

Dental Centre Dhekelia and Dental Centre Ayios Nikolaos

Eastern Sovereign Base Area, Cyprus

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	✓

Contents

Summary.....	3
Are services safe?.....	6
Are service effective?.....	11
Are service caring?.....	13
Are service responsive?.....	14
Are services well led?	15

Summary

About this inspection

We carried out an announced comprehensive inspection of Dental Centre Dhekelia and Dental Centre Ayios Nikolaos on 10 October 2024. We gathered evidence remotely and undertook a visit to both centres.

As a result of the inspection we found the practice was safe, effective, caring, responsive and well-led in accordance with Care Quality Commission (CQC's) inspection framework.

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

Located in the Eastern Sovereign Base Area (ESBA) of Cyprus, Dental Centre Dhekelia and Dental Centre Ayios Nikolaos are part of the Defence Primary Healthcare (DPHC) Dental Overseas Region. Although not formally combined, Dhekelia is the larger of the 2 sites and serves as the main dental centre where all the staff are based. When required, staff are sent to deliver treatment and care from Ayios Nikolaos Dental Centre. The 2 sites are approximately 20 minutes apart when travelling by car. The Dhekelia site is a 3-chair and Ayios Nikolaos a 2-chair centre providing a routine, preventative, orthodontic and emergency dental service to a military and civilian patient population of approximately 2,020. The patient list is made up of approximately 720 service personnel. In addition, care is provided to civil servants, entitled family members and contractors, who make up a combined total of approximately 1,300. There is also a prison located in the ESBA and staff provide a dental service for the prisoners who are brought by guards to Dhekelia for treatment.

Clinics are held 5 days a week at Dhekelia, Monday 06:45 to 16:30 hours and Tuesday to Friday 07:00 to 14:00 hours. Ayios Nikolaos opens on a Wednesday from 06:45 to 13:30 hours with clinics starting at 07:20 and the last appointment at 12:30. Daily emergency treatment appointments are available at both sites (Wednesdays only at Ayios Nikolaos). A pan-island out-of-hours emergency rota provides access to a dentist when the practices are closed. This rotates between Episkopi, Akrotiri and Dhekelia. Patients in the ESBA can call Dhekelia Medical Centre which is staffed 24/7 by a duty nurse who triages the call. When urgent treatment is required, the duty dentist is contacted and then coordinate seeing the patient at their own dental centre. Minor oral surgery referrals are made to

American Medical Centre in Nicosia. Secondary care support is available from the local hospital trust (Larnaca Hospital, Cyprus) and staff can also seek the oral surgery and oral medicine services through the DPHC's Defence Centre for Rehabilitative Dentistry and its Managed Clinical Network for other referrals if required back in the UK.

The Dental Centre at Dhekelia is situated a single-story building attached to the medical centre by a corridor but with separate entrances. The Dental Centre at Ayios Nikolaos is within the same single-story building as the Medical Centre, sharing the same entrance.

The staff team at the time of the inspection

Senior Dental Officer (SDO) (military)	1
Dentist (civilian)	1 (full-time) 1 orthodontist (part-time)
Dental hygienist (civilian)	1
Dental nurses	3 (2 locally employed civilians, 1 UK family member)
Practice manager (military)	1
Deputy practice manager (military)	1
Receptionists (civilian)	1

Our Inspection Team

This inspection was undertaken by a CQC inspector supported by s specialist advisors, a dentist and a practice manager/dental nurse.

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, civilian dentist, orthodontist, hygienist, dental nurses, practice manager and 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. We met with and 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 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 for both adults and children. Record keeping was of a high standard.
- Staff treated patients with dignity and respect and took care to protect patient privacy and personal information. Of note, the arrangements for gathering feedback supported confidentiality and anonymity.
- The appointment and recall system met both patient needs and the requirements of the Chain of Command. The recall process was extended to include dependants registered at the practice.
- Leadership at the practice was inclusive and effective. Staff worked well as a team and the succession in practice manager well-coordinated during an overlap period in which the outgoing and incoming practice managers worked alongside each other.
- The views of staff were proactively sought out and processes facilitated anonymity if preferred. Members of the team consistently reported in a positive manner on how they combined as a team to consider the development and improvement of the service.
- An effective system was in place for managing complaints.
- Medicines and life-saving equipment were available at both dental centres in the event of a medical emergency. These were well maintained and stored in a way to support rapid access.
- 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:

- The practice made use of a number of tools such as ceiling posters, and a dedicated table with colouring pads to keep young children occupied. An alert was added to the patient record of any patients known to have anxiety about dental treatment. The first appointment of the day was regularly used to limit the wait time.
- A sick parade (same day walk in appointments) audit was conducted by the SDO and the results shared across other dental centres on the Island. This audit enhanced the use of sick parade timings, maximising utility and moving appointments to the most effective time for patients.

- DPHC had funded a 5 year subscription for all dental personnel to assist with meeting both CPD learning and mandatory courses. This included training around supporting dental patients with a learning disability and autism awareness.

The Chief Inspector recommends to Defence Primary Healthcare (DPHC) Overseas Regional Team:

- Ensure timely supply chain of orthodontic consumables.
- In order to provide a clear and optimal care pathway for patients requiring surgical extraction at the oral surgery provider on island, agree pre and post-surgery anti-biotic prescribing guidelines with the AMC.
- Ensure that staff understand how to access general anaesthetic for children under three years of age who require it.
- Explore the possibilities and benefits of a more coordinated pan-island approach to maximise standardisation, provide a platform for clinical peer review and cross-practice sharing of best practice. To ensure that all suspected oral cancer cases are referred without delay, a consistent approach to the management of 2 weeks referrals across the Island is required.
- Review the regional duty of candour log to identify the dental centre for each entry made.

We recommend to the Dental Centre:

- Consider panic alarms for the surgeries at Dhekelia to reduce any potential delay when calling for urgent assistance.
- Expedite the work required to re-introduce suction pumps at Ayios Nikolaos so that treatment can recommence.

Mr Robert Middlefell BDS National Professional Advisor for Dentistry and Oral Health (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 and completed 6 monthly informal ASER training with the Senior Dental Officer (SDO) and practice manager. 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, this was categorised to support identification of any trends. A single ASER had been recorded in the previous 12 months. A review of this showed that it had been managed effectively and included changes made as a result. Further reporting of incidents had been reported through the 'My Safety' system used when the event did not result in patient harm or potential harm. Significant events were discussed at practice team meetings, held monthly. 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 SDO and practice manager were informed by regional headquarters about national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority and the Department of Health Central Alerting System. Alerts were acknowledged as read by staff signing a slip attached to a printed hard copy of each alert. They were then discussed at practice meetings and filed with a note of actions taken. A link was held on SharePoint for staff to access each alert. The acknowledgement and response to alerts were sent to a direction and guidance log shared with region where an acknowledgment that it had been seen and actioned was required. Any relevant alert received was discussed at the weekly huddle and at the following monthly practice meeting where it was minuted. Each one was printed off and placed in the folder. We saw that all recent ones had been actioned. There was an arrangement with staff to cover the practice manager for any absence.

Reliable safety systems and processes (including safeguarding)

The SDO was the safeguarding lead and had level 3 training. A civilian dentist was also trained to level 3. Cover was provided by the Senior Medical Officer in the medical centre who also the overall lead for Dhekelia Station. The safeguarding policy and personnel in key roles were displayed on a noticeboard. All other members of the staff team had completed level safeguarding training appropriate for their role. 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. A duty of candour log was maintained and staff had recently held informal discussion and references guidelines (issued by the Health and Care Professions Council) around the threshold for implementing the duty of candour. Incidents went onto a regional duty of candour log but there was no column to identify which dental centre had reported them.

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. Each surgery room at Ayios Nikolaos had had a panic alarm button that allowed staff to call for assistance. However, at Dhekelia, there was only the telephone system that could be used to call for urgent assistance. We suggested a panic alarm would better serve staff and patients better to allow a more rapid call for help (especially as the hygienist surgery at Dhekelia was furthest away from the communal area and often used for lone working).

A whistleblowing policy was in place and displayed on the staff noticeboard. Staff had whistleblowing training delivered every 6 months and said they would feel comfortable raising any concerns. Staff also had the option to approach the regional 'Freedom to Speak Up Champions' across DPHC. 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. The Station Safety Health Environment and Fire Team conducted their last annual inspection in September 2024. A risk register was maintained, and this was reviewed annually as a minimum, the last review was carried out in September 2024 by the practice manager and SDO. 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.' Sharps bins were mounted on the walls to remove the risk of them being knocked over.

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. Rubber dam usage was mandated for endodontics (root canal treatment) and used for selective restorations when suitable.

A comprehensive business continuity plan (BCP) was in place and had last been reviewed in June 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 was included but added to during the inspection to now include 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. We were given an example of when the BCP had been tested and tabletop discussion took place.

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 were 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. Reviews of the emergency medicines were done at headquarter level. 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 annually with medical centre staff involvement. 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 had an appointed and trained individual 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 could clearly be heard throughout the building and surrounding area at Ayios Nikolaos. At Dhekelia there was no system other than to use the telephone. We discussed the potential use of personal handheld alarms to support staff when faced with an emergency.

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 had a comprehensive tracker that detailed checks and deadlines. For example, a monthly rolling programme included checks on the fire extinguishers and fire escapes. The unit carried out a fire risk assessment of the premises every 5 years with the most recent assessment undertaken in October 2021 accompanied by dental centre staff. One of the medical centre staff 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 October 2024. 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 had been reviewed in January 2024 with the change of SDO. COSHH data sheets were in place and had also been reviewed in January 2024. A log sheet was maintained of each hazardous product with links to the safety data sheets. All staff had signed this log sheet.

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. Sharps bins were mounted on the walls in the sterilisation room to prevent them from being knocked over and increasing the risk of a sharps injury occurring. 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 poor quality OPGs from Larnaca in addition to not having the correct radiation dosage and patient identifiable (no name on the X-ray).

Infection control

A dental nurse had the lead for infection prevention and control (IPC) and had completed associated training but not the link 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 May 2024. A document check was carried out quarterly by regional headquarters.

We checked the surgeries. They were 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 in between morning and afternoon clinics. The cleaning contract was monitored by the practice manager using daily walk round and checklist reported any inconsistencies or issues to the cleaning manager. The practice manager had requested sight of the cleaning contract. The practice manager was satisfied that the current contract was sufficient for the practice needs and deep cleaning arrangements were in place (monthly). The cleaning cupboard was tidy and well organised and staff could access it if needed in between the routine daily cleaning.

Decontamination took place in a central sterilisation services department, 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.

A legionella risk assessment had been carried out by the practice in May 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. A log sheet was maintained to evidence daily flushing of all taps for two minutes weekly before the start of any session and 30 seconds in between patients.

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. Clinical waste was collected weekly and consignment notes were provided by the contractor. 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 autoclaves and ultrasonic baths were in-date having been serviced in May 2024, June 2024 and October 2024. 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 May 2022 and scheduled in for November 2024 and recommendations made had been actioned. Portable appliance testing was undertaken annually by the station's electrical team, last done in May 2024 and a log kept on SharePoint. The suction pumps at Ayios Nikolaos had been repaired on numerous occasions but they were internally housed in a small cupboard without suitable ventilation. They had recently stopped working and the dental centre had been told that no repair work could be done until they were housed outside. A works request had been submitted and services provided reduced to check-ups only. Once the suction pumps were operational, providing treatment at Ayios Nikolaos would recommence.

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 or through a local pharmacy. 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 carried out regular audits of prescribing. Although this is not a requirement, it is good practice and improves clinical oversight. An antimicrobial prescribing audit was completed and follow up actions for this included the implementation and reference to the 'Antimicrobial Prescribing in Dentistry: Good Practice Guidelines' chairside synopsis. This provided assurance on the appropriate antimicrobial being prescribed, in line with a summary of adjunctive recommendations (another treatment used together to assist with the primary treatment).

Prescriptions from AMC were on a different formulary to the British National Formulary (BNF, provides key information on the selection, prescribing, dispensing and administration of medicine). Therefore some of the medication being requested was outside of the scope of the BNF, for example, patients were being prescribed pre-operative antimicrobials before extractions. This had been identified and flagged up by the SDO at Dhekelia and was an issue for the 3 military dental centres on island.

The orthodontist sighted challenges at getting some orthodontic consumables in a timely manner and on occasions the orthodontist reported that this has affected the practitioner's ability to finish treatment on time (prior to returning to UK).

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 (RPS) were identified for the practice. Signed and dated Local Rules were available in each surgery along with safety procedures for radiography. The Local Rules were updated in August 2024 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. A copy of the Health and Safety Executive notification was retained and the most recent radiation protection advisory visit was in May 2022.

Evidence was in place to show equipment was maintained annually, last done in March 2024. Staff requiring IR(ME)R (Ionising Radiation Medical Exposure Regulations) 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 June 2024.

Orthopantomography or (OPG, a type of X-ray scan that gives a panoramic or wide view of the lower face) images requested from Limassol and Larnaca General Hospitals were of poor quality (blurred image, poor patient positioning) and did not always provide the dose of ionising radiation used. This issue had been identified, added to the risk register and regular audits were taking place. A template had been developed by the SDO at Dhekelia for tracking the results.

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 6 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 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 and practice manager. We noted that all met or exceeded key performance indicators. For example, 75% of patients were category 1 (had completed a dental check-up and cleaning within the past year).

Health promotion & prevention

A proactive approach was taken in relation to preventative care and supporting patients to ensure optimum oral health. One of the dental nurses was the oral health lead and planned to enrol on the course to become an oral health educator. Dental nurses 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 and the oral health lead maintained a health promotion area in the patient waiting areas supported by the regional oral health lead. Displays were clearly visible and at the time of inspection included a campaign for 'Stoptober' (stop smoking) and 'National Smile Week.' The dental centre had carried out school and nursery visits to provide oral health information and education. Staff had also supported and attended health fairs and an event for carers. A healthy snack competition was planned for families once funding had been secured.

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. Fluoride varnish was regularly applied to patients with increased caries risk, fissure sealants (a protective coating) were applied to prevent decay.

Patients who required teeth to be extracted could be referred to The American Medical Centre (AMC) for routine extraction procedures. A concern had been raised around the oral surgeon at AMC prescribing prophylactic antimicrobials pre-operatively for surgical extractions. Per the 'Antimicrobial Prescribing in Dentistry Good Practice Guidelines' issued by the Faculty of Dentistry, there is no evidence to support the routine use of prophylactic antimicrobials in reducing the risk of postoperative complications after extraction of wisdom teeth, or teeth requiring surgical extraction. The SDO at Dhekelia Dental Centre had taken action on behalf of all three dental centres on island and written to the oral surgery department at the AMC asking them not to prescribe any medication pre-treatment and confirming that the dental centres will see patients post-operatively and prescribe if required. The SDO confirmed that they explained the challenges around prescribing to patients in advance of their appointment with the AMC oral surgeon and a note was added to the patient's record. There was scope to provide a clear and optimal care pathway for patients requiring surgical extraction at the oral surgery provider on island, by agreeing pre and post-surgery anti-biotic prescribing guidelines with the AMC.

Staff we spoke with did not have a clear view on provision for children under three years of age experiencing trauma to access treatment under general anaesthetic. We therefore sought clarification from the acting RSDO who confirmed that a care pathway was in place. This requires clear and swift communication to the teams delivering on the ground in Cyprus.

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 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 in-house training programme ran on a continuous rolling plan, all staff were used to deliver training to help 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.

Dental nurses were aware of the General Dental Council requirements to complete continued professional development (CPD) over a 5-year cycle and to log this training. Most staff had subscribed to a specialist online training provider for mandatory training that had been designed by a third party provider so that dental professionals could maximise CPD activities they chose to complete. 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. Dentists set time away to carry out peer review (30 minutes on a Friday) and attended

webinars. Links on the training log to online platforms included videos for staff to refresh. The last regional day included a session on clinical photography for all staff.

Defence Primary Healthcare had funded a 5 year subscription for all dental personnel to assist with meeting both CPD learning and mandatory courses. This included training around supporting dental patients with a learning disability and autism awareness.

The staff members we spoke with 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. A dedicated day was allocated for all staff to complete mandated training. The training day was a blended approach of on-line training, practical training elements, discussions and games to break up the monotony of constant training. Staff said this was an enjoyable and informative day that they looked forward to.

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 AMC for oral surgery and oral medicine or back to the UK in addition to an initial remote consultation. AMC was also the referral pathway for urgent referrals and this was backed up by a referral policy (urgent referrals followed the 2-week cancer referral pathway). Patients referred back to the UK were supported by a liaison officer from the medical centre. A spreadsheet was maintained of referrals and this was checked weekly. Each referral was actioned by the referring clinician once the referral letter was returned.

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 and practice manager attended the Unit Health Committee meetings at which the health and care of vulnerable and downgraded patients was reviewed. At these meetings, they 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.

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 the dental centres. The practice had conducted their own patient survey in using the General Practice Assessment Questionnaire (GPAQ) feedback tool. A total of 8 responses had been captured between October 2023 and September 2024. All 8 comments were positive with no specific theme. We spoke with 10 patients at Ayios Nikolaos who were positive about the care provided.

An awareness of their low response rate to the patient experience tool survey resulted in the practice manager introducing a compliments book conveniently located for patients to complete. This was well received by both staff and patients.

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. The practice made use of a number of tools such as ceiling posters, and a dedicated table with colouring pads to keep young children occupied. An alert was added to the patient record of any patients known to have anxiety about dental treatment. The first appointment of the day was regularly used to limit the wait time. Patients were provided the choice of a male or female practitioner.

Continuity of seeing their preferred clinician was facilitated upon request but patients were encouraged not to delay treatment. Staff reported that this was seldom a problem and the majority of patients were content to see the first available dentist. Patients could also be referred for hypnosis or treatment under sedation as a final option, done by referral to the American Medical Centre or host nation hospital in Larnaca (for panoramic X-rays only).

The waiting area for the dental centre was well laid out to promote confidentiality. Chairs were set back from the reception desk and a privacy poster displayed.

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. Although no requests had been made, patients were able to see a clinician of the same gender as there was a mix of male and female dentists. Medical health questionnaires had been translated into Greek and Arabic which staff reported as particularly helpful when seeing prisoners who could not be supported through a family member or colleague acting as an interpreter.

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. The National Institute for Health and Care Excellence and Scottish NICE recall guidelines were used effectively for both the children and adult population. Clinical time was optimised with evidence of practitioners conducting multiple restorations during a single session supplemented with effective hygiene and oral health instruction. 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 a single visit. Any urgent appointment requests would be accommodated on the same day, emergency appointments were protected in the morning each day. Feedback from patients suggested they had been able to get an appointment with ease and at a time that suited them. Protected time was allocated on Mondays for school children and teachers.

Promoting equality

In line with the Equality Act 2010, an Equality Access Audit had been completed in February 2024. A ramp had been installed at the main entrance as a result of the audit. There was no hearing loop at the reception desk, however, staff reported that there had never been a need or request. 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.

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, on the practice SharePoint site. Any phone calls made to Dhekelia Medical Centre out-of-hours were diverted to the duty nurse. At Ayios Nikolaos Dental Centre, there was signage at the front door and information had been relayed through station orders and social media. A message was included as part of the recorded message relayed by telephone when the practice was closed. However, at the time of the inspection, the answering machine had not been working since December 2023. Following the inspection, the practice manager confirmed that action taken included having the phone diverted to Dhekelia and a request submitted to have an answering machine. Through the My Healthcare Hub, a Defence Primary Healthcare (DPHC) application used to advise patients on services available, patients could also access the information.

A sick parade (same day walk in appointments) audit was conducted by the SDO and the results shared across other dental centres on the Island. This audit enhanced the use of sick parade timings, maximising utility and moving appointments to the most effective time for patients.

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 the in-house 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 and 1 verbal complaint had been recorded in the last 12 months. The complaints were investigated and responded to appropriately and in a timely manner. One complaint was about the contra prescribing issues on island where UK guidelines differed. As a result, information on this was added to the patient leaflet. Any complaint would be discussed in a practice meeting and minutes recorded included a summary of any lessons learnt.

Patients were made aware of the complaints process through the practice information leaflet and prominent posters displayed in the patient waiting area of the practice. Patients were able to give feedback out of sight from the reception area to promote confidentiality of any comments. The practice had a box in the waiting area where suggestions could be posted and this was positioned away from the desk to provide privacy and anonymity. In addition, there was a dedicated display at the main entrance that included forms and quick review or 'QR' code links to capture patient feedback. This was discreetly positioned as well as being prominent. Each appointment made in person was supported with an appointment slip with the time and date. On the reverse of this slip was the same QR code to encourage feedback from the patient.

The practice had introduced a compliments book that was positioned away from the reception. Since August 2024, there had been 15 written compliments entered. The main themes were around the information given on treatment 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. 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, including the hygienist, carried out peer case discussions each week. The periodontal and referral logs were reviewed together with any cases clinicians wished to discuss. This forum was used to review any clinical specific policy changes, new standard operating procedures and any new materials.

An internal Healthcare Governance Assurance Visit took place in February 2024. The practice was given a grading of 'full assurance.' A management action plan (MAP) was developed as a result; actions identified had been completed or were in progress. The MAP was reviewed monthly and updated as actions were completed. It was also monitored regularly by the Regional Headquarters (RHQ) and DPHC headquarters. There were only 3 outstanding action points from the 21 and work on these was underway.

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 part of the practice manager handover, it was a live document, updated regularly by the practice. The 2 dental centres had separate HAFs but had requested to RHQ for them to be combined. The SDO and the practice manager monitored the HAF monthly for changes and updates. Progress and updates were also discussed at practice meetings so 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 month on a

Thursday afternoon, these had an agenda and were minuted. All staff felt they had input and could speak freely as well as being listened to. Minutes were sighted at the visit and confirmed to include all the required standing agenda items. Staff worked full-time so were mostly available.

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. Staff spoke of the practice being an enjoyable place to work, of note, the regular social events that fostered a strong team ethos. Training that supported policies was delivered by all staff members in turn.

We inspected all three dental centres on island concurrently and noted that there were opportunities for a more coordinated pan-island approach to maximise standardisation, provide a platform for clinical peer review and cross-practice sharing of best practice.

Learning and improvement

Quality assurance processes to encourage learning and continuous improvement were effective. Of note, the prescribing audits were regular and detailed.

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.

To address environmental sustainability, recycling was encouraged and bins were provided so waste could be separated.

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 was also paper methods available too 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. As the GPAQ is a live system, it means the information can also be accessed by RHQ and DPHC headquarters who could then conduct trends analysis for wider regional trends. Updates were then fed to the dental centres. The

Are Services Well Led? | Dhekelia and Ayios Nikolaos Dental Centres

feedback had been positive and there were examples of changes made in response to feedback from patients. For example, payments for treatment had previously required cash payment but these could now be made through the financial services administrator.

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. Staff achievements were recognised through a rewards system.