

Kinloss Dental Centre

Kinloss Barracks, Forres, Scotland IV36 3UH

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 Kinloss Dental Centre on 17 November 2021.

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 Kinloss Barracks, the dental centre is a two-chair practice providing a routine, restorative, preventative and emergency dental service to a military patient population of 1,191; 696 from Kinloss Barracks and 495 Fort George Barracks.

The dental centre is open Monday to Thursday from 07:45-16:30 hrs and on Friday from 07:45-12:30 hrs. Daily emergency treatment appointments are available. Patients have access to a dental service out-of-hours.

The staff team at the time of the inspection

Senior Dental Officer (SDO)	One (military)
Civilian dentist	One part time
Dental nurses	Three (civilian)
Hygienist	One part time (civilian)
Practice manager	One (military)

Our Inspection Team

The 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 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 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 cleaning contract was not adequate to meet the needs of the practice. There were no arrangements in place for monitoring the contract and the contract did not include a deep clean.
- 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 pro-active, 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:

Improvements should be made to the infrastructure and cleaning arrangements in line with the Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

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 for reporting purposes and had completed ASER training in April and again in August 2021. Staff were clear in their understanding of the types of significant events that should be reported, including never events and near misses. An ASER flowchart was displayed in the staff room. A log was maintained of significant events, which supported identifying a trend analysis; three had been reported since July 2018. Significant events were a standing agenda item at the practice meetings, including reminders about how to report an event. Staff were aware of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013), which were reported through the ASER system.

Regional Headquarters (RHQ) circulated national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority and the Department of Health Central Alerting System. A read receipt was required from staff. Alerts were logged including the action taken. In addition, alerts were a standing agenda item at practice meetings.

Reliable safety systems and processes (including safeguarding)

The SDO was the safeguarding lead for the practice and had completed level two safeguarding training. All other members of the staff team had completed level one and two training. 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.

Staff understood the duty of candour principles and were clear about the action to take if required. They had received training in March 2021. 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 chairside/chaperone policy was in place. Although a lone working policy was established for the practice, we were advised staff rarely worked in the building on their own. If they did, then the co-located medical centre would be alerted.

The whistleblowing policy was displayed in the staff room. Staff were aware of how to use the policy and said they would feel comfortable raising any concerns. Staff also had the option to approach the regional Freedom to Speak Up champion.

We looked at the practice's arrangements for the provision of a safe service. A risk assessment register was maintained and had been reviewed in November 2021. A range

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of risk assessments were in place, including for the premises, staff, clinical care and COVID-19.

In accordance with the British Endodontic Society guidance, dentists used rubber dam for all endodontic procedures and some restorative procedures. High volume aspiration, gauze and cotton wool rolls were used for all procedures and floss ligatures were used with endodontic clamps.

The business continuity plan was reviewed in June 2021 and set out how the service would be provided if an event occurred impacting its operation. The plan included staff shortages, loss of power, adverse weather conditions, loss of compressed air and a pandemic.

Medical emergencies

Staff were aware of the medical emergency procedure and received bi-annual up-date medical emergency training in conjunction with Lossiemouth Dental Centre. Training was last delivered in November 2021. The team was up-to-date with annual basic life support training. There was an emergency alarm in each surgery linked to the medical centre. The medical emergency kit was kept in a secure and easily accessible area and the automated external defibrillator was located in the medical centre. Daily recorded checks of the medical emergency kit and medicines were undertaken. We checked the kit and medicines and all items were present and in-date. Whilst the current medical emergency kit is portable, a single portable container (e.g. one bag containing all items) would be a better solution. The day after the inspection the practice manager confirmed that a request to purchase a portable bag had been raised with the Quartermaster.

First aid kit, bodily fluids and mercury spillage kits were available. Training records confirmed staff were up-to-date with first aid training. A sepsis protocol was in place for the practice. Staff were aware of the signs of sepsis and would redirect patients presenting as unwell to the medical centre.

Staff recruitment

There was sufficient staffing and skill mix for the patient population and the practice worked closely with Lossiemouth Dental Centre to share staffing resources when needed.

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 Protecting Vulnerable Groups (PVG/Disclosure Scotland) checks to ensure staff were suitable to work with vulnerable adults and young people. PVG 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

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A range of local health and safety policy and protocols were in place to support with managing actual and potential risk. A safety, health, environment and fire assessment was carried out in June 2021. The fire department at RAF Lossiemouth undertook a practice fire risk assessment in July 2021. The practice manager carried out 'snap' health and safety inspections on a regular basis. The practice manager was the fire warden for the premises and regularly checked the fire system. A record of the weekly fire alarm test was maintained. Staff received annual fire training and an evacuation drill of the building was conducted in July 2021. A fire safety and evacuation management plan was displayed on the wall.

The COSHH (Control of Substances Hazardous to Health) register was reviewed in January 2021 and included risk assessments and links to the data sheets.

The dental team adhered to the DPHC standard operating procedure for the resumption of routine dentistry during COVID-19 in order to minimise the risk of the spread of infection. Individual COVID-19 risk assessments had been completed for all staff who also undertook regular testing for COVID-19. Information about the virus was displayed in the dental centre. Hand sanitiser was provided throughout the building and the practice had procured a large stock of personal protective equipment (PPE) for use by both staff and patients. Detailed information illustrating how to put on and take off PPE was displayed. 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 adhered to relevant safety legislation when using needles and other sharp dental items. The sharps risk assessment was reviewed this year. Needle stick injury guidance was displayed in the surgeries. The sharps boxes were labelled, dated and used appropriately.

Infection control

One of the nurses was the lead for infection prevention and control (IPC) and the practice manager was the deputy lead. 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 staff had a detailed understanding of the IPC measures required. They completed IPC training every six months with the last training session taking place in June 2021. IPC audits were undertaken twice a year.

We checked the surgeries and they were clean, clutter free and met IPC standards, including the fixtures and fittings. Instruments and materials were regularly checked with arrangements in place to ensure materials were in date. The nurses cleaned the surgeries in accordance with the DPHC COVID-19 standard operating procedure.

Environmental cleaning was carried out by a contracted company twice each morning by two cleaners; one from 06:00 to 08:00 and the other from 08:00 to 10:00. There were no deep cleaning arrangements included in the contract. We noticed some issues with the infrastructure including significant paint flaking on the ceiling in the decontamination room and dead insects in some strip lights (not lighting in the surgeries).

Decontamination took place in an unused surgery which was well equipped and well laid out. We observed the sterilisation of dental instruments being undertaken and it was done in accordance with HTM 01-05. Records of temperature checks and solution changes were maintained.

A legionella risk assessment had been undertaken and reviewed in March 2021. It included a written scheme and monitoring system. Water lines and water bottles were managed in accordance with guidance. The contractor carried out water safety checks including monthly temperature checks and quarterly descaling and disinfection of hoses/showers.

Arrangements were in place for the segregation, storage and disposal of clinical waste products, including amalgam, sharps, extracted teeth and gypsum. The clinical waste contract was for the building. The waste bin was shared with the medical centre and held securely. Clinical waste was collected each week and the consignment and transfer notes retained; we checked these for October 2021, and they were in order. A clinical waste pre-acceptance audit took place in October 2021.

Equipment and medicines

An equipment log was maintained to keep a track of when equipment was due to be serviced. The autoclave, washer disinfector and ultrasonic bath had been serviced this year and regular recorded checks of this equipment by staff was maintained. The servicing of all other routine equipment, including clinical equipment, was in date in accordance with the manufacturer's recommendations. A land equipment assessment (LEA) was completed in November 2020. Portable appliance testing was undertaken in September 2021.

Minimal medicines were held in the practice and they were held securely including controlled drugs (medicines with a potential for misuse). Prescription sheets were locked in a cabinet in the main office and a log made of all prescriptions issued. Medicines that required cold storage were kept in a fridge, and cold chain monitoring requirements were in place and recorded.

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. The unit Quartermaster was the Radiation Protection Advisor and the SDO the Radiation Protection Supervisor for the practice. Signed and dated Local Rules were available in each surgery along with safety procedures for radiography. The Health and Safety Executive (HSE) notifications for X-ray equipment was available.

Evidence was in place to show equipment was maintained every three years. Staff requiring IR(ME)R (Ionising Radiation Medical Exposure Regulations) training had received relevant updates.

The dental records that we looked at showed dentists justified, graded and reported on the X-rays taken. The SDO carried out an annual radiology audit.

Are Services Effective?

Monitoring and improving outcomes for patients

The treatment needs of patients was assessed by dentists in line with recognised guidance, such as National Institute for Health and Care Excellence (NICE) and Scottish Intercollegiate Guidelines Network (SIGN) guidelines. Treatment was planned and delivered in line with the 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.

The dentists followed appropriate guidance in relation to recall intervals between oral health reviews, which were between three and 24 months depending on the patient's assessed risk for caries, oral cancer, periodontal and tooth surface loss. Recall also took account of occupational requirements.

We looked at patients' dental records to corroborate our findings. They were comprehensive and relevant templates were used. Information about the patient's current dental needs, past treatment, medical history and treatment options was used. The diagnosis and treatment plan for each patient was clearly recorded and showed 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 regarding periodontal staging and grading. Records confirmed patients were recalled in a safe and timely way. The dentists recorded referrals to the hygienist.

If appropriate, dentists 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, including reference to the oral health toolkit. One of the dental nurses was the local oral health coordinator. Our review of patients' records confirmed the dentists and hygienist provided oral hygiene advice to patients on an individual basis, including discussions about lifestyle habits, such as smoking and alcohol use. Procedures used to improve the outcomes for patients with gum disease included providing patients with preventative advice, taking plaque and gum bleeding scores. Interviews with patients confirmed this. Patients also said they were given information leaflets about how to look after their teeth and gums. The practice participated in a unit health and wellbeing fair in September 2021.

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

Staffing

An induction programme was available for new staff. The practice manager did not have a handover as the outgoing practice manager had left the service prior to their start date.

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

The team confirmed 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 internal and external specialist services for treatment the practice did not provide. For oral surgery, patients were referred to the NHS (Inverness). Referrals were also made to the Defence Centre for Rehabilitative Dentistry (DCRD) for orthodontics and restorative dentistry. A detailed referral tracker was maintained and monitored to check the progress of referrals.

Where possible, dentists worked with the doctors at the medical centre to ensure patients were reminded to make a dental appointment if it was noted on their record during a consultation that a dental recall was due.

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. Interviews with patients and 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.

Clinical staff had received training and 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 staff room.

Are Services Caring?

Respect, dignity, compassion and empathy

There were no responses to the DMSR patient satisfaction survey which complemented this inspection. We interviewed 12 patients as part of the inspection and feedback consistently indicated staff treated patients with kindness, respect and compassion. For patients who were particularly anxious, the practice provided longer appointments to provide enhanced information and reassurance. Some patients provided examples of how practice staff had effectively supported them when they felt anxious about treatment.

There was a dedicated small waiting area for the dental centre which was in close proximity to reception. At the time of inspection, confidentiality was not compromised as with COVID-19 restrictions patients had arrived one at a time.

Access to a translation service was available for patients who did not have English as their first language. Patients who wished to see a female dentist would be referred to Lossiemouth Dental Practice.

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 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.

Promoting equality

An equality and diversity policy was in place for the practice. In line with the Equality Act 2010, an equality access audit had been completed. We discussed with the practice manager including additional detail to ensure the audit clearly reflected that the needs of the patient population, staff and people who used the building had been considered. The practice manager revised the audit accordingly. Access to the premises for people with mobility needs could be facilitated via the medical centre where an accessible toilet was also available. A hearing loop was not in place as this had not been identified as a need for people who used the building.

Access to the service

Practice opening hours aligned with the unit working hours. Information about the service, including opening hours and access to emergency out-of-hours treatment, was displayed in the foyer by the front door and on the practice leaflet. Emergency appointments slots were available each day. Periodic dental inspections could be accommodated each week and routine appointments within two weeks. Feedback from patients indicated they had been able to get an appointment with ease and at a time that suited them.

Concerns and complaints

The SDO was the lead for complaints. Complaints were managed in accordance with the DPHC complaints policy and the staff team had completed complaints training. A process was in place for managing complaints, including a complaints register for written and verbal complaints. Two complaints had been received since 2020. Complaints were a standing agenda item at the practice meetings. We were provided with an example of a complaint which led to a change in how the practice operated its appointment schedule for patients from Fort George Barracks.

Patients were made aware of the complaints process through the practice information leaflet and a display in the practice. A complaints form was available at reception. Feedback from patients indicated they knew how to make a complaint.

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. Terms of reference were in place for staff with secondary roles. Staff were clear about current lines of accountability and they knew who they should approach if they had an issue that needed resolving.

Practice meetings were held each month. In addition, staff described good regional relationships and effective support from Regional Headquarters (RHQ). The SDOs in the region held regular meetings, as did the practice managers. The IPC lead attended the regional IPC meetings.

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 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. However, arrangements to monitor the cleaning contract were not established with the contractor.

An internal Health Governance Assurance Visit (HGAV) took place in February 2021 and a management action plan (MAP) was developed as a result. The practice was working through the MAP, which RHQ had direct access to. 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. 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

All staff felt well supported and valued by practice leaders. They described a cohesive team that 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. The team engaged in social events together and recently participated in a team building event with the staff at Lossiemouth Dental Centre.

Learning and improvement

Quality assurance processes to encourage learning and continuous improvement were effective. The SDO and practice manager were pro-active leaders with a focus on delivering whole team training. They ensured dental treatment was targeted and prioritised appropriately and that all of the dental team were actively involved in delivering improvements.

An audit log was in place and kept up-to-date. Both the SDO and practice manager monitored audits to ensure they were completed. The practice had implemented guidance set out by DPHC around the safe return to dental care provision during the COVID-19 pandemic.

In-service training was facilitated often in conjunction with Lossiemouth Dental Centre. Separate regional dentist and dental nurse training forums were established and facilitated the sharing of best practice through case discussions, review of new guidance and legislation.

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

Due to COVID-19 restrictions, the suggestion box and comment slips previously used for patient feedback were no longer in use. The regional-wide Governance, Performance, Assurance and Quality (GPAQ) survey was the main method to seek patient feedback. We were provided with an example of a change made based on feedback received through GPAQ.

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.