Mount Pleasant Dental Centre

Falkland Islands

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 assurance visit of Mount Pleasant Dental Centre on 20 & 21 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. However, due to the infrastructure, we found that improvements were required to ensure safety.

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 assurance visit 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

Mount Pleasant Dental Centre is located in the Medical Centre on Mount Pleasant Complex. The Dental Centre is a 2 x chair practice currently run by a single dentist (with the second surgery used as the CSSD) providing routine, preventative and emergency dental services to a military and civilian population of approximately 1112 service personnel and 1051 civilians (PAR as of 1.3.24).

The dental centre is open Monday to Friday from 0800 – 1600hrs Saturday 0800 – 1200hrs

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.

The staff team at the time of the inspection

Senior Dental Officer (SDO) (military)	1
Dental nurses (military)	1
Practice manager (military)	1
Receptionists (civilian)	1

Our Inspection Team

This inspection was undertaken by a CQC inspection manager supported by a dentist and a practice manager/dental nurse specialist advisor.

How we carried out this inspection

Prior to the inspection we reviewed information about the dental centre provided by the practice. During the inspection we spoke with the SDO, dental nurse and practice manager. We looked at practice systems, policies, standard operating procedures and other records related to how the service was managed. We also checked the building, equipment and facilities. We also reviewed 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 both adults and children.
- 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. Record keeping was of a high standard.

- 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.
- The infrastructure (specifically the CSSD) at Mount Pleasant Dental Centre was not appropriate for the provision of a dental service. Staff had recognised this and were using the CSSD as a dental laboratory. They had adapted the second dental surgery for use as a CSSD in order to comply with national practice guidelines for the decontamination of dental instruments, although equipment had been squeezed into a small space which was not ideal for safe use.
- 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:

The military dental team members had all been deployed to the Falklands on a 4-month long deployment and they did not take leave whilst on deployment in order to provide continuity of service to the Population At Risk (PAR). The team provides primarily emergency care for the PAR, as patients are directed to arrive in-country with no outstanding treatment needs. However, the team were flexible in ensuring that the military population, families and entitled contractors could access the treatment they required. The dental team were working hard to deliver the best level of care possible within their limited resources and manage continuity of care arrangements in the UK. Every patient we spoke with (without exception) confirmed that they appreciated this commitment to their oral health needs.

The Chief Inspector recommends to Defence Primary Healthcare (DPHC) and Station Teams:

Ensure that the building is appropriate and safe for the provision of dental care and follows the 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’. This should include the provision of a CSSD which is fit for purpose. Any refurbishment should include the safe removal of the asbestos associated with the fittings to the sink pipework.

All staff working in the dental centre must be made aware of the asbestos present in the building as part of their induction and receive training around the management of asbestos in the workplace.

The Chief Inspector recommends to the Dental Centre

Consider the installation of a reverse osmosis water machine.

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 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 and this was categorised to support identification of any trends. A review of these showed that each had been managed effectively and included changes made as a result. No ASERs had been recorded by the current team (staff are in post for 4-month periods). 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 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). Alerts were acknowledged as read by staff signing a hard copy form. Any relevant alert received was discussed at practice meetings. Staff did not take leave whilst working at this dental centre and so cross cover for absence was not required. The team would cover any sickness absence between themselves.

Reliable safety systems and processes (including safeguarding)

The SDO was the safeguarding lead for the Dental Centre and had level 3 training, including for children. Cover was provided by the Senior Medical Officer in the medical centre. The safeguarding policy and information about personnel in key roles were displayed. All other members of the staff team had completed level 2 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 dentist was always supported by a dental nurse when assessing and treating patients. There was no hygienist working in the dental centre. The surgery had a panic alarm button that allowed staff to call for assistance.

A whistleblowing policy was in place and displayed on the practice noticeboard. Staff had received whistleblowing training delivered and 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.

We looked at the practice's arrangements for the provision of a safe service. The practice manager was newly promoted into the role and awaited training. In the interim the SDO was the deputy SHEF lead with Health and Safety responsibility. A risk register was maintained, and this was reviewed each month by the PM and SDO, the last review was carried out in February 2024. A range of risk assessments were in place, including for the premises, staff and legionella. We were shown around the building by the custodian (the practice manager for the medical centre) and they confirmed that asbestos was present in the dental laboratory. We discussed this with the dental team who were unaware of the presence of asbestos. We were shown that risk assessments had been undertaken by the station team and that the asbestos had been risk assessed as stable. Nevertheless, we requested that the practice manager should immediately receive training around the management of asbestos in the workplace. In future, staff must be made aware of the asbestos (and how to work around it) as part of their induction. This is particularly important given the high turnover of staff at this dental centre.

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 dentists routinely used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. 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. The BCP could be accessed remotely should access to the building be restricted. The BCP had been exercised to confirm planning procedure in the event of a medical emergency.

Medical emergencies

The medical emergency standard operating procedure 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 nurse 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. 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 basic life support, cardiopulmonary resuscitation and AED training annually. Training that used simulated emergency scenarios was undertaken each time a new staff member arrived. This was supplemented by the dental centre undertaking walk through scenarios and review of medical emergency protocols.

First aid, 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 and to reception.

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.

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. A fire risk assessment had been undertaken and there were no recommendations requiring action. Arrangements for routine monitoring of firefighting equipment were in place. The practice manager was the named health and safety lead and had a comprehensive tracker that detailed checks and deadlines. Staff received annual fire training provided by the unit and an evacuation drill of the building was conducted annually. Portable appliance testing had been carried out in line with policy. A Control of Substances Hazardous to Health (COSHH) risk assessment was in place and was reviewed annually by the practice manager. COSHH data sheets were in place and had been reviewed. A log sheet was maintained of each hazardous product with links to the safety data sheets.

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.

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 main issue identified was the need for the CSSD to be made compliant.

Infection control

The practice manager 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 6 months. IPC audits were undertaken twice a year and the most recent was undertaken in February 2024. The audit noted the lack of appropriate CSSD facility and the absence of washer disinfectors.

We checked the surgery, dental laboratory and the second surgery currently acting as the CSSD. The surgery containing the dental chair was clean, clutter free and met IPC standards, including the fixtures and fittings. However the dental laboratory was not an

appropriate clinical environment as surfaces, fixtures and fittings could not be kept sterile. The second surgery acting as the CSSD was cramped and cluttered with decontamination equipment close to the edges of surface tops: it was hard to find space to place items to be cleaned and difficult to maintain clean and dirty areas. The dental chair in the middle of this second surgery was a potential trip hazard which was not ideal for staff who had to carry sharp and contaminated items.

Environmental cleaning was carried out by a contracted company twice a day and this included cleaning in between morning and afternoon clinics. The cleaning contract was monitored by the medical centre practice manager who reported any inconsistencies or issues to the cleaning manager. The practice manager was satisfied that the current contract was sufficient for the practice needs. The dental nurse carried out weekly deep cleans within clinical areas. A deep clean was also arranged via the building custodian (medical centre PM) and was next scheduled for April 2024.

Decontamination took place in the second dental surgery which had been adapted due to the unsuitability of the central sterilisation services department. As far as possible sterilisation of dental instruments was undertaken in accordance with HTM 01-05, although the layout of the surgery (and particularly the presence of the dental chair) meant that the room was cramped and cluttered and maintenance of a dirty to clean flow was challenging. 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.

A legionella risk assessment had been carried out by the practice in January 2024 and this supplemented the more detailed unit legionella management plan that covered all the required areas. A protocol for the prevention and management of legionella was in place. This protocol detailed the process for flushing taps and disinfecting water lines. Waterlines were flushed for a minimum of two minutes in the morning and 30 seconds between patients. Overseas locations have not been included in the quarterly water testing schedule due to location and the posting timeframes. The team therefore relied on dip slides to ensure water quality. No growth had been noted and the team confirmed that if a growth were present, a Bio Clear shock/ re-test would be carried out. There was no Aquastat (a device used in hydronic heating systems for controlling water temperature) in use due to a defect. The dental team was therefore using distilled water from another department on station.

Arrangements were in place for the segregation, storage and disposal of clinical waste products, including amalgam, sharps, extracted teeth. The clinical waste bin, external of the building, was locked, secured and away from public view. Due to the lack of incineration facilities on island, there was no audit trail in place to demonstrate the destruction of waste. We were told that as of May 2024, an incinerator repair meant that waste destruction processes would be re-instated.

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 February 2024. 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 annually.

A consumables expiry checklist was in place and was last updated in February 2024 and checked on a monthly basis as part of the deep cleaning schedule. Staff confirmed that consumables orders were delayed at times, especially COSHH items. The PM therefore ensured resilience through stores orders. Audits were carried out to check expiry dates and positive communication channels with Team Leidos were maintained to ensure that consumables sent had sufficient shelf life.

A manual log of prescriptions was maintained and prescriptions were sequentially numbered and stored securely. The practice manager 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. Medicines that required cold storage were kept in a fridge, and cold chain audit requirements were in place and recorded. Glucagon (a hormone used to treat low blood sugar levels) was stored in the fridge in easy reach of the emergency trolley. The practice had undertaken an audit of antibiotics prescribing and the SDO used the SDCEP App (containing *Prescribing for Dentistry* guidance).

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 (in the Falklands) and Radiation Protection Supervisor (RPS) were identified for the practice. Signed and dated Local Rules were available along with safety procedures for radiography. The Local Rules were updated in 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 RPS.

Evidence was in place to show equipment was maintained annually, last done in February 2024. Staff requiring IR(ME)R (Ionising Radiation (Medical Exposure) Regulations 2017) training had received relevant updates.

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 every 6 months, the most recent was planned for January 2024.

Are Services Effective?

Monitoring and improving outcomes for patients

The treatment needs of patients were 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. 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 6 and 24 months depending on the patient's assessed risk for caries, oral cancer, periodontal and tooth surface loss.

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 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. We noted that all met key performance indicators. For example, 72% of patients were NATO Category 1 (were -in-date for their dental check-up and had no treatment outstanding).

Health promotion & prevention

A proactive approach was taken in relation to preventative care and supporting patients to ensure optimum oral health. The dental nurse was also the local oral health co-ordinator and took the lead on health education campaigns. 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. Patients could be referred to the medical centre for smoking cessation and dietary advice. 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 smoking cessation display.

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.

Staffing

The induction programme included a generic programme and induction tailored to the dental centre. There was scope going forward to ensure that inductions included making

staff aware of asbestos in the dental laboratory and providing asbestos management training.

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 covers all the mandated requirements at the right times.

The dental nurse was aware of the General Dental Council requirements to complete continued professional development (CPD) over a 5-year cycle and to log this training. Staff could access CPD courses and webinars through the joint education centre.

The military dental team members had all been deployed to the Falklands on a 4-month long deployment and they did not take leave whilst on deployment in order to provide continuity of service to the Population At Risk (PAR). The team provides primarily emergency care for the PAR, as patients are directed to arrive in-country with no outstanding treatment needs. However, the team were flexible in ensuring that the military population, families and entitled contractors could access the treatment they required. The dental team were working hard to deliver the best level of care possible within their limited resources and manage continuity of care arrangements in the UK. Every patient we spoke with (without exception) confirmed that they appreciated this commitment to their oral health needs.

Working with other services

The SDO confirmed that most patients requiring referral would need to travel back to the UK. Urgent referrals could be made to the King Edward VII Memorial Hospital (KEMH) in Port Stanley and this included children. Referrals were managed on a central spreadsheet.

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 military 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 took into account a variety of methods to determine patients' views of the service offered at Mount Pleasant Dental Centre. The practice had conducted their own patient survey and a total of 24 responses had been captured. All respondents confirmed they were content with the standard of their dental care and all said that staff treated them with dignity and respect. We also took the opportunity to speak to a number of patients who were on the same flight back to the UK and all confirmed that any contact they had had with the dental team had been kind and compassionate.

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. Patients could also be referred back to the UK for sedation if this was required.

The waiting area for the dental centre was well laid out to promote confidentiality. A room was available if anyone wished to speak to the reception team in a private space.

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. As there was only one dentist, patients could not opt to see someone of the opposite gender. None of the patients responding to the survey or who we spoke with suggested that this caused them an issue.

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 and recording of discussion 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 6 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. 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 April 2023. The audit found the following issues: a need for disabled parking spaces, a hearing loop and automatic doors. Workarounds had been put in place to mitigate these risks. Staff had received training around diversity and inclusion.

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.

Patients could access a routine appointment with the SDO within two to three weeks and urgent appointments were available on the same day. All patients responding to the survey and who we spoke with confirmed that access to dental appointments was good.

Concerns and complaints

The Senior Dental Officer (SDO) was the lead for complaints and the practice manager deputised. 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. No complaints had been recorded in the last 12 months.

Patients were made aware of the complaints process through the practice information leaflet and a display in the practice. Patients we spoke with confirmed that they knew how to complain, but had not needed to.

Are Services Well Led?

Governance arrangements

The Senior Dental Officer (SDO) had overall responsibility for the management and clinical leadership of the practice, with support from the Regional Headquarters. 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 clinicians carried out peer case discussions regularly.

A previous internal Healthcare Governance Assurance Visit had taken place and the service was given the grading of ‘full assurance’ with no requirement for an action plan. Performance against military dental targets, complaints, staffing levels, staff training, audit activity, the risk register and significant events were all shared with the team and regional headquarters staff. The Health Assurance Framework (HAF) was used as part of the practice manager handover, it was a live document, updated regularly by the practice, The SDO and the practice manager monitored the HAF monthly for changes and updates.

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. Duties were distributed throughout the staff team 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. There were also fortnightly meetings with the regional team, weekly meetings between the SMO and the SDO and Monday morning briefs with the medical centre team. All staff felt they had input and could speak freely in the knowledge they would be listened to. Minutes were sighted at the visit and confirmed to include all the required standing agenda items.

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. 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. Whilst on overseas deployment, the team were working away from family and friends and relied on one another for support. Social opportunities and physical training were organised as a team to ensure that all team members did not feel isolated. 'Whitespace' was used to reward individuals and team building opportunities were appreciated by all.

Learning and improvement

Quality assurance processes to encourage learning and continuous improvement were effective.

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 SDO undertook peer review sessions with the Regional SDO and also the dentist working at KEMH.

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

Quick response or 'QR' codes were displayed in each surgery and at various points throughout the practice for patients to use to leave feedback. There were also paper methods available and staff were always available should the patient want to give verbal feedback.

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. All staff completed the continuous attitude survey where results were fed up to DPHC headquarters.