

Pirbright Dental Centre

Brookwood, Woking, GU24 0QQ

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
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Contents

Summary.....	3
Are services safe?.....	6

Summary

About this inspection

An announced comprehensive inspection of Pirbright Dental Centre took place on 18 April 2023. As a result of the inspection, we found the practice was effective, caring, responsive and well-led in accordance with CQC's inspection framework. However, we identified areas for improvement in the safe key question.

We followed up on the recommendations made with a desk-based inspection on 2 April 2024. The report covers our findings in relation to the recommendations made.

A copy of the previous inspection reports can be found at:

www.cqc.org.uk/dms

At this follow-up inspection, although we found the practice had taken action and made improvements in areas they could, further action was required to improve the infrastructure. Therefore, the safe key question remained as 'action required'.

CQC does not have the same statutory powers with regard to improvement action for Defence delivered healthcare under the Health and Social Care Act 2008, which also means that the Defence delivered healthcare 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 Defence delivered healthcare. DMSR is committed to improving patient and staff safety and will take appropriate action against 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 Woking, Pirbright Dental Centre is a five-chair practice providing routine, preventative and emergency dental service to a military population of approximately 1,500 service personnel. This includes the Phase 1 recruits of Army Training Centre (Pirbright). These trainee soldiers attend for their initial 13-week long training in the Army. The Recruit Allocation Plan aims for 192 recruits to start their course every other week meaning up to 5000 recruits per year. The centre also provides care to the approximately 782 permanent staff.

The dental centre is open Monday to Thursday 0745-1230 and 1330-1645 and Friday 0745-1315.

Out-of-hours (OOH) arrangements are in place through a duty dental officer who is contactable 24 hours a day and 7 days a week. This duty rotates around the London South Region Dental Officers and military/civilian nurses. Emergency OOH is provided by the duty Dental Officer.

The staff team at the time of inspection

Senior Dental Officer	1
Military Dental Officer	1
Civilian Dentist	2 (1 full-time, 1 part-time)
Dental nurses	6 (4 full-time, 2 part-time) 1 trainee
Dental Hygienist	1
Practice Manager	1
Deputy Practice Manager	1 (post vacant until October 2024)
Administrative Assistant	1

Our Inspection Team

This inspection was undertaken by a CQC inspector.

How we carried out this inspection

Prior to the inspection we held a telephone call with the Senior Dental Officer and practice manager to discuss the improvements made and agreed on the evidence that could be provided electronically.

At this inspection we found:

- Information was now being provided to the practice monthly to give assurance that water temperatures tested by the property safety team were within the set parameters.
- The building infrastructure meant staff were unable to work in line with best practice guidelines for the decontamination of dental instruments due to the unsuitability of the central sterile services department (CSSD). The practice had done all that they could with the limitations whilst waiting for a refurbishment of the building.
- Cleaning arrangements were now formalised into a written schedule and effective monitoring provided assurance that standards were met.

The Chief Inspector recommends to DPHC:

Ensure that the central sterile services department (CSSD) meets with essential quality guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

Mr Robert Middlefell BDS

National Professional Advisor for Dentistry and Oral Health

Our Findings

Are Services Safe?

Monitoring health & safety and responding to risks

We looked at the practice's arrangements for the provision of a safe service. A risk register was maintained and risks were up-to-date. The risk register was a standing agenda item at the practice meetings. The unit responsible for health and safety carried out an annual assessment.

The most recent legionella risk assessment for the building had been undertaken in May 2023. Staff flushed through all taps in the building every week. The sentinel water outlets (nearest and furthest outlets from hot and cold-water tanks) were checked each month by the property management team. At the last inspection, we highlighted that there was no formal assurances by the property team that the temperatures were in the correct range to minimise the risk of Legionella in the water system. To mitigate any risk the dental centre had delivered comprehensive training on Legionella to all staff and alongside this had initiated their own monitoring regimes. The property team now send the water temperatures to the practice each month.

Infection control

One of the dental nurses was the lead for infection prevention and control (IPC) and had the skills and experience for the role. The local IPC policy took account of the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health.

The last IPC check was undertaken in October 2023 and showed 90% compliance. Decontamination took place in the central sterile services department (CSSD). The layout and facilities of the CSSD did not meet the requirements of HTM 01-05 best practice guidance due to lack of space that compromised the flow, there was no natural or mechanical ventilation, only one handwashing sink in the dirty zone and one instrument cleaning sink. However, the practice had made best use of the space available and the Statement of Need submitted in 2020 remained in place awaiting a refurbishment of the dental centre, planned for 2030.

Environmental cleaning of all areas was carried out twice daily by a contracted company. At the last inspection, we highlighted that there was no current cleaning contract in place so the dental centre staff were unable to monitor against the standards required. There was also no arrangements in place for deep cleaning. As part of this follow-up inspection, we received evidence to show that a cleaning schedule and checklist was in place. Cleaning tasks were listed individually and frequencies included. Checklists had been introduced so monitoring of standards was formalised and recorded. Following the last inspection, a deep clean of the premises was completed during the Christmas shutdown period. This ensured compliance with the Defence Primary Healthcare standard operating procedure which detailed the cleaning schedule for contracted staff.