of candour was displayed in the waiting area. It was clear from the radiology related SEs that duty of candour principles had been applied, including informing the patient and offering an apology.

Chairside support for dentists was outlined in the minimum staffing policy (October 2021). Dentists confirmed they were supported by a dental nurse when assessing and treating patients. Dental hygienists were supported by a nurse if undertaking aerosol generating procedures. We were advised that no lone working took place at the practice.

Staff were aware of how to raise concerns through whistleblowing processes. We were provided with an example of when the whistleblowing process had been used. Staff also had the option to approach the regional Freedom to Speak Up (FTSU) champion. FTSU information and guidance was displayed at the practice.

We looked at the practice's arrangements for the provision of a safe service. A risk register was maintained that took account of the 'four T's' (transfer, tolerate, treat, terminate) to clearly indicate where and how risks were being managed. A range of risk assessments were in place including assessments relevant to the premises, staff and clinical care. The COVID-19 risk assessment was reviewed in January 2022. Individual COVID-19 risk assessments had been completed for staff.

Dentists routinely used rubber dam in line with guidance from the British Endodontic Society when providing root canal treatment. In addition, the use of a rubber dam had been adopted almost universally for aerosol generating procedures. Floss ligatures (to secure the dam) were rarely used. If used, clamps and files were used to secure the floss. A record was made in the patient's clinical record to explain the reasons for use.

The business continuity plan was revised in March 2021 and outlined how the service would be provided if an event occurred that impacted its operation. The plan included staff shortages, loss of power, adverse weather conditions and loss of compressed air. A business impact analysis was completed in October 2021.

Medical emergencies

The automated external defibrillator (AED) and medical emergency kit were well maintained. Appropriate oxygen signage was in place. The oxygen and AED were checked daily. Equipment and emergency medicines were checked two to four times each week. The kit contained many items not required which created unnecessary clutter; this was rectified on the day of the inspection. All staff were aware of medical emergency procedure and knew where the medical emergency kit was located. Records identified that staff were up-to-date with training in managing medical emergencies, including annual basic life support (BLS) and the use of the AED. BLS training was held jointly with the medical centre. Regular simulated training exercises were undertaken. The practice was aware of the need to increase these to ensure all staff were captured.

First aid kit, bodily fluids and mercury spillage kits were available. Training records confirmed staff were up-to-date with first aid training. Staff were aware of the signs of sepsis. An emergency alarm was in place in the surgeries which alerted the medical centre if activated.

Staff recruitment

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

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

Monitoring health & safety and responding to risks

The practice manager was the lead for health and safety and Control of Substances Hazardous to Health (COSHH). All staff completed health and safety training in 2021. A health and safety audit of the premises (referred to as SHEF) was undertaken in March 2021 and a workplace health and safety inspection in September 2021. A COSHH log (reviewed in February 2021), risk assessments and data sheets were in place. COSHH risk assessments were reviewed annually or if there was a change of product. A legionella risk assessment had been undertaken in February 2020 and a two yearly review was due shortly after the inspection. We were advised the contractor carried out water checks. The contractor did not routinely share the outcome of water safety checks and other checks with the practice. However, emails between the practice manager and contractor confirmed checks took place. Air quality was checked in November 2021.

A fire risk assessment of the building was completed in November 2017 and was next due in November 2022. The fire system was regularly checked, and the building/hazard zone register was reviewed in June 2021. Staff received annual fire training and an evacuation drill of the building was conducted in January 2022.

Defence Primary Healthcare (DPHC) had produced a standard operating procedure for the resumption of routine dentistry during the COVID-19 pandemic. The dental team demonstrated they adhered to the guidance in order to minimise the risk of the spread of COVID-19. Testing for COVID-19 was undertaken regularly by all staff. Information about the virus was displayed around the dental centre. Hand sanitiser was provided throughout the building and the practice had procured a large stock of personal protective equipment for use by both staff and patients. Clinical staff knew which aerosol generating procedures presented a low or high risk depending on whether high volume suction and/or a rubber dam was used. Fallow periods between patients were built into the appointments schedule.

The practice followed relevant safety laws when using needles and other sharp dental items. A risk assessment and protocol was in place for the management of sharps and needle stick injuries. The sharps box in the surgeries were labelled, dated and used appropriately.

Issues in relation to the infrastructure, some of which had been identified at the healthcare governance assurance visit (HGAV) in September 2021, were completed after our inspection. The practice window tint film requested by the practice to minimise sun glare when examining X-rays on bright days had been fitted. In addition, the light fittings in surgeries identified as a low risk when aerosol generating procedures were used had been removed. Some of the obsolete equipment was removed with plans to remove the remaining equipment in the near future.

Infection control

A lead for infection prevention and control (IPC) was identified and they had appropriate training for the role. The IPC policy issued from Defence Primary Healthcare (DPHC) headquarters (East) took account of the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health. The practice had adjusted the policy to ensure it reflected local

arrangements. All the staff team were up to date with IPC training. IPC audits were undertaken twice a year. The IPC policy was displayed in the waiting area.

We checked the surgeries and they were clean, clutter free and met IPC standards, including the fixtures and fittings. Decontamination took place in a central sterilisation services department (CSSD). Although satisfactory, the CSSD did not fully meet HTM 01-05 best practice guidance. For example, the layout was not ideal for the size of the practice and we noted sinks had overflows. The practice was aware of this had included it as an action on the practice implementation plan (September 2021) and had submitted a statement of need to the garrison headquarters.

Sterilisation of dental instruments was undertaken in accordance with HTM 01-05. Records of routine 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 checked with arrangements in place to ensure materials were in date.

Environmental cleaning was carried out by a contracted company twice a day. A deep clean was undertaken twice a year.

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

Equipment and medicines

An equipment care policy was in place along with a certificate of conformity dated June 2021. An equipment log was maintained to keep a track of when equipment was due to be serviced. The compressor, autoclaves, sterilisers and ultrasonic baths were in date for servicing. All other routine equipment, including clinical equipment, had been serviced in accordance with the manufacturer's recommendations. A Land Equipment Assessment (LEA) visit was completed in July 2021. Routine portable appliance testing was undertaken every three years. A 'snap inspection' was undertaken monthly and involved scrutiny of equipment and handpieces. A faults log and flowchart was in place to track the reporting and management of faulty equipment. All equipment held at the practice was latex free.

Expiry dates were recorded in broad indelible pen on external boxes as a simple but effective method of alerting staff to expiry dates. All packaged instruments were stamped with an expiry date. The practice had elected not to have a 'within 24 hours use' policy, so all instruments were packaged immediately after sterilisation. Instrument trays were kept in the surgeries with spares held in the CSSD.

Medicines were stored securely. Medicines requiring cold storage were kept in a fridge, and cold chain audit requirements were in place and recorded. Disposal of medicines was through the pharmacy technician in the medical centre dispensary. Witnessed destruction of medicines occurred when required. Serialised prescription sheets were stored securely and a log maintained of prescription sheets used. Antibiotic prescribing protocols were in place.

Radiography (X-rays)

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

Radiology audits were completed six monthly. Dentists also audited each digital image and provided justification, quality assurance grading and an outcome in the patient's clinical records.

Are Services Effective?

Monitoring and improving outcomes for patients

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

We looked at patients' dental records to corroborate our findings. They included 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 and showed that treatment options were 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, along with COVID-19 screening questions. Dental records confirmed patients were recalled in a safe and timely way. Although our review of records indicated current treatment plans were in accordance the BPE and diagnoses, periodontal pathways were not always completed from the previous periodic dental inspection (PDI). We recognised that these PDIs may not have been completed at this dental centre.

The military dental fitness targets were closely monitored by the acting SDO. Effective oral surgery referrals pathway were in place and the turn-around was efficient to meet the deployable needs of service personnel.

Health promotion & prevention

A dedicated oral health education (OHE) lead was identified for the practice. OHE approaches had been hampered by the COVID-19 pandemic, particularly as OHE clinics and unit health fairs on the garrison had not been held. A garrison-level quiz was used to promote oral health 'virtually' and demonstrated an innovative pro-active approach in the circumstances. The garrison donated an electric toothbrush as a prize to promote participation. Efforts to improve deployability was taking priority at the time of the inspection and a plan to reinvigorate OHE clinics was in place. A health fair was planned for spring 2022. The practice had an oral health promotion stand at the MCTC health fair in November 2021.

Dental records showed that lifestyle habits of patients were included in the dental assessment process. Clinicians provided oral hygiene advice to patients on an individual basis, including discussions about lifestyle habits, such as smoking and alcohol use. Brief interventions were used during basic periodontal examinations. AUDIT-C, an alcohol harm assessment tool, was used and recorded for public health analysis. Information about wisdom teeth and how to clean teeth was displayed in the waiting area. Contact details for the smoking cessation clinic held at the medical centre was displayed in the waiting area.

The application of fluoride varnish and the use of fissure sealants were options the dentists considered if necessary. High concentration fluoride toothpaste was recommended to some patients.

Staffing

An induction programme that included a generic programme and induction tailored to the dental centre was in place for new staff joining the team. Staff were up-to-date with mandatory training. Staff told us that the in service training programme (IST) had been impacted because of a focus on addressing the clinical backlog as a result of COVID-19 restrictions. IST was facilitated when there was capacity. Recently staff had received a training session in IPC that covered sharps, equipment and blood spillages. Staff confirmed they were up-to-date with continuing professional development required for their registration with the General Dental Council.

Staff vacancies had impacted clinical capacity particularly at a time when the practice was addressing the need for increased treatment need to address decreased dental fitness resulting from COVID-19 restrictions. For example, the SDO was deployed to Op RESCRIPT (military response to COVID-19). In addition, a nurse could not always be assigned to work exclusively in the CSSD each day as there was a vacancy for a nurse. A vacancy in the reception team meant that a nurse was often needed to staff reception. Alongside this, the practice was experiencing an increased demand for emergency care due to the lack of dental fitness amongst the patient population.

Working with other services

Patients were referred to a range of specialist services for treatment the practice did not provide, such as the Centre for Restorative Dentistry and local hospitals. Dentists followed NHS guidelines and the Index of Orthodontic Treatment Need for referral to other services. A register was maintained of referrals and checked monthly by the acting SDO. Urgent 'two week wait' referrals were followed up by the referring dentist. There were three urgent referrals on the register and all were closed within 10 days.

The practice worked in conjunction with the medical centre team for 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 was represented at the unit health committee meetings at which the health and care of vulnerable and downgraded patients was reviewed. At these meetings, the unit commanders were provided with an update on the dental fitness 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. Information about mental capacity was displayed in the patient waiting area.

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 Colchester Dental Centre. These included direct interviews with five patients, the DPHC patient experience survey from June to September 2021 (23 respondents) and the DMSR patient satisfaction survey which complemented this inspection (31 respondents). All sources of feedback indicated staff treated patients with kindness, respect and compassion.

Adequate time was allocated for appointments and follow up review. For patients who were particularly anxious, the practice provided longer appointment times with the patient's preferred clinician for continuity. Additional appointments were offered if required to help a patient move along the pathway.

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

Involvement in decisions about care and treatment

Patient feedback suggested staff provided clear information to support patients with making informed decisions about treatment choices. Display screens were available on the chairs to facilitate discussions. The dental records we looked at indicated patients were involved in the decision making about the treatment choices available.

Are Services Responsive?

Responding to and meeting patients' needs

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

Promoting equality

In line with the Equality Act 2010, an Equality Access Audit was completed in October 2021. The dental centre was on the first floor and accessible by a lift or stairs. A hearing loop was not available as this had not been identified as a need for people who used the building. Staff had received training in equality and diversity.

Access to the service

We were advised that patients deploying took priority, including short notice deployments. At the time of the inspection the next available PDI appointment was approximately four weeks. Prioritisation meant patients could be accommodated earlier. The next routine appointment was in approximately five weeks and dental hygienist appointment in 12 weeks. Two emergency slots were available daily for each of the dentists. Feedback from patients suggested they had been able to get an appointment with ease and at a time that suited them.

Information about the service, including opening hours and access to an emergency out-of-hours (OOH) service, was displayed in the practice and on the practice leaflet. The OOH service was regional based and we were advised that it could involve long travelling distances for patients given the size of the region. The dentist on-call had the option to triage the patient remotely.

A notice was displayed in the waiting area advising patients to inform a member of staff if they were waiting for over 10 minutes.

Concerns and complaints

Complaints were managed in accordance with the DPHC complaints policy and the team had received training in managing complaints. A process was in place for managing complaints, including a complaints register for written and verbal complaints. Complaints were a standing agenda item at the practice meetings, confirmed by the minutes of the November 2021 meeting. We were provided with examples of how complaints were managed, and changes made to the practice as a result.

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

Are Services Well Led?

Governance arrangements

The SDO (acting SDO at the time of the inspection) 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.

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. The General Dental Council standards were displayed in the practice. Effective risk management processes were in place and checks and audits were in place to monitor the quality of service provision.

An internal HGAV took place in September 2021 and a management action plan was developed as a result. The practice had addressed the majority of the actions. A monthly governance return was completed on the regional spreadsheet which included performance against military dental targets, complaints, staffing levels, staff training, audit activity, the risk register and significant events.

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

Leadership, openness and transparency

Staff told us 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.

All staff felt well supported and valued. Staff told us that there were clear lines of communication within the practice. Practice meetings were held each month and an informal team meeting was held weekly.

Learning and improvement

Quality assurance processes to encourage learning and continuous improvement were effective. The dental centre had implemented guidance set out by DPHC around the safe return to dental care provision during the COVID-19 pandemic.

There was evidence of internal self-assurance and audit, such as environmental, equipment and inventory checks, and a radiology audit. An audit of tooth survival data following non-surgical root canal treatment was undertaken in 2019.

Staff received mid and end of year annual appraisal and these were up-to-date.

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

Options were in place for patients to leave feedback about the service including a suggestion box in the waiting area and QR code to access the patient experience survey. Quotes from the patient feedback was displayed on the wall alongside the stairs. The practice provided examples of how it responded to patient feedback.

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