

Lossiemouth Dental Centre

Royal Air Force Lossiemouth, Moray, IV31 6SD

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 Lossiemouth Dental Centre on 8 February 2022. We gathered evidence remotely in line with COVID-19 restrictions and guidance and undertook a visit to the practice.

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 Scotland, Lossiemouth Dental Centre is a three-chair practice providing a routine, preventative and emergency dental service to a military patient population of 2,191. Families are signposted to nearby dental practices. The dental centre is co-located with the medical centre within a purpose-built, two storey building and is situated on the first floor of the building, shared with the Primary Care Rehabilitation Facility.

Clinics are held five days a week Monday to Thursday 08:00-12:00 hrs and 13:00-17:00 and Friday 08:00-13:30 hrs. Daily emergency treatment appointments are available. Hygiene support is currently carried out by a hygienist who is shared with Kinloss Dental Centre. Out-of-hours patients are signposted to the NHS 24 emergency dental service (accessed via the NHS 111 service). Secondary care support is available from the local NHS hospital trust (Aberdeen Royal Infirmary Hospital) for oral surgery and oral medicine and through the Defence Primary Healthcare's (DPHC) 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 (military)	One
Dentist (civilian)	Two (part-time)
Dental hygienist	One
Dental nurses (civilian)	Two
Dental nurses (military)	Two
Practice manager (military)	One

Our Inspection Team

This inspection was undertaken by a CQC inspector, a dentist specialist advisor, a practice manager/dental nurse specialist advisor and a new dentist specialist advisor shadowed as an observer.

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, dentists, dental nurses, practice manager and patients. 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. However, we found some exceptions in consistency of record keeping and the new guidance relating to the use of rubber dams.
- Staff treated patients with dignity and respect and took care to protect patient privacy and personal information.
- The appointment and recall system met both patient needs and the requirements of the Chain of Command.
- Leadership at the practice was inclusive and effective. Staff worked well as a team and their views about how to develop the service were considered.
- An effective system was in place for managing complaints.
- Medicines and life-saving equipment were available in the event of a medical emergency.
- Staff worked in accordance with national practice guidelines for the decontamination of dental instruments.
- Systems for assessing, monitoring and improving the quality of the service were in place. Staff made changes based on lessons learnt.

The Chief Inspector recommends to the practice:

- Obtain assurances that the legionella risk assessment is in-date and appropriate monitoring is carried out.
- Strengthen governance arrangements to include formal peer review, audits of prescribing and more regular practice meetings.

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 informal ASER training in January 2022 and had a formal session planned for March 2022. Staff we spoke with 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 nine ASERs had been recorded in the previous 24 months. A review of these showed that each had been managed effectively and included changes made as a result. The ASERs were categorised to help identify any trends. Significant events were discussed at practice team meetings. Staff unable to attend could review records of discussion, minutes of these meetings were held in shared electronic folder (known as SharePoint) and an acknowledgement of having seen it was given through the Microsoft (MS) Teams site (set up by the management to share information, allocate tasks and monitor what has been completed). In addition, staff were aware when to report incidents in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There was a policy that staff had read and signed.

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, all staff were registered to receive any alerts directly into their inbox. Alerts were acknowledged as read on the MS Teams site and links were added to the alert that included a record of discussion and actions taken. A recent example from February for visors that may contain latex had been actioned. Any relevant alert received was discussed at the daily huddle and at the following practice meeting. There was an arrangement with Kinloss Dental Centre for the practice managers to provide cross cover for any absence.

Reliable safety systems and processes (including safeguarding)

The Principal Dental Officer (PDO) was the safeguarding regional lead, deputised by the SDO who was the lead for the practice. Both had completed level three safeguarding training. A doctor from the medical centre acted as the safeguarding lead for the unit and 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. Staff were aware of their responsibilities if they had concerns about the safety of patients who were vulnerable due to their circumstances.

Clinical staff understood the duty of candour principles 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. Although lone working was normal for the hygienist, there would always be another member of staff in the dental centre. Each room had a doorbell that allowed staff to call for assistance. There was a panic alarm situated in each surgery.

A whistleblowing policy was in place and displayed on the staff noticeboard. Staff had whistleblowing training planned for April 2022 to support informal training delivered in January 2022. This training was scheduled to be refreshed annually. Staff 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. The practice manager was a trained risk assessor and had completed role specific training in relation to risk and safety. A risk register was maintained, and this was reviewed annually as a minimum, the last review was carried out in October 2021 by the practice manager, as the assessor, and the SDO. A range of risk assessments were in place, including for the premises, staff and clinical care. The COVID-19 risk assessment had been reviewed and revised frequently as the restrictions had reduced. 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. However, the new guidance released in June 2020 (regarding the benefits of increased rubber dam usage during aerosol generating procedures) had not been followed by all clinicians.

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 standard operating procedure (SOP) from Defence Primary Healthcare (DPHC) was followed. 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 resuscitation lead reviewed the emergency medicines six monthly. 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 November

2021. Training that used simulated emergency scenarios had been planned with the medical centre for March 2022. Formal cardiopulmonary resuscitation (CPR) and AED training was completed in November 2021.

First aid kit, bodily fluids and mercury spillage kits were available. The practice used the duty medic for any first aid requirements. Staff were aware of the signs of sepsis and sepsis information was displayed in the surgeries. Panic alarms to attract attention in the event of an emergency were connected to the medical centre.

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 Protecting Vulnerable Groups (PVG) check to ensure staff were suitable to work with vulnerable adults and young people. The PVG (disclosure Scotland version of DBS) check is managed by station and civilian every three years military every five years.

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 an annual workplace health and safety inspection. In addition, the practice manager routinely undertook a six monthly health and safety inspection. The unit carried out a fire risk assessment of the premises every five years with the most recent assessment undertaken in September 2019 and was due for review in September 2023. A medic was the fire warden for the premises and regularly checked the fire system. Staff received annual fire training provided by the unit and an evacuation drill of the building was conducted in June 2021. Portable appliance testing had been carried out in line with policy. A 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 COVID-19. Testing for COVID-19 was undertaken was displayed regularly by all staff. Patients were screened on arrival. 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 had recently moved away from using fallow periods and used high filtration masks for patients requiring the non-respiratory pathway. These patients were identified by a screening questionnaire in advance of the appointment.

The practice followed relevant safety laws when using needles and other sharp dental items. The sharps box in the surgery was labelled, dated and used appropriately.

Infection control

A dental nurse had 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 December 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 and this included cleaning the floors in between morning and afternoon clinics during COVID-19 restrictions. The cleaning supervisor carried out spot checks with the practice manager. The cleaning cupboard was tidy and well organised and staff could access it if needed in between the routine daily cleaning. A key was held in the medical centre.

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.

The practice told us that the safety team for the station carried out legionella risk assessments and completed monthly monitoring including water temperature checks. However, we saw that although the practice manager had made requests for a copy, the safety team had not provided the last risk assessment nor confirmed in writing the date it had been carried out. In addition, there was no record available to the inspection team of the water checks having been carried out.

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 Unit. 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. The overall management of clinical waste sat with the environmental health technician in the medical centre. Waste transfer notes were retained by the IPC lead and were audited annually.

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 in August 2021. 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. Glucagon was not stored in the fridge and although in date, the reduced shelf life when kept at ambient temperature had not been adjusted on the check list. This was actioned on the day. The practice had not carried out any recent audits of prescribing. Although this is not a requirement, it is good practice and improves clinical oversight. Individual clinician's prescribing history was audited as part of the bi-annual 'Clinical Quality Assurance Audits' (CQAAs) conducted by the Principal Dental Officer. These had been paused due to COVID-19 but were scheduled to recommence in June 2022.

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 each surgery along with safety procedures for radiography. However, these had been removed due to COVID-19. The Local Rules were updated in February 2022 and reviewed annually or sooner if any change in the policy was made, any change in equipment took place or if there was a change in the SDO. A copy of the Health and Safety Executive (HSE) notification was retained and the most recent radiation protection advisory visit was in October 2017. A further inspection had been delayed due to COVID-19.

Evidence was in place to show equipment was maintained annually, last done in August 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, the last one in January 2021. Although it presented no risk, we found that not all staff were aware of the Local Rules and would benefit from further training.

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 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 prioritising patients in readiness for rapid deployment.

We looked at patients' dental care records to corroborate our findings. The records included information about the patient's current dental needs, past treatment and medical history. The diagnosis and treatment plan for each patient was clearly recorded and, although staff told us that treatment options were discussed with the patient; this was not always recorded. 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 highlighted that to prevent ambiguity for the hygienist, referrals could be more comprehensive and specific to the patient's needs.

The Senior Dental Officer (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. We noted that there had been a catch up programme for Category 4 patients in the last six months aided by the relaxing of COVID-19 restrictions (Category 4 patients are those who require periodic dental examinations or patients with unknown dental classification).

Health promotion & prevention

A proactive approach was taken in relation to preventative care and supporting patients to ensure optimum oral health. The hygienist was qualified as an oral health educator and supported the Local Oral Health Coordinator (a dental nurse) to deliver oral health education campaigns. They were not trained in smoking cessation beyond 'Very Brief Advice on Smoking' (VBA) so patients were referred to the medical centre for this service (VBA is an evidence-based intervention designed to increase quit attempts among patients who smoke). Dental care records showed that lifestyle habits of patients were included in the dental assessment process. 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. Oral health promotion leaflets were given to patients although these had been withdrawn during COVID-19. The 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 encourage flossing. A dental aid was used to demonstrate to patients how to brush teeth properly.

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

The induction programme 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 most staff had undertaken the mandated training. Future training had been planned and the records needed updating to include some recently completed training. All dental nurses that were asked were aware of the General Dental Council (GDC) requirements to complete continued professional development (CPD) over a five-year cycle and to log this training. The practice manager was reviewing a practice staff training schedule. It was advised that CPD requirements could be formally discussed and reviewed at these training sessions.

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 and responding to short notice rapid deployment pressures.

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 National Health Service (NHS) guidelines, the Index of Orthodontic Treatment Need and Managed Clinical Network parameters for referral to other services. Patients could be referred to the Grampian NHS Trust, Dr Grays Hospital, Elgin or Aberdeen Royal Infirmary. A spreadsheet was maintained of referrals and checked weekly. Each referral was actioned by the referring clinician once the referral letter was returned. Urgent referrals were discussed in the daily huddle and the practice manager or receptionist made contact directly with Aberdeen Royal Infirmary to book an appointment.

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. One clinician used a laminated information sheet to explain procedures, risks and options for treatment.

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 Lossiemouth Dental Centre. The practice had conducted their own patient survey in 2021 using the General Practice Assessment Questionnaire (GPAQ) feedback tool. A patient survey was arranged by DMSR to complement this inspection. A total of 51 out of 53 patients who responded said that the meeting and greeting prior to their appointment was excellent, the remaining respondents said it was good or very good. We spoke with eight patients whose feedback indicated that staff treated patients with kindness, respect and compassion.

For patients who 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, done by referral to Aberdeen Royal Infirmary.

The waiting area for the dental centre was shared with the Primary Care Rehabilitation Facility 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. As restrictions relaxed, chairs were labelled as do not use to create a one metre spacing. Practice staff advised us that all necessary questions were asked in advance of the patient arriving (by telephone) so that conversations at the reception desk were minimised. A text reminder sent out the day before included a screening questionnaire to identify potential COVID-19 patients.

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 clinician of the same gender as there was a mix of male and female dentists.

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. Recording of discussion about the treatment choices available could be improved.

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. An emergency clinic (referred to as sick parade) was held twice daily; in the morning and afternoon. Feedback from patients suggested they had been able to get an appointment with ease and at a time that suited them. The SDO had developed a waiting list spreadsheet to prioritise patients who needed more urgent treatment.

Promoting equality

In line with the Equality Act 2010, an Equality Access Audit had been completed in September 2021. The audit found the building met the needs of the patient population, staff and people who used the building. 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 wheelchairs were available to patients if needed.

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.

Concerns and complaints

The Senior Dental Officer (SDO) was the lead for clinical complaints and the practice manager was the named contact for compliments and suggestions. Complaints were managed in accordance with the Defence Primary Healthcare (DPHC) complaints policy. The team had complaints training planned for March 2022. A process was in place for managing complaints, including a complaints register for written and verbal complaints. No complaints had been received in the last 12 months. There had been two complaints in 2020, both were about waiting too long for an appointment. Any complaint would be discussed in a practice meeting.

Patients were made aware of the complaints process through the practice information leaflet and a display in the practice. The practice had a box in the waiting area and could scan a Quick Review (QR) code from a poster on the wall that enabled them to give feedback out of sight from the reception area to promote confidentiality of any comments.

The practice had received 22 written compliments in the past 12 months. The main themes were around the quality of clinical care and the friendliness of staff.

Are Services Well Led?

Governance arrangements

The Senior Dental Officer (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. We highlighted that more peer review would encourage sharing of best practice and more local audits; for example, prescribing and record keeping, would help improve clinical oversight.

An internal Healthcare Governance Assurance Visit (HGAV) took place in December 2020 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. This was submitted to regional headquarters.

All staff felt well supported and valued. Staff told us that there were clear lines of communication within the practice and gave positive comments on the teamwork and 'huddles' held daily. However, formal practice meetings to support the governance structure had not always been held at regular intervals. This was attributed to the leadership having changed three times in the 12 months before the current SDO arrived in August 2021, and the SDO's decision (following a significant backlog caused by COVID-19 restrictions) to prioritise clinical outputs in support of the delivery of important operational activity. Additionally, the SDO was providing leadership support to the nearby Kinloss Dental Centre.

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 (on the ASER system via the SDO). 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. An interactive whiteboard had been recently introduced to allow anonymous feedback.

Learning and improvement

Quality assurance processes to encourage learning and continuous improvement were effective. The dental centre had implemented guidance set out by Defence Primary Healthcare (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. Staff spoke positively about support given to complete their continued professional development (CPD) in line with General Dental Council (GDC) requirements.

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. Two patient surveys had been conducted in the past 12 months. 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.