Waddington Dental Centre

Waddington, Lincoln, LN5 9TF

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?	**Action required**	X
Are services effective?	**No action required**	✓
Are services caring?	**No action required**	✓
Are services responsive?	**No action required**	✓
Are services well led?	**No action required**	✓

Contents

Summary

About this inspection

We carried out an announced comprehensive inspection of Waddington Dental Centre on 11 March 2024. We gathered evidence remotely and undertook a visit to the practice.
As a result of the inspection we found the practice was effective, caring, responsive and well-led in accordance with Care Quality Commission (CQC's) inspection framework. Action was required in the safe domain.

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 CQC's observations and recommendations.

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

Background to this practice

Dental Centre Waddington is based in RAF Waddington, in Lincoln. The dental centre is a five-chair primary care practice for serving personnel only. The dental team is made up of a mix of military and civilian staff many that have worked at the dental centre for several years. The dental centre was refurbished over COVID, opening in October 2021 to add a fifth surgery, central sterile services department (CSSD) and joint reception area with the medical centre.

The staff team at the time of the inspection

Senior Dental Officer (SDO) (military)	1
Dentists (military)	0 (2 posts gapped)
Locum dentist (civilian)	2
Dental hygienist (civilian) Dental nurses (civilian) Dental nurses (military)	1 2 3 (plus 1 trainee nurse)
Practice manager (military) Receptionist (civilian)	1 1

Our Inspection Team

This inspection was undertaken by a CQC inspector supported by a dentist and a practice manager/dental nurse specialist advisors. Two new specialist advisors also shadowed this inspection.

How we carried out this inspection

During the inspection we spoke with the SDO, locum dentists, the hygienist, dental nurses and the receptionist. 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 and reviewed feedback from patients who were registered at the dental centre.

At this inspection we found:

- Leadership at the dental centre was inclusive and effective. Staff worked well as a team and their views about how to develop the service were considered.
- The clinical team provided care and treatment in line with current guidelines. Record keeping was of a good standard.
- Staff treated patients with dignity and respect and took care to protect patient privacy and personal information. Feedback from patients showed they felt positive about the care they had received and that they were treated with compassion and respect.
- The dental centre used the DMS-wide electronic system effectively 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 appointment and recall system met both patient needs and the requirements of the Chain of Command.
- An effective system was in place for managing complaints.
- Medicines and life-saving equipment were available in the event of a medical emergency. However emergency medicines and consumables were not kept in a temperature controlled environment.
- Staff worked in accordance with national practice guidelines for the decontamination of dental instruments.
- Systems for assessing, monitoring and improving the quality of the service were in place. Staff made changes based on lessons learnt.

We identified the following areas of notable practice:

A proactive approach was taken in relation to preventative care and supporting patients to ensure optimum oral health. The dental centre used an oral health pathway to ensure patients saw the right dental care professional for their needs. During their periodontal inspection (PDI), the dentist scored the patent's gum health from 0-4 which helped to diagnose gingivitis (inflammation of the gums) and periodontal disease. If diagnosed, the patient was referred to one of the nurses for oral health guidance including ways to improve brushing and interdental cleaning. After this, a further follow up appointment was arranged again with the nurses. This appointment would include plaque indices which identified any areas being missed when brushing. If levels were below 20% then the patient would be referred to the hygienist for further treatment. Failure in reducing to less than 20% meant any hygienist intervention would be unsuccessful in the long-term. Some early work had been done to audit the effectiveness of this pathway and in time it was planned to be shared with other dental centres.

We recommend to the practice:

Ensure the process for the removal of clinical waste is thorough, includes evidence of cross-referencing waste from the dental centre once it had been disposed of and includes the destruction certificate.

Ensure safety data sheets are made available to staff to accompany Control of Substances Hazardous to Health (COSHH) risk assessments.

Ensure emergency medicines and dental consumables are kept at the correct temperature.

The Chief Inspector recommends to DPHC and the station.

Progress the infrastructure works as detailed in the statements of need submitted in relation to:

- the refurbishment of workspace within the central sterilisation services department (CSSD), to include sufficient workspace for 5 sterilisers.
- The refurbishment of its stock room, including replacing shelving. Introduce a system for temperature control as material and medicines stored must to be kept below 25oC.
- Refurbishment of surgeries to include replacement of cabling under flooring to enable use of second screens, and enable basic Display Screen Equipment needs

Mr Robert Middlefell BDS

National Professional Advisor for Dentistry and Oral Health

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 and had completed up-to-date training. 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, these were reviewed and managed effectively and included changes made as a result. Significant events were discussed at practice team meetings. Staff unable to attend could review records of discussion, minutes of these meetings were held in a shared electronic folder (known as SharePoint). In addition, staff were aware when to report incidents in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff we spoke with had a good understanding of their responsibilities and reporting requirements.

The practice manager was 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 sent directly to a group mailbox to which all staff had access. They were then discussed at practice meetings and filed with a note of actions taken.

Reliable safety systems and processes (including safeguarding)

All staff were trained in safeguarding to a level appropriate for their role. The safeguarding policy and personnel in key roles were displayed on a dedicated noticeboard. 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 was always another member of staff in the dental centre and a lone worker risk assessment was in place. Each surgery room had a panic alarm button that allowed staff to call for assistance.

Staff were aware of the whistleblowing policy and were aware of the pathway for raising concerns. All staff we spoke with said they felt empowered to raise concerns or speak up if needed.

We looked at the practice's arrangements for the provision of a safe service. A risk register was maintained, and this was reviewed 2 yearly as a minimum, the last review was carried

out in February 2024. A range of risk assessments were in place, including for the premises, staff and legionella. The practice was following relevant safety legislation when using needles and other sharp dental items. Needle stick injury guidance was available in the surgery in the form of a written ‘sharps protocol’.

The dentist routinely used rubber dams in line with guidance from the British Endodontic Society. Floss ligatures (to secure the dam clamp) were used with the support of the dental nurse. Rubber dam usage was mandated for endodontics (root canal treatment) and used for all restorations where it could be placed.

A comprehensive business continuity plan (BCP) was in place and had last been reviewed in February 2024. The BCP set out how the service would be provided if an event occurred that impacted its operation. The plan included staff shortages, loss of power, radiography failure, adverse weather conditions and loss of compressed air. A list of key contacts listed on the plan included senior members of the regional team, nearby dental centres, the Radiation Safety Officer, the Radiation Protection Advisor and the compressed air authorised person. The BCP could be accessed remotely should access to the building be restricted.

Medical emergencies

Checks of the medical emergency kit was undertaken and recorded by the dental nurses. A review of the records and the emergency trolley demonstrated that all items were present although some needles and gloves were not in their original packaging so no date was present, this was rectified following the inspection. All staff were aware of medical emergency procedure and knew where to find medical oxygen, emergency drugs and equipment.

Some emergency medicines (Midazolam syringes) were kept in a locked drawer in the corridor. One Midazolam syringe and all the other emergency medicines were locked in the trolley and kept in the storeroom overnight and in the corridor during the day. We discussed the need for all controlled drugs (Midazolam) to be kept together for security.

Emergency medicines must be stored below 25 degrees as per the manufacturer’s storage instructions, (namely Midazolam, Adrenaline, Salbutamol and Glyceryl Trinitrate). The corridor where the emergency medicines were kept in the day and the storeroom they were kept in overnight regularly exceeded 25 degree temperature range, meaning the emergency medicines efficacy was no longer assured. Glucagon (a hormone used to treat low blood sugar levels) was stored in the emergency medicines trolley and the expiry date had been reduced by 6 months to reflect that it was not kept refrigerated. Temperature recordings for the emergency medicines were not kept, a thermometer was in the storeroom and some temperature checks were undertaken but these had not been recorded. On the day of the inspection the temperature was 24-25 degrees. Emergency medicines when nearing temperature limits should be relocated to an air-conditioned area and make sure staff know of its location to cover any medical emergencies.

The storeroom held consumables, for example filling materials, anaesthetics and saline, these also needed to be stored under 25 degrees. A statement of need (SON) was submitted for the storeroom refurbishment in February 2024., this was because of ageing shelving that needed replacing, and temperature control measures.

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 basic life support, cardiopulmonary resuscitation and AED training annually.

First aid, bodily fluids and mercury spillage kits were available. Staff were aware of the signs of sepsis and sepsis information was displayed in the surgeries.

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. The DBS check was managed by station and civilian personnel were checked every 3 years, military personnel every 5 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 and completed monthly checks. In addition, the practice manager was the named health and safety lead and completed 6 monthly audits, delivered safety briefs, had oversight of fire safety, conducted risk assessments and ensured compliance with radiation safety.

The unit carried out a fire risk assessment of the premises every 5 years with the most recent assessment undertaken in April 2022. The medical centre practice manager 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 May 2023 and again in December 2023, we noted the December report was missing.

A Control of Substances Hazardous to Health (COSHH) risk assessment was in place and had been reviewed in February 2024. COSHH assessments were printed out to allow access to staff as required and in case of IT failure. Master copies were held electronically although safety data sheets to accompany these were not evident electronically or in paper copies.

The practice followed relevant safety laws when using needles and other sharp dental items. The sharps boxes in clinical areas were labelled, dated and used appropriately.

Infection control

One of the nurses was the lead for infection prevention and control (IPC), they had not yet completed the required IPC lead training, the practice manager was not yet trained to IPC level 2 but a plan was to be put in place to ensure Level 2 support was available from within region, and training for IPC lead was being prioritised. 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 6 months. IPC audits were undertaken twice a year and the most recent was undertaken in February 2024.

We checked the surgeries they were clean and clutter free. Display screen equipment (DSE) was in each surgery and located appropriately with the exception of the dental hygienist's room. In this surgery the DSE was located behind the dental chair lower down on the worktop surface. This meant that when a dental nurse needed to chart the patients notes there was no room for them to sit and no space for their legs as there were solid cupboards underneath. The DSE was in the middle of the work surface meaning that maintaining a clean to dirty zone was hard to maintain from an IPC perspective. An SON for surgery refurbishment was initially submitted in January 2024.

Environmental cleaning was carried out by a contracted company with high-risk areas cleaned 3 times a day, general cleaning was undertaken at the beginning and the end of the day when the dental centre was closed. The cleaning contract was monitored by the unit and the practice manager reported any inconsistencies or issues to the cleaning manager. We were told deep cleaning was completed every 6 months but records were not available on the day.

Decontamination took place in a central sterilisation services department (CSSD), accessible from the surgeries. 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. An SON was submitted in February 2024 for extra worksurfaces to be provided. There was insufficient worksurface in the CSSD to accommodate all of the sterilisers that were needed, there was only space for 3 although the dental centre required for 5 to meet the needs of the patient population.

A legionella risk assessment had been carried out in September 2023. A protocol for the prevention and management of legionella was in place. This protocol detailed the process for flushing taps and disinfecting water lines. A log sheet was maintained to evidence daily flushing of all taps.

Dental centre staff were aware of precautions to take if a patient presented to the dental centre and were unwell with coughs and colds and transmittable diseases. However, there was no staff protocol for the management of infectious diseases that could not be located.

Arrangements were in place for the segregation, storage and disposal of clinical waste products, including amalgam, sharps, extracted teeth. Staff described the process for managing clinical waste, it was bagged and labelled correctly and stored in a clinical waste compound. The clinical waste was transferred into large lockable containers and contracted for disposal, each individual waste bin was locked. Paperwork was retained via a local register in the dental centre. However, there was no evidence of cross-referencing

waste from the dental centre once it had been disposed of, this included the absence of the destruction certificate.

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 October 2023. The servicing of all other routine equipment, including clinical equipment, was in-date in accordance with the manufacturer's recommendations. Portable appliance testing was undertaken in August 2023 by the station's electrical team.

A log of prescriptions was maintained on SharePoint and prescriptions were sequentially numbered and stored securely. Minimal medicines were held in the dental centre. Patients obtained medicines either through the dispensary in the medical centre or through a local pharmacy. Antibiotic usage was monitored and an audit completed annually.

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. Some additions were required to ensure completeness including a log of radiation safety qualified staff in the department. A Radiation Protection Advisor and Radiation Protection Supervisor (RPS) were identified for the dental centre. Radiography safety procedures were in each surgery. We noted 1 required updating to reflect that left hand side radiographs would beam out of the door meaning staff had to make sure they exited on left to avoid exposure.

Evidence was in place to show equipment was maintained annually with the last done in October 2023. All staff requiring Ionising Radiation Medical Exposure Regulations (referred to as IR(ME)R) training, had received relevant updates. The SDO was sourcing IRMER Radiation Protection Supervisor training and hoped to complete this within the year.

The dental care records for patients showed the dentists justified, graded and reported on the X-rays taken. The SDO carried out an intra-oral radiology audit in February 2024.

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 guidelines. We saw an example whereby the dental hygienist had delivered some updated guidelines training to clinicians to bring them up to standard with uniformed diagnostic and treatment planning protocols.

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, considering operational need.

The dentists followed appropriate guidance in relation to recall intervals between oral health reviews, which were between 6 and 18 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 6 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 together with a note of treatment options discussed with the patient. Patients completed a detailed medical and dental history form at their initial consultation, which was verbally checked for any changes at each subsequent appointment. The dentists followed the guidance from the British Periodontal Society around periodontal staging and grading. Records confirmed patients were recalled in a safe and timely way.

The 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. The key performance indicator for category 1 and 2 patients (category 1 -fully dentally fit, category 2 dental treatment is required but the condition is not expected to cause a problem within the next year) combined showed 85% achievement (the target is 80%).

Health promotion & prevention

A proactive approach was taken in relation to preventative care and supporting patients to ensure optimum oral health. The dental centre used an oral health pathway to ensure patients saw the right dental care professional for their needs. During their periodontal inspection (PDI) the dentist scored the patent's gum health from 0-4 which helped to diagnose gingivitis (inflammation of the gums) and periodontal disease. If diagnosed the patient was referred to one of the nurses for oral health guidance including ways to improve brushing and interdental cleaning after this a further follow up appointment was arranged again with the nurses. This appointment would include plaque indices which identified any areas being missed when brushing. If levels were below 20% then the patient would be referred to the hygienist for further treatment. Failure in reducing to less than 20% meant any hygienist intervention would be unsuccessful in the long-term. Some

early work had been done to audit the effectiveness of this pathway and in time it was planned to be shared with other dental centres.

A proactive approach was taken in relation to preventative care and supporting patients to ensure optimum oral health. The dental nurses had enhanced skills including 2 being qualified as oral health educators, 2 were trained in fluoride application and ran independent clinics and another was specialist radiation trained. The application of fluoride varnish and the use of fissure sealants were options the clinicians considered if clinically necessary. Equally, high concentration fluoride toothpaste was recommended to some patients.

Dental care records showed that lifestyle habits of patients were included in the dental assessment process. The dental AUDIT-C delivery was used, this is a tool completed by the patient to capture their medical history, smoking history, diet, oral hygiene and alcohol usage. If the audit identified patients at higher risk from increased alcohol consumption then they were encouraged to seek further help and could be offered referral to primary medical care, or anonymously through external sources if preferred. Oral health promotion leaflets were given to patients and there was health promotion information displayed in the waiting room as well as rotating healthcare information playing on the television.

Patients were given a colour coded clipboard with their health questionnaire on, this corresponded to the surgery where they were to have treatment making it easy for the clinician to recognise and call their next patient. After their appointment was complete, the patient was given another small colour coded card by the clinician that detailed what further appointments were necessary. This was then handed to the receptionist for the appointment to be made.

Staffing

The induction programme included a generic programme and induction tailored to the dental centre. Staffing levels were adequate with the staff team managing well despite there being vacant staffing posts (2 dental nurses and 2 dentists), temporary healthcare workers had been in post and provided continuity in the meantime. Recruitment had been undertaken and posts would be filled this year between April and September. Nurses were also supported by a trainee dental nurse who was supernumery to the staff numbers.

We looked at the organisational-wide electronic system used to record and monitor staff training and confirmed staff had undertaken the mandated training. The practice manager monitored the training plan and ensured it covered all the mandated requirements at the right times. In-house training was held every Monday afternoon, a member of staff used the time to deliver training on a specific topic, for example most recently training on sepsis was given. Staff said this helped them learn in multiple ways and increase their confidence. Staff we spoke with felt empowered by their involvement in delivering training and commented that it resulted in a better understanding throughout the team.

All dental nurses that we asked were aware of the General Dental Council requirements to complete continued professional development (CPD) over a 5-year cycle and to log this training. All staff managed their own CPD requirements and had no issues accessing or completing the required work. Staff attended CPD events as required and the practice manager attended the regional practice managers' meetings.

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 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 the Lincoln Hospital for secondary care, although there was a lengthy wait of up to 12 months. 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 followed the 2-week cancer referral pathway.

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.

Consent to care and treatment

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

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

Are Services Caring?

Respect, dignity, compassion and empathy

We reviewed patient feedback which was obtained using a variety of methods. This included the Governance, Performance, Assurance and Quality dashboard patient experience survey and 30 patients completed comment cards prior to the inspection. All sources of feedback indicated staff treated patients with kindness, respect and compassion.

For patients who were particularly anxious, the practice had an approach to understand the reason for anxiety, provided longer appointments and time to discuss treatment and invite any questions. There was information displayed in the waiting room called the ‘dental anxiety board’. It described different fears and how patients could be helped. This included, fear of needles, pain, the drill and being embarrassed to say you are fearful.

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.

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 and there was a protocol for staff to follow. Patients were able to request a clinician of the same gender as there was a mix of male and female dentists.

Patients could be observed at all times by the reception staff.

Involvement in decisions about care and treatment

Patient feedback suggested staff provided clear information to support patients with making informed decisions about treatment choices. During their appointment patients were shown models, pictures and their x-rays to enable them to understand better and make informed choices. The dental records we looked at indicated patients were involved in the decision making and recording of discussion about the treatment choices available.

Are Services Responsive?

Responding to and meeting patients' needs

The dental centre took account of the principle that all regular serving service personnel were required to have a periodic dental inspection every 6 to 18 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. Any urgent appointment requests would be accommodated on the same 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 in February 2024. The audit found the building met the needs of the patient population, staff and people who used the building. Staff we spoke with told us that had never encountered the need for a hearing loop at the reception desk but a request made been made through regional headquarters for one to be purchased when funding was available. The facilities included automatic doors at the entrance and car parking spaces close to the entrance for disabled patients.

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 on the dental centre SharePoint site. Patients could also access information through the My Healthcare Hub, a Defence Primary Healthcare (DPHC) application used to advise patients on services available, patients could also access the information.

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 DPHC complaints policy. The team had all completed complaints training that included the DPHC complaints' policy. A process was in place for managing complaints, including a complaints register for written and verbal complaints. One written complaint had been recorded in the last 12 months. The complaints were investigated and responded to appropriately and in a timely manner.

Patients were made aware of the complaints process through the practice information leaflet and a display in the practice. The practice had a tray in the waiting area with forms to complete for complaints and compliments. There was also a suggestions book that patients could write in. We saw each suggestion had been reviewed and answered.

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. The SDO had overall responsibility for the management of risks for the service. These risks were fed into the regional risk register and in turn then from the regional headquarters to Defence Primary Healthcare (DPHC) headquarters. The risk register as well as the business continuity plan were seen at the visit and confirmed to be thorough. They were monitored on a regular basis for updates/compliance and changes.

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. The SDO had weekly discussions with their peers within the dental centre so that they could discuss any new guidance and discuss more complex cases. They also had frequent, informal discussions with other dental colleagues at regional meetings. Peer review was undertaken twice yearly but this was hoped to be increased with the new SDO in post.

An internal assurance review was last undertaken in May 2023 and a management action plan was in place following this visit, all identified actions had been completed.

Performance against military dental targets, complaints, staffing levels, staff training, audit activity, the risk register and significant events were all uploaded onto SharePoint and could be viewed by region, DPHC headquarters and anyone granted access. The Health Assurance Framework (HAF) was used as a live document and updated regularly by the practice. This was also discussed at practice meetings so all staff had an awareness of the document and its contents. The SDO and the practice manager monitored the HAF monthly for changes and updates. This was also discussed at practice meetings so all staff had an awareness of the document and its contents.

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. Although the SDO and practice manager were responsible for the leadership and management of the practice, duties were distributed throughout the staff to ensure the correct subject matter expert had the correct role. All staff were encouraged to have input into the governance and assurance frameworks. Terms of reference were in place to clarify the responsibilities of those with lead roles. Practice meetings were held every 2 weeks, these had an agenda and were minuted. All staff felt they had input and could speak freely as well as being listened to.

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 if requested. Staff had completed the Defence Information Management Passport training, data protection training and training in the Caldicott principles.

Leadership, openness and transparency

The dental centre worked to Defence Primary Healthcare's (DPHC) mission statement

'To deliver effective military dentistry that contributes to force generation and enhances operational capability.'

In addition, the team had also created their own vision statement:

- Provide high quality dental care for all entitled personnel to the standards set by the Surgeon General.
- Recall all service patients for a regular inspection and oral health check and to provide appropriate treatment as required.
- Ensure that each course of treatment is normally completed within 5 weeks.
- See patients requiring emergency treatment as soon as possible during the working day.
- Provide an out of hour's emergency service all year round.
- Maintain surgeries and surroundings to the current Health & Safety and infection control policy standards.
- Arrange for referral to appropriate specialists and other health care professionals as necessary.
- Answer telephone calls, deal with patients and any complaints both promptly and courteously.
- Ensure the strictest of confidence with patient information.
- Provide advice on oral health matters.
- Provide a level of service equivalent to the NHS.
- Welcome realistic suggestions as to how the level of service can be improved.

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. Staff spoke of the dental centre being an enjoyable place to work with an inclusive and kind team ethos. Each week one member of staff was nominated to make a cake 'Cakey of the

Weeky'. Staff described it as a moral booster and something that was welcomed by all. Staff also enjoyed whole team get-togethers outside of work.

Learning and improvement

Quality improvement activity (QIA), including audit, was used to promote learning and continuous development. The range of QIA included environmental, equipment and inventory checks. Regular audits included infection prevention and control, yearly antibiotic audits and radiology.

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 in line with General Dental Council requirements.

The introduction of the oral health pathway was proving successful and early data had been collected to measure the outcomes to patient care. Once this had been established it was hoped this would be shared with other dental centres.

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

Quick response or 'QR' codes were displayed at various points throughout the dental centre for patients to use to leave feedback, there was also paper forms available and staff were always available should the patient want to give verbal feedback. The General Practice Assurance and Quality (GPAQ) questionnaire was used monthly to review feedback.

The practice had a "you said we did" board in the waiting room that showed improvements made following patient suggestions. For example, patients asked for a water dispenser, this had been requested and they were waiting for it to be implemented.

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.