

Cranwell Dental Centre

Royal Air Force College, Cranwell, Sleaford, Lincolnshire, NG34 8HB

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	✓

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Summary

About this inspection

We carried out an announced comprehensive inspection of Cranwell Dental Centre on 16 and 18 November 2021. The first day we gathered our evidence virtually and the lead inspector visited the service on the second day.

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 the RAF College, Cranwell Dental Centre is a three-chair practice providing a routine, preventative and emergency dental service to a military patient population of 1,839. The dental centre also provides a 'parent' service for service personnel from four local units which do not have their own dental centre on the station. The medical centre and regional headquarters (RHQ) for the East Dental Region are housed within the same purpose-built, single storey building. Cranwell Dental Centre is one of the three dedicated dental nurse training practices.

Clinics are held five days a week Monday to Thursday 08:00-12:00 hrs and 13:00-17:00 and Friday 08:00-12:00 hrs and 12:30-15:00. Daily emergency treatment appointments are available. Hygiene support is currently carried out by a trained dental nurse with a dedicated hygienist due to commence employment at the practice in January 2022. Out-of-hours treatment is accessible through the East Region on call rota. Secondary care support is available from local NHS hospital trust (Fitzwilliam Hospital or Peterborough Hospital) for oral surgery and oral medicine and through the Defence Primary Healthcare's (DPHC's) Defence Centre for Rehabilitative Dentistry and their Managed Clinical Network for other referrals.

The staff team at the time of the inspection

Senior Dental Officer (SDO) (military)	One
Dentist (civilian)	One
Dental nurses (civilian)	One
Dental nurses (military)	Two
Practice manager (military)	One
Receptionist	One (agency)

Our Inspection Team

This inspection was undertaken by a CQC inspector, a dentist specialist advisor and a 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, the dental nurses and the practice manager. We looked at practice systems, policies, standard operating procedures and other records related to how the service was managed. We also checked the building, equipment and facilities. We also reviewed feedback from patients who were registered at the dental centre.

At this inspection we found:

- Feedback showed patients were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.
- The practice effectively used the DMS-wide electronic system for reporting and managing incidents, accidents and significant events.
- Systems were in place to support the management of risk, including clinical and non-clinical risk.
- Suitable safeguarding processes were established, and staff understood their responsibilities for safeguarding adults.
- The required training for staff was up to date and they were supported with continuing professional development.
- The clinical team provided care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect patient privacy and personal information.

- The appointment and recall system met both patient needs and the requirements of the Chain of Command.
- Leadership at the practice was inclusive and effective. Staff worked well as a team and their views about how to develop the service were considered.
- An effective system was in place for managing complaints.
- Medicines and life-saving equipment were available in the event of a medical emergency.
- Staff worked in accordance with national practice guidelines for the decontamination of dental instruments.
- Systems for assessing, monitoring and improving the quality of the service were in place. Staff made changes based on lessons learnt.

We identified the following notable practice:

The practice had developed a proactive approach to improving the healthcare of cadets during the COVID-19 period. Incoming personnel were contacted prior to arrival with health questionnaires and a video on oral health that had been produced by one of the dental nurses. In addition, the practice used repeat prescriptions for toothpaste to make the continuation of use easy for the patient.

The practice had been the first RAF facility to utilise the Deployable Readiness Preparation Team (DRPT) in order to increase capacity and clear a backlog of patients awaiting treatment. This had been done using tents pitched at the front of the building and resulted in a significant improvement in patient outcomes (9% improvement achieved within a seven-week period).

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

The Automated Significant Event Reporting (ASER) DMS-wide system was used to report, investigate and learn from significant events and incidents. All staff had access to the system to report a significant event. The staff team had completed ASER training in June 2021 and were clear in their understanding of the types of significant events that should be reported, including near misses. A record was maintained of all ASERs, which supported identifying a trend analysis. A total of three ASERs had been recorded in the previous 12 months, a review of these showed that each had been managed effectively and included changes made as a result. Significant events were discussed at practice team meetings held weekly. Staff unable to attend could review records of discussion, minutes of these meetings were held in shared electronic folder (known as SharePoint) and a hard copy was held in the practice manager's office. In addition, staff were aware when to report incidents in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

The Senior Dental Officer (SDO) and practice manager were informed by Regional Headquarters (RHQ) about national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and the Department of Health Central Alerting System (CAS). In addition, both were registered to receive any alerts directly into their inbox. Alerts were emailed to relevant staff and the practice manager retained a copy of the read receipt together with a log that included action taken. Any relevant alert received was discussed at the following weekly practice meeting.

Reliable safety systems and processes (including safeguarding)

The Senior Medical Officer (SMO) was the safeguarding lead for the practice and had completed level three safeguarding training. The SDO was the local point of contact for the dental centre. The safeguarding policy and personnel in key roles were displayed on a dedicated noticeboard. All other members of the staff team had completed level two safeguarding training appropriate to their roles. Staff were aware of their responsibilities if they had concerns about the safety of patients who were vulnerable due to their circumstances. Staff provided an example when a potential safeguarding had been raised.

Clinical staff understood the duty of candour principles and this was evident in patient records when treatment provided was not in accordance with the original agreed treatment plan. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

The dentists were always supported by a dental nurse when assessing and treating patients. A risk assessment had been completed for when the dental nurse performed the role of a hygienist. Although lone working could take place in a clinical room, there would always be another member of staff in the dental centre. Entry and exit times would be

monitored, welfare checks carried out and the door kept ajar. There was a panic alarm situated in each surgery.

A whistleblowing policy was in place and displayed on the wall in the staff room. Staff had completed whistleblowing training and said they would feel comfortable raising any concerns. Staff also had the option to approach the regional 'Freedom to Speak Up Champion'. Contact details were displayed in the staff room.

We looked at the practice's arrangements for the provision of a safe service. A risk register was maintained, and this was reviewed every two years as a minimum, the last review was carried out in September 2021 by the SDO. A range of risk assessments were in place, including for the premises, staff and clinical care. The COVID-19 risk assessment was reviewed in November 2021. Individual COVID-19 risk assessments had been completed for all staff. The practice was following relevant safety legislation when using needles and other sharp dental items. Needle stick injury guidance was available in the surgery.

The dentists routinely used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment and for Aerosol Generating Procedures (AGPs) due to COVID-19. Floss ligatures (to secure the dam) were used with the support of the dental nurse. A split dam was used if required.

A comprehensive business continuity plan was in place, which set out 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.

Medical emergencies

The medical emergency protocol was reviewed every six months, the last review date was in November 2021. The automated external defibrillator (AED) and emergency trolley were well maintained and securely stored, as were the emergency medicines. Daily checks of the medical emergency kit was undertaken and recorded by the dental nurses who had been given specific training to undertake the role. A review of the records and the emergency trolley demonstrated that all items were present and in-date. The SDO reviewed the emergency medicines six monthly and each time that Cranwell Dental Centre was on-call for out-of-hours. This check was carried out to ensure sufficient medicines were available when there was no support from the medical centre. All staff were aware of medical emergency procedure and knew where to find medical oxygen, emergency drugs and equipment. Records identified that staff were up-to-date with training in managing medical emergencies, including emergency resuscitation and the use of the AED. The team completed annual basic life support (BLS) training in June 2021. Training that used simulated emergency scenarios had taken place. The team discussed such a scenario at the dental team training in October 2021. Formal cardiopulmonary resuscitation (CPR) and AED training was scheduled for February 2022. All staff had completed a basic life support (BLS) course.

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 and sepsis information was displayed. Staff had been given panic alarms to attract attention in the event of an emergency.

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

A number of local health and safety policy and protocols were in place to support with managing potential risk. The safety, health, environment and fire team carried out a monthly workplace health and safety inspection. In addition, the team routinely undertook regular health and safety walkabouts. The unit carried out a fire risk assessment of the premises every five years with the most recent assessment undertaken in April 2018. A dental nurse was the fire warden for the premises and regularly checked the fire system. Staff received annual fire training and an evacuation drill of the building was conducted in August 2021. Portable appliance testing had been carried out in line with policy. A Control of Substances Hazardous to Health log (reviewed in August 2021), risk assessments and data sheets were in place.

DPHC had produced a standard operating procedure for the resumption of routine dentistry during the COVID-19 pandemic. The dental team demonstrated that they were adhering 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 surgery was labelled, dated and used appropriately.

Infection control

The practice manager was the lead for infection prevention and control (IPC) and had completed the required training. The IPC policy and supporting protocols took account of the guidance outlined in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health. All the staff team were up to date with IPC training. and records confirmed they completed

refresher IPC training every six months. IPC audits were undertaken twice a year and the most recent was undertaken in June 2021.

We checked the surgery. It was clean, clutter free and met IPC standards, including the fixtures and fittings. Environmental cleaning was carried out by a contracted company twice a day. The cleaning supervisor carried out spot checks. The cleaning cupboard was tidy and well organised and staff could access it if needed in between the routine daily cleaning.

Decontamination took place in a central sterilisation services department (CSSD) accessible from the surgery. Sterilisation of dental instruments was undertaken in accordance with HTM 01-05. Records of validation checks were in place to monitor that the ultrasonic bath and autoclave were working correctly. Records of temperature checks and solution changes were maintained. Instruments and materials were regularly cleaned with arrangements in place to check materials to ensure they were in date.

A legionella risk assessment had been undertaken and reviewed in September 2021. A written scheme and monitoring system was established. Water temperature checks were carried out monthly.

Arrangements were in place for the segregation, storage and disposal of clinical waste products, including amalgam, sharps, extracted teeth. The contract was held by the Medical Centre and waste transferred from the Dental Centre. Gypsum was not included in the contract and was disposed of via the Unit. A request had been submitted to have gypsum added to the contract. The clinical waste bin, external of the building, was locked, secured and away from public view. Clinical waste was collected weekly and consignment notes were provided by the contractor. A clinical waste pre-acceptance audit took place annually. The most recent was carried out in June 2021 and no action was required.

Equipment and medicines

An equipment log was maintained to keep a track of when equipment was due to be serviced. The autoclave and ultrasonic bath had been serviced this year. The servicing of all other routine equipment, including clinical equipment, was in date in accordance with the manufacturer's recommendations. A Land Equipment Audit was completed in November 2021 and recommendations made had been actioned. Portable appliance testing was undertaken annually by the station's electrical team.

A manual log of prescriptions was maintained and prescriptions were sequentially numbered and stored securely. The SDO conducted monthly checks of sequential serialised number sheets to maintain traceability and accountability for any missing prescriptions. Minimal medicines were held in the practice. Patients obtained medicines either through the dispensary in the medical centre or outsourced to a local pharmacy. Medicines that required cold storage were kept in a fridge, and cold chain audit requirements were in place and recorded. Audit of antibiotic prescribing showed that a significant increase in prescribing had taken place during the COVID-19 lockdown but this had now dropped back to rates that were within guidelines.

A record of checks on controlled drugs (medicines with a potential for misuse) by the Duty Officer every quarter was maintained. Any items that required destruction were transferred back to the pharmacy in the medical centre.

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 outside each surgery along with safety procedures for radiography. The Local Rules were updated in December 2020 and reviewed annually unless any change in the policy was made or any change in equipment took place. A copy of the Health and Safety Executive (HSE) notification was retained and the most recent radiation protection advisory visit was in November 2021.

Evidence was in place to show equipment was maintained annually, last done in May 2021. Staff requiring IR(ME)R (Ionising Radiation Medical Exposure Regulations) training had received relevant updates.

The dental care records for patients showed the SDO justified, graded and reported on the X-rays taken. The SDO carried out an intra-oral radiology audit every six months.

Are Services Effective?

Monitoring and improving outcomes for patients

The treatment needs of patients was assessed by the SDO in line with recognised guidance, such as National Institute for Health and Care Excellence and Scottish Intercollegiate Guidelines Network guidelines. Treatment was planned and delivered in line with the basic periodontal examination - assessment of the gums and caries (tooth decay) risk assessment. The dentists referenced appropriate guidance in relation to the management of wisdom teeth, taking into account operational need.

The dentists followed appropriate guidance in relation to recall intervals between oral health reviews, which were between six and 24 months depending on the patient's assessed risk for caries, oral cancer, periodontal and tooth surface loss. In addition, recall was influenced by an operational focus, including variances in the three services as service personnel were recruited from different socio-economic groups. The practice had been the first RAF facility to utilise the Deployable Readiness Preparation Team (DRPT) in order to increase capacity and clear a backlog of patients awaiting treatment. This had been done using tents pitched at the front of the building and resulted in a significant improvement in patient outcomes (9% improvement achieved within a seven-week period).

We looked at patients' dental care records to corroborate our findings. The records were comprehensive and 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. The dentists followed the guidance from the British Periodontal Society around periodontal staging and grading. Records confirmed patients were recalled in a safe and timely way.

The SDO discussed the downgrading of personnel in conjunction with the patient's doctor to facilitate completion of treatment. The military dental fitness targets were closely monitored by the SDO.

Health promotion & prevention

A proactive approach was taken in relation to preventative care and supporting patients to ensure optimum oral health. One of the dental nurses was a qualified oral health educator. They were not trained in smoking cessation so patients were referred to the medical centre for this service. Dental care records showed that lifestyle habits of patients were included in the dental assessment process. The dentists or appropriately trained dental nurse provided oral hygiene advice to patients on an individual basis, including discussions about lifestyle habits, such as smoking and alcohol use. Oral health promotion leaflets were given to patients. The local oral health coordinator maintained a health promotion area in the patient waiting area. Displays were clearly visible and at the time of inspection included a campaign to raise awareness of mouth cancer. The practice had developed a proactive approach to improving the healthcare of cadets during the COVID-19 period. Incoming personnel were contacted prior to arrival with health questionnaires and a video on oral health that had been produced by one of the dental nurses. In addition, the practice

used repeat prescriptions for toothpaste to make the continuation of use easy for the patient.

The application of fluoride varnish and the use of fissure sealants were options the dentists considered if necessary. Equally, high concentration fluoride toothpaste was recommended to some patients. The practice had introduced repeat prescriptions for toothpaste to allow patients to repeat collection without the need to make an appointment.

The SDO described the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Staffing

Although no new staff had recently joined the team, an induction programme was available that included a generic programme and induction tailored to the dental centre.

We looked at the organisational-wide electronic system used to record and monitor staff training and confirmed all staff had undertaken the mandated training. The system showed clinical staff were undertaking the continuing professional development required for their registration with the General Dental Council.

The staff team confirmed that the staffing establishment and skill mix was appropriate to meet the dental needs of the patient population and to maximise oral health opportunities. The dental team were working to deliver the best level of care possible whilst adhering to the current COVID-19 restrictions.

Working with other services

The SDO confirmed patients were referred to a range of specialists in primary and secondary care for treatment the practice did not provide. The SDO followed NHS guidelines, the Index of Orthodontic Treatment Need and Managed Clinical Network parameters for referral to other services. Patients could be referred to the Lincolnshire NHS Trust, The Fitzwilliam Hospital or Peterborough Hospital. A spreadsheet was maintained of referrals and checked weekly. Each referral was colour-coded and actioned by the referring clinician once the referral letter was returned. Urgent referrals were coded in red and sent to the Fitzwilliam Hospital in Peterborough.

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

The SDO attended the unit health committee meetings at which the health and care of vulnerable and downgraded patients was reviewed. At these meetings, the SDO provided an update on the dental targets.

Consent to care and treatment

Clinical staff understood the importance of obtaining and recording patient's consent to treatment. Patients were given information about treatment options and the risks and benefits of these so they could make informed decisions. The dental care records we looked at confirmed this. Verbal consent was taken from patients for routine treatment. For more complex procedures, full written consent was obtained. Feedback from patients confirmed they received clear information about their treatment options.

Clinical staff had a good awareness of the Mental Capacity Act (2005) and how it applied to their patient population.

Are Services Caring?

Respect, dignity, compassion and empathy

We took into account a variety of methods to determine patients' views of the service offered at Cranwell Dental Centre. The practice had conducted their own patient survey in October and November 2021 which complemented this inspection. A total of 55 patients provided feedback that indicated staff treated patients with kindness, respect and compassion. A total of 51 patients said that the meeting and greeting prior to their appointment was excellent, the remaining respondents said it was good or very good.

For patients that were particularly anxious, the practice provided longer appointments and time to discuss treatment and invite any questions. Continuity of seeing their preferred clinician was facilitated by the addition of a patient alert on their record. Patients could also be referred for hypnosis or treatment under sedation as a final option.

There was no dedicated waiting area for the dental centre although seating was separated. Since COVID-19 patients had arrived one at a time for pre-booked appointments, there had not been a need for the waiting area to be used by patients attending for a dental appointment. Practice staff advised us that all necessary questions were asked in advance of the patient arriving (by telephone or email) so that conversations at the reception desk were minimised. However, the waiting area was shared with the medical centre which resulted in the area being busy at times. Staff reported that the addition of plastic screens at the reception desk and the requirement for all persons in the building to wear masks, resulted in difficulty in hearing patients. During the inspection, the practice manager relocated the notice inviting patients to request a confidential conversation.

Access to a translation service was available for patients who did not have English as their first language. Information on telephone interpretation was displayed on the patient information board. Patients were able to request a dentist of the same gender as the SDO was female and the civilian dentist male.

Involvement in decisions about care and treatment

Patient feedback suggested staff provided clear information to support patients with making informed decisions about treatment choices. 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

The practice took account of the principle that all regular serving service personnel were required to have a periodic dental inspection every six to 24 months depending on a dental risk assessment and rating for each patient. Patients could make routine appointments between their recall periods if they had any concerns about their oral health. The clinical team maximised appointment times by completing as many treatments as possible for the patient during the one visit. Emergency appointments slots were available each day. Feedback from patients suggested they had been able to get an appointment with ease and at a time that suited them. The practice team gave an example of how they had arranged for a female team to be ready to treat a visiting female pilot with specific religious needs.

Promoting equality

In line with the Equality Act 2010, an equality access audit had been completed. The audit found the building met the needs of the patient population, staff and people who used the building were considered. The practice manager was exploring the potential need for a hearing loop at the reception desk. The facilities included automatic doors at the entrance, visible and audible fire alarms, car parking spaces close to the entrance for disabled patients and supporting chairs in the waiting area.

Access to the service

Information about the service, including opening hours and access to emergency out-of-hours treatment, was displayed on the front door, in the practice leaflet and was included as part of the recorded message relayed by telephone when the practice was closed.

The SDO expressed concern over future capacity with the pending relocation of units into Cranwell and with the amalgamation of RAF Halton. A statement of need had been submitted for an extension of the building to create a seven-chair practice. However, progression had been hindered and no decision made on where the funding would come from.

Concerns and complaints

The SDO was the lead for complaints. Complaints were managed in accordance with the DPHC complaints policy. The team completed complaints training in July 2021. A process was in place for managing complaints, including a complaints register for written and verbal complaints. Just two complaints had been received in the last 12 months.

Investigations were triggered when appropriate as a result of complaints. For example, a review was underway to establish if patients were giving consent with a full understanding of treatment. This stemmed from a patient who complained that they could not understand and hear all information given by staff who wore personal protective equipment (PPE). Complaints were a standing agenda item under 'governance assurance' at the practice meetings, confirmed by the minutes of the October 2021 meeting.

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Patients were made aware of the complaints process through the practice information leaflet and a display in the practice. The practice had positioned a box for written feedback out of sight from the reception area to promote confidentiality of any comments.

Are Services Well Led?

Governance arrangements

The SDO had overall responsibility for the management and clinical leadership of the practice. The practice manager had the delegated responsibility for the day-to-day administration of the service. Staff were clear about current lines of accountability and secondary roles. They knew who they should approach if they had an issue that needed resolving.

A framework of organisation-wide policies, procedures and protocols was in place. In addition, there were dental specific protocols and standard operating procedures that took account of current legislation and national guidance. Staff were familiar with these and they referred to them throughout the inspection. Effective risk management processes were in place and checks and audits were in place to monitor the quality of service provision.

An internal Health Governance Assurance Visit (HGAV) took place in March 2021 and a management action plan was developed as a result. The HGAV assessment outcome was positive (categorised as substantial assurance in meeting the requirements). Actions identified had been completed or were in progress. 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.

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 week staff gave positive comments on the teamwork and informal catch ups that took place frequently at lunch times where staff would walk or jog as a group, and the whole team routinely sat and had lunch together.

Information governance arrangements were in place and staff were aware of the importance of these in protecting patient personal information. Each member of staff had a login password to access the electronic systems and were not permitted to share their passwords with other staff. Measures were taken to ensure computers were secure and screens not accessible to patients or visitors to the building. Discussions with patients were held away from reception. 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.

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. Staff described leaders as supportive and considerate of the views of all staff.

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.

Staff received mid and end of year annual appraisal and these were up-to-date. These were supported by personal development plans tailored to individual staff members.

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

Due to COVID-19 restrictions, comment slips previously used for patient feedback were no longer in use. Three patient surveys had been conducted in the past 12 months. The most recent patient questionnaire had been summarised and was promoted at the reception desk. The feedback had been positive and there were no examples of changes or negative experiences from patients. Staff were informed of feedback during meetings and a display was being created to inform patients on feedback together with actions taken as a result.

The SDO listened to staff views and feedback at meetings and through informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.