

## London Central Dental Centre

Wellington Barracks, Birdcage Walk, Westminster, London, SW1E 6HQ

### 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?	<b>No action required</b>	✓
Are services effective?	<b>No action required</b>	✓
Are services caring?	<b>No action required</b>	✓
Are services responsive?	<b>No action required</b>	✓
Are services well led?	<b>No action required</b>	✓

**Contents**

Summary.....3

Are services safe?.....6

Are service effective?.....11

Are service caring?.....14

Are service responsive?.....15

Are services well led? .....16

# Summary

## About this inspection

We carried out an announced comprehensive inspection of London Central Dental Centre on 15 December 2021. We gathered our evidence virtually and in person with both remote methodology and a visit to the service.

**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 Wellington Barracks, London Central Dental Centre is a five-chair practice providing a routine, preventative and emergency dental service to a military patient population of 2,400. The dental centre also provides a service for entitled foreign military personnel. The centre is in the London and South Region which is divided into four 'sub-regions'. London Central Dental Centre operates as the hub for the London sub-region within which the Regional Senior Dental Officer has responsibility for the overall management of three other dental centres. The practice manager and oral health lead also provide support to dental centres in the sub-region.

Clinics are held five days a week Monday to Thursday 07:40-16:30 hrs and Friday 07:40-13:30 hrs. Daily emergency treatment appointments are available. Hygiene treatment is carried out by the dental hygienist. Out of hours treatment is accessible through the London and South Region on call rota. Secondary care support is available from Guy's and St Thomas' Hospital for oral surgery and oral medicine, and through the Defence Primary Healthcare (DPHC) Dental Managed Clinical Network for other referrals.

## The staff team at the time of the inspection

Regional Senior Dental Officer (RSDO) (military)	One
Deputy Senior Dental Officer (DSDO) (military)	One
Dental officer (military) Dental officer (civilian)	One One
Dental hygienist (civilian)	One
Dental nurses (military) Dental nurses (civilian)	Three Three
Practice manager (military)	One

## Our Inspection Team

This inspection was undertaken by a CQC inspector, a dentist specialist advisor and a dental nurse specialist advisor. The team included three new specialist advisors and a clinical fellow as observers.

## 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, RSDO, DSDO, civilian dentist, dental hygienist and the dental nurses. 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.

- Staff were supported with continuing professional development and training. However, the mandatory training programme for staff needed updating.
- Care and treatment was provided 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. However, there was scope for improvement to ensure positive patient outcomes.
- 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:**

- Improve the patient recall system to ensure a more proactive approach for non-attendees and better monitoring in between check-ups for those patients categorised as at risk.
- Ensure mandated training for staff has been completed.

### **We identified the following notable practice**

- The oral health lead had been active on Defence Connect (a social media platform used in the military for a wide range of support). Promotional material had been posted during lockdown to encourage people to maintain oral health practices while access to hygienists and dentists was limited.

**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

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### 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 September 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. Significant events were discussed at practice team meetings and staff provided examples of events reported through the ASER system, including changes made as a result. In addition, staff were aware when to report incidents in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

The RSDO 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). Alerts were also circulated from the dispensary in the medical centre if they concerned dental practice. Alerts were logged including action taken. They were discussed and recorded at practice meetings. We reviewed recent examples that included an alert for non-compliant masks during the Covid pandemic. We found timely actions had been taken when required. For example, the practice had reported a number of significant events to DPHC that related to radiographs.

#### Reliable safety systems and processes (including safeguarding)

The RSDO was the safeguarding lead for the practice and had completed level two safeguarding training. All other members of the staff team had completed level two safeguarding training appropriate to their roles. 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 provided an example when a potential safeguarding had been raised. Staff had access to a level 3 safeguarding lead based in the Medical Centre.

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. Staff training was provided and a refresher session was planned for 2022.

The dentists were always supported by a dental nurse when assessing and treating patients. Lone working rarely happened and the practice manager told us that there was always a clinical member of staff on reception. The layout of the building did not lend itself to an audible verbal warning but hand-held personal alarms were on order.

## Are Services Safe? London Central Dental Centre

A whistleblowing policy was in place and displayed on the wall. Staff had completed whistleblowing training and said they would feel comfortable raising any concerns. The whistleblowing policy was discussed during a formal training session held in December 2021. 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 register was maintained and this was reviewed in November 2021. 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. 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 in December 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 by one of the clinical team and recorded, demonstrating that all items were present and in-date. The DSDO reviewed the emergency medicines annually. 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 October 2021. Although no simulated emergency scenarios had taken place recently, the team planned to reintroduce at the dental team training in 2022 once Covid restrictions had been lifted. One of the dental nurses was due to attend a simulated BLS course. Scenario training had last been done August 2020. Future sessions had been planned but this was on hold due to COVID-19. The last training identified a need for personal hand-held alarms, these had been ordered.

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 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

Local health and safety policies and protocols were in place to support with managing potential risk. The practice manager carried out a workplace health and safety inspection in November 2021. In addition, the practice manager undertook a weekly health and safety walkabout. The unit carried out a fire risk assessment of the premises every five years with the most recent assessment undertaken in November 2019. Additional assessments would be carried out in between the five year intervals following any significant change to the building or environment. The practice manager 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 September 2021. Portable appliance testing had been carried out in line with policy. A COSHH (Control of Substances Hazardous to Health) log (reviewed in September 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 infection. Testing for COVID-19 was undertaken regularly by all staff. Information about the virus was displayed at the main entrance to 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.

### Infection control

A dental nurse was the lead for infection prevention and control (IPC) and had completed the required training in April 2020. 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 September 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

## Are Services Safe? London Central Dental Centre

twice daily. The practice manager carried out spot checks weekly. The cleaning cupboard located in the medical centre was locked.

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 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 cleaned with arrangements in place to check materials to ensure they were in date.

A legionella risk assessment had been undertaken and reviewed in February 2021. A written scheme and monitoring system was established. Water temperature checks were undertaken monthly and recorded. When temperatures did not reach the required level, a remedial order was raised. There had been some lower temperatures (below the target of 55 degrees Celsius) recorded in 2021 but the contractor who managed the system confirmed that these had been due to maintenance work, had not been prolonged and did not result in any risk.

Arrangements were in place for the segregation, storage and disposal of clinical waste products, including amalgam, sharps, extracted teeth and gypsum. Although the clinical waste bin was locked, it was not secured to the wall. We were assured this would be addressed as part of the planned refurbishment of the building due to take place shortly. Three consignment notes were missing at the time of the inspection. They were held electronically by the contractor and the practice was reliant on the contractor providing these. After the inspection, the practice manager confirmed the missing consignment notes had been received. They had since made an arrangement with the contractor for the consignment notes to be provided on a monthly basis. A clinical waste pre-acceptance audit took place in May 2021.

### 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 assessment (LEA) was completed in September 2020 and recommendations made had been actioned. Portable appliance testing was undertaken annually by staff from the unit or a member of the practice team who was tester qualified.

The prescription printer was secured in the practice manager's and prescription paper was manually inserted when required. A manual log of prescriptions was maintained and prescriptions were sequentially numbered. Minimal medicines were held in the practice. Patients obtained medicines either through the dispensary in the medical centre or outsourced to a local pharmacy. Materials that required cold storage were kept in a fridge, and cold chain audit requirements were in place and recorded. An audit of antibiotic prescribing had taken place.

A record of the checks of controlled drugs (medicines with a potential for misuse) by the Duty Officer every quarter was maintained. They were destroyed in accordance with policy

and in the presence of the Commanding Officer, delegated officer or a witness authorised by the Accountable Officer (a controlled drug was kept as part of the emergency kit).

### 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. The Local Rules were updated in August 2021. A copy of the Health and Safety Executive (HSE) notification 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 for patients that we looked at showed the RSDO justified, graded and reported on the X-rays taken. The RSDO carried out an annual radiology audit.

# Are Services Effective?

### Monitoring and improving outcomes for patients

The treatment needs of patients was assessed by the 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. The dentists referenced appropriate guidance in relation to the management of wisdom teeth, taking into account operational need. Both were audited annually.

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. We found two examples of patients who had not attended an appointment in the past two years (one from 2017 and one from 2018). These patients had been recalled by the dental centre but had not subsequently been followed up when they failed to attend. Although no risk was associated, it highlighted that there was scope to improve the process for following up patients who did not attend their appointment.

We looked at patients' dental 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. We did find an example of a patient with gum disease who had not been told and a patient diagnosed with gum disease who had been referred to the hygienist, had not attended and had not been followed up. There was no process to ensure that patients referred to the hygienist were compliant when failure to do so would result in deterioration. The clinical notes did not detail instructions given to the patient regarding attending the hygienist for further care.

The RSDO 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 RSDO. Fitness targets by unit were displayed at reception. The dental centre were managing a unit from Woolwich while their centre was temporarily closed. We saw that these patients were proactively being managed by being prioritised due to pending deployment.

### 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 had the lead and was supported by the hygienist. The lead was demonstrated an enthusiastic and committed approach to

## Are Services Effective? London Central Dental Centre

promote oral health. The oral health lead had been active on Defence Connect (a social media platform used in the military for a wide range of support). Promotional material had been posted during lockdown to encourage people to maintain oral health practices while access to hygienists and dentists was limited. The health promotion board in reception was regularly updated and there was good examples of patient engagement. For example, patients had fed back questions and an oral health display was in place in the gymnasium. Staff at the practice were not trained in smoking cessation so patients were referred to the medical centre for this service. However, dental records showed that lifestyle habits of patients were included in the dental assessment process. The clinical team 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 although these had been removed during the COVID-19 pandemic. The practice had recently participated in a unit health and wellbeing fair.

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 hygienist was utilised for fluoride varnishes.

The dentists 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. However, the population at risk of their oral health deteriorating was not being managed in between scheduled appointments.

### Staffing

A new staff member had recently joined the team, an induction programme had been completed. This included a generic programme and induction tailored to the dental centre. The practice managed the risk until the induction programme was complete.

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 completion rate of mandatory training was not clear and the programme highlighted some gaps. Although informal training had been delivered, there was a requirement to update mandatory DPHC training.

The practice 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. There was also a request for a central sterile services department (CSSD) technician.

### Working with other services

The dentists confirmed patients were referred to a range of specialists in primary and secondary care for treatment the practice did not provide. The dentists followed NHS guidelines, the Index of Orthodontic Treatment Need and Managed Clinical Network parameters for referral to other services. Patients could be referred to Guy's and St Thomas' Hospital. There were six referrals in the system. We discussed with the RSDO

## **Are Services Effective? London Central Dental Centre**

and SDO obtaining consent for patient's attending hospital due to the increased risk of contracting COVID-19 (from a recent paper in the British Dental Journal). A spreadsheet was maintained of referrals and checked monthly by the SDO with colour-coding and explanatory notes. Urgent 'two week wait' referrals were sent to Guy's and St Thomas' Hospital.

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 practice manager attended the unit health committee meetings at which the health and care of vulnerable and downgraded patients was reviewed. At these meetings, the practice manager 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. We fed back that better use of patient information leaflets would improve the informed consent process and better allow patients to make informed choices.

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 London Central Dental Centre. These included direct interviews with patients, the regional-wide Governance, Performance, Assurance and Quality (GPAQ) patient survey and the DMSR patient satisfaction survey which complemented this inspection. All sources of feedback indicated staff treated patients with kindness, respect and compassion. Patients provided examples of how practice staff had effectively supported them and positive comments were made on the personable approach shown by all staff. This was a theme in the 15 (10 verbal and five written) compliments recorded in 2021, eight had been categorised as positive feedback on the clinical care provided.

For patients that were particularly anxious, the practice provided longer appointments and provided continuity by offering to see the same dentist. The practice told us they allowed time for discussion both pre and post treatment and tried to pinpoint what part of the treatment process caused anxiety for the patient in order to try and provide specific help. Patients could also be referred for hypnosis or treatment under sedation as a final option.

There was a dedicated waiting area for the dental centre. Since COVID-19 patients had arrived one at a time, there had been minimal need for the waiting area to be used.

Access to a translation service was available for patients who did not have English as their first language. The staff mix enabled patients to see a dentist or dental nurse of the same gender.

### 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 dentists 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.

### 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 a lift for patients unable to use the stairs, 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 and in the practice leaflet.

### Concerns and complaints

The RSDO was the lead for complaints. Complaints were managed in accordance with the DPHC complaints policy. The team completed complaints training in January 2021 and refreshed annually. The training included links to SOPs and policy so those unable to attend could refresh at a later date. The training included a reflection of the past 12 months to agree if any changes/updates were required. A process was in place for managing complaints, including a complaints register for written and verbal complaints. One complaint had been received in 2021, this related to a concern over potential delays in routine treatment with emergency treatment only being provided during COVID-19. Complaints were a standing agenda item at the practice meetings, confirmed by the minutes of the November 2021 meeting.

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

## Are Services Well Led?

### Governance arrangements

The RSDO 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.

An internal Health Governance Assurance Visit (HGAV) took place in November 2020 and a management action plan was developed as a result. Thirteen actions were identified, all except one had been completed. The one exception (testing of safeguarding local policy) had been started but was waiting for a table-top, assurance exercise to be carried out before being closed. 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 weekly and a record of discussion made available to those unable to attend.

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 and patients 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. It was apparent throughout the inspection that the team were cohesive and the leadership was inclusive and the staff empowered and proud of their work. Patients complimented the team on providing a personal service which was common throughout the whole team.

### Learning and improvement

Quality assurance processes to encourage learning and continuous improvement were effective. However, there was scope to ensure that patients at risk of poor oral health are

## Are Services Well Led? London Central Dental Centre

being well managed. 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.

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

The token system and comment slips were used for patient feedback in addition to the regional-wide GPAQ survey. The most recent data showed 57 patients had responded over an eighteen month period. The results showed a high level of patient satisfaction, for example; 91% of respondents described the practice as 'excellent' in addressing their healthcare needs.

The leadership team 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.