

Colchester Dental Centre

Defence Medical Services inspection report

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information given to us by the practice and patient feedback about the service.

Are services safe?	No action required	✓
Are services effective?	No action required	✓
Are services caring?	No action required	✓
Are services responsive?	No action required	✓
Are services well led?	No action required	✓

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Summary

About this inspection

We carried out an assurance visit of Colchester Dental Centre on 21 January 2025. We gathered evidence remotely and undertook a visit to the practice.

As a result of the inspection we found the practice was safe, effective, caring, responsive and well-led in accordance with 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 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

Located in the East and part of the Defence Primary Healthcare (DPHC), Colchester Dental Centre is a 6-chair practice providing a routine, preventative and emergency dental service to a military patient population of 3000. Colchester Dental Centre is based in Merville Barracks, in Colchester, Essex. The military have had a presence in Colchester continually since the Roman era.

The dental centre is co-located with the medical centre within a purpose-built, 2 storey building and is situated on the first floor of the building. This was opened in Summer 2008.

Clinics are held 5 days a week Monday to Thursday 08:00-12:30 hours and 13:30-17:00 and Friday 08:00-13:30 hours. Daily emergency treatment appointments are available. Hygiene support is currently carried out by two part-time hygienists. A regional emergency rota provides access to a dentist when the practice is closed. A number is provided for patients to call a dentist and following triage, the patient can be seen at a military dental centre. Secondary care support is available from the local NHS hospital trust Colchester Hospital for oral surgery and oral medicine. The majority of oral surgery is delivered at the Mulberry clinic with a short 8 week waiting list. Orthopantomograms are obtained at a local NHS walk in clinic and images are emailed to the dental centre within 24 hours. Restorative care referrals are sent to DPHC's Defence Centre for Rehabilitative Dentistry and its Managed Clinical Network. Tier 2 care is delivered in Colchester by the Enhanced Practitioner for East Region. Tier 3 care is delivered in Aldershot.

The staff team at the time of the inspection

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Senior Dental Officer (SDO) (military)	1
Dentist (military)	1 (full-time)
Dentist (civilian)	2 (full-time)
Dentist (military)	1 (visiting 16 Medical Regiment)
Dental hygienist (civilian)	2 (part time)
Dental nurses (civilian)	4 (1 post vacant currently waiting for onboarding)
Dental nurses (military)	1
Dental nurses (military)	1 (visiting 16 Medical Regiment)
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. The CQC National Professional Advisor shadowed the inspection.

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 dentists, dental nurses, practice manager, reception staff and the cleaning team. 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 spoke with 14 patients to garner their views about the service and also collated written comments from 24 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 vulnerable patients.

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- 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 dental facility was purpose built, spacious and clean throughout. However the team had identified the need to update and improve the layout of the CSSD as, whilst it complied with essential national practice guidelines, there was an aspiration to meet with best practice requirements for the decontamination of dental instruments. A number of requests had been submitted by the team in relation to these improvements but funding was yet to be confirmed.
- 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:

- Each staff member had a key fob for printing such that patient identifiable information could not accidentally be printed in the wrong location. This ensured that confidentiality of patient identifiable information was better protected.
- On request, dentists provided (urgent only) treatment for military corrective training centre service personnel. Staff described the measures they took to ensure the confidentiality and dignity of patients such that they felt treated in the same way as all patients.

CQC recommends to Defence Primary Healthcare (DPHC) and the Unit:

- The dental team should have access to training around supporting patients with a learning disability / autistic spectrum disorder (ASD) in line with the national requirement for all healthcare providers.
- Issue clear guidance to dental teams with regard to the key changes to Health Technical Memorandum 07-01 and what this means in practice.
- Make funding available to improve the layout of the CSSD with a view to achieving best practice requirements for the safe decontamination of dental instruments.
- Include the compressor within the fire safety risk assessment and ensure that the dental team are able to access this area as required.

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- Ensure that all staff who provide treatment of Military Corrective Training Centre service personnel have access to a locally agreed protocol which serves and protects both staff and patients.

The Chief Inspector recommends to the Dental Centre

- Make grabbable material substance data sheets available to staff for use in an emergency.
- Establish a consumables expiry checklist for surgeries.
- Best practice guidance suggests that all clinicians (including hygienists) should have chairside support.
- Train all new staff and locums in the use of Magellan needles to prevent inappropriate use.
- Maximise the opportunity of co-location with the medical team, specifically for practising medical emergency scenarios.

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. We noted that discussion and changes to practice has been made in order to prevent re-occurrence. In addition, staff were aware when to report incidents in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff we spoke with had a good understanding of their responsibilities and reporting requirements.

The practice manager and SDO and most of the dental team were signed up to directly receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and the Department of Health Central Alerting System (CAS). Regional Headquarters (RHQ) also notified the team about all alerts relevant to oral health. Alerts were disseminated by the PM to the team with read receipts to confirm that information had been received.

Reliable safety systems and processes (including safeguarding)

The Deputy Senior Dental Officer (DSDO) took the lead role for safeguarding for the dental centre and the Senior Medical Officer (SMO) was the overarching safeguarding lead for both the Dental Centre and the Medical Centre (co-located). Both had undertaken level 3 training, including for children. All other members of the staff team had completed level 2 safeguarding training. The local military safeguarding policy was available and staff also knew how to locate the Safeguarding Essex link on SharePoint which contained key contacts outside of the military setting. Staff were aware of their responsibilities if they had concerns about the safety of patients who were vulnerable due to their circumstances. The team knew how to identify patients who were also minors in DMICP (the patient records system) and they attended Unit Health Committee meetings to discuss any patients who were vulnerable.

Staff had received training around the duty of candour and understood the principles. A protocol was available to guide them. 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. When treatment provided was not in accordance with the original agreed treatment plan, this was recorded in the patient's notes.

The dentist was always supported by a dental nurse when assessing and treating patients. However the dental hygienists did not have chairside support. The hygienists confirmed that they always worked with the door ajar and that they never worked alone in the

building. The surgery had an alarm system that allowed staff to call for assistance and they could press a button to summon urgent assistance from the medical team downstairs.

A whistleblowing policy was in place and DPHC protocols were displayed. Staff all confirmed that they would feel comfortable raising any concerns. Staff also had the option to approach the regional 'Freedom to Speak Up Champion' and the local Chain of Command.

We looked at the practice's arrangements for the provision of a safe service. A staff member in the medical team was the SHEF lead with Health and Safety responsibility for the whole building. The dental practice manager was invited to attend bi-annual health and safety meeting. A risk register was maintained by the PM and this was periodically reviewed. A range of risk assessments were in place, including for the premises, staff and legionella. The practice was following relevant safety legislation when using needles and other sharp dental items. Needle stick injury guidance was available in the surgery in the form of a written 'sharps protocol'.

The dentist routinely used rubber dams for nearly all restorative and endodontic treatments in line with guidance from the British Endodontic Society.

A business continuity plan (BCP) was in place and had last been reviewed in January 2025. The BCP set out how the service would be provided if an event occurred that impacted its operation. The BCP had last been instigated in January 2025 as a result of the clinical records system going down. The service reverted to emergency treatment only. Patients were re-booked based on priority and as soon as the diary would allow.

Medical emergencies

The medical emergency standard operating procedure from Defence Primary Healthcare (DPHC) was followed. One of the MOD dentists assumed the lead role for medical emergencies and this was reflected in their terms of reference. The automated external defibrillator (AED) and emergency trolley were well maintained and securely stored, as were the emergency medicines. Daily checks of the AED and oxygen supply were undertaken and recorded. A review of the records and the emergency trolley demonstrated that all items were present and in-date. However there was scope to ensure that the scissors / razor were easily located. We also discussed with clinical staff the need to ensure that all new employees and locums were given immediate training in the use of Magellan needles as they looked like cannulas (posing a risk to their appropriate use).

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. There was scope to exercise simulated emergency scenarios with the co-located medical team.

First aid, bodily fluids and mercury spillage kits were available. The practice could acquire assistance from the medical centre for any first aid requirements. All staff had received training about and were aware of the signs of sepsis. Sepsis information was displayed in the surgeries.

Staff recruitment

The full range of recruitment records for permanent staff was held centrally. The practice manager had access to the DMS-wide electronic system so could demonstrate that relevant safety checks had taken place at the point of recruitment, including an enhanced Disclosure and Barring Service (DBS) check to ensure staff were suitable to work with vulnerable adults and young people.

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 member of the medical centre team was the named health and safety lead for the building and the dental practice manager was invited to attend bi-annual meetings (the most recent meeting minutes available were from July 2023). A suite of risk assessments were in place including: work-related upper limb disorders, hand arm vibration syndrome, manual handling, pregnant worker, access and egress, surgery activities, working in an office environment.

A fire risk assessment had been undertaken and actions implemented. We noted that the compressor (a machine that creates high-quality, high-pressure air, which is then delivered through specialized lines to dental operatories: as such it carries a high fire risk) had not been included in the fire risk assessment. Staff were unable to access the compressor to perform their own checks as the Unit held the keys. Arrangements for routine monitoring of firefighting equipment were in place. Weekly fire drills were undertaken by the medical team, but staff confirmed that the dental team were not always involved. Portable appliance testing had been undertaken by the Medical Device Safety Service. A Control of Substances Hazardous to Health (COSHH) risk assessment was in place and was reviewed annually by the practice manager. Staff explained that if an incident occurred involving a hazardous substance, the practice manager would access material safety data sheets online to see the most current guidance on steps to take. However, in the absence of the PM and to ensure the swiftest action possible, there was scope to also place copies of data sheets into the COSHH folder for staff to access in an emergency.

The practice followed relevant safety laws when using needles and other sharp dental items. Post exposure prophylaxis was available for staff if required. 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 reviewed in line with central policy and was a standing agenda item at the practice meetings.

Infection control

A dental nurse was 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

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primary care dental practices (HTM 01-05) published by the Department of Health. Staff received IPC training and were required to complete refresher training every 6 months. One staff member had recently returned from maternity leave and awaited refresher training. IPC audits were undertaken annually and the most recent was undertaken in December 2024. There were no recommendations.

Should there be urgent care requirements for the treatment of patients with an infectious disease, staff confirmed that aerosol-generating procedures would be followed and that care would be given at the end of the day. The dental team confirmed that they were working with Regional Headquarters to consider key changes to Health Technical Memorandum 07-01 and that some additional clarity was required, specifically around waste segregation and sustainable practice.

The dental facility was purpose built, spacious and clean throughout. However the team had identified the need to update and improve the layout of the CSSD as, whilst it complied with essential national practice guidelines, there was an aspiration to meet with best practice requirements for the decontamination of dental instruments. A number of requests had been submitted by the team in relation to these improvements but funding was yet to be confirmed.

Environmental cleaning was carried out by a contracted company twice a day and dental nurses cleaned surgeries in between patients. The cleaning contract was monitored by the practice manager who reported any inconsistencies or issues to the cleaning contractor. The dental team was satisfied that the current contract was sufficient for the practice needs. This included arrangements for deep cleaning.

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 a contractor in May 2024 and a protocol for the prevention and management of legionella was in place. This protocol detailed the process for flushing taps and disinfecting water lines.

Arrangements were in place for the segregation, storage and disposal of clinical waste products, including amalgam (integral to suction unit), sharps and extracted teeth. The clinical waste bin, external of the building, was locked, secured and away from public view. Certificates to demonstrate the destruction of waste were retained.

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 July 2024. The servicing of all other routine equipment, including clinical equipment, was in date in accordance with the manufacturer's recommendations.

A consumables expiry checklist was in place for the store cupboard and the CSSD, but there was scope to establish a consumables expiry checklist for surgeries. We noted that there was a large amount of PPE soon to expire against an electrical box in the store

cupboard – we suggested that this could be disposed of to mitigate the fire risk. Staff confirmed that this was done shortly following the inspection.

A log of prescriptions was maintained and prescriptions were sequentially numbered and stored securely. A log was kept on SharePoint to maintain traceability and accountability for any missing prescriptions. Follow Print had been activated and allowed the team to print on demand via fob use (avoiding printing to the wrong printer). Minimal medicines were held in the practice although a 'Doctor's bag' containing analgesia and antibiotics was available for prescribing out of hours.

Patients obtained medicines 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 followed Faculty of General Dental Practice UK (FGDP) and the British National Formulary (BNF) guidance for antimicrobial prescribing. Staff confirmed that every 50th antibiotics prescription was audited.

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 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. 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 3 months, the next one was planned for March 2025.

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.

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. Records confirmed patients were recalled in a safe and timely way.

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. The dentists applied the Manchester Toolkit in support of healthy gums. Patients who smoked or used snus were given advice. Any patients with severe periodontal disease were referred to the medical centre for blood testing.

The dentists 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 targets were being met at the time of the inspection.

Health promotion & prevention

A proactive approach was taken in relation to preventative care and supporting patients to ensure optimum oral health. There was no lead for oral health education at the time of this inspection, although a dental nurse was undertaking the training. Dental care records showed that lifestyle habits of patients were included in the dental assessment process. The dental team 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. There were health promotion boards in the patient waiting area. The team attended Unit health fairs, most recently in February 2024. They were running a campaign covering sugar content in drinks, smoking including damage to oral and overall health and the importance of a quality interdental cleaning routine.

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. The team confirmed that application of high concentration fluoride to high risk patients was conducted, alongside fissure sealants.

Staffing

The team was managing some vacancies, notably nurses, through the use of locums where possible. An 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, with the exception of two staff members who were due to receive safeguarding training. The practice manager monitored the training plan and ensured it covers all the mandated requirements at the right times. The team had not yet received training around supporting patients with a learning disability / autistic spectrum disorder (ASD) (this is now a national requirement for all healthcare providers).

The 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. Staff could access CPD courses and webinars through an online subscription. Staff completed CPD in their non clinical hours and time was blocked to allow for this.

Working with other services

Secondary care support was available from the local NHS hospital trust Colchester Hospital for oral surgery and oral medicine. The majority of oral surgery was delivered at the Mulberry clinic with a short 8 week waiting list. Orthopantomograms were obtained at a local NHS walk in clinic and images were emailed to the dental centre within 24 hours. Restorative care referrals were sent to DPHC's Defence Centre for Rehabilitative Dentistry and its Managed Clinical Network. Tier 2 care was delivered in Colchester by the Enhanced Practitioner for East Region. Tier 3 care was delivered in Aldershot.

The practice worked with the medical centre and the doctors reminded patients 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

Patients were able to submit both compliments and suggestions via a box in reception. Where possible feedback was actioned and a 'You said we did' board was displayed in the waiting area. The team discussed patient feedback as a standing agenda item at staff meetings.

We spoke with 14 patients about their care and they all confirmed that they were content with the standard of their dental care and all said that staff treated them with dignity and respect.

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.

On request, dentists provided (urgent only) treatment for military corrective training centre service personnel. Staff described the measures they took to ensure the confidentiality and dignity of patients such that they felt treated in the same way as all patients. However there was scope to agree a local protocol to serve and protect both staff and patients.

The reception area for the dental centre did allow for confidentiality and there was a television in the waiting area to cover any conversation. 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. Patients could opt to see a dentist of either gender.

Involvement in decisions about care and treatment

Dental staff confirmed that they have sufficient time to give information and to explain treatment options to patients. They used whiteboards, hand mirrors, models, drew pictures, shared x-rays and Digital Intra-oral Scanner (DIOS) outputs as tools for clear explanation.

We spoke with fourteen patients who had used the dental service within the last year and they all confirmed that staff provided clear information to support them with making informed decisions about treatment choices. They told us that the dental staff had used the whiteboard and drawn pictures to support their understanding of what treatment was required. All patients we spoke with confirmed that they felt able to give informed consent. 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 14 patients suggested that 12 had been able to get an appointment with ease and at a time that suited them. Two patients had needed to wait a little longer to secure a routine appointment with a dentist. All patients confirmed that they had not had to wait whilst in pain.

Promoting equality

In line with the Equality Act 2010, an Equality Access Audit had been completed in 2024 and no issues were found to require action. Fire alarms were both visual and audible and there was a lift as the dental centre was on the second floor. 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 and in the practice leaflet. Out of hours access was provided by a duty team within a 100 mile radius – patients were triaged by phone and appointments arranged with the duty team.

Patients could access a routine appointment with a dentist within three months and urgent appointments were available on the same day. The current wait to see a hygienist was three months. Most patients who we spoke with confirmed that access to dental appointments was good, although two patients noted that there had been a wait to see a dentist. All patients who spoke with us confirmed that they had not needed to wait whilst experiencing pain.

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 recently completed complaints training and were aware of the processes in place for managing complaints, including a complaints register for written and verbal complaints. Complaints we reviewed had been actioned and patients had received letters of decision and explanations of resultant learning.

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 PDO (Primary Dental Officer) in 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 they owned their terms of reference and any lead roles. Staff 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.

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 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 month or more frequently if required.

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. There were a number of long-standing staff members – both civilian and military and the service and patients benefitted from this continuity in staffing and knowledge.

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 team took part in the East region peer review which took place throughout the year, in addition to attending regional training day and Managed Clinical Network webinars. Audits around IPC, record keeping and radiography has recently been completed.

Text messaging patients had been implemented and was working efficiently, reducing time lost due to patients not attending their appointments.

Recycling was in place within the unit and the Dental Centre.

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

Patients were invited to give feedback on paper or through the online patient survey. Staff confirmed that they could also support patients who wanted to give verbal feedback. Actions implemented as a result of feedback were displayed on a 'you said we did' board in the waiting area.

The SDO listened to staff views and feedback at meetings and through informal and line management 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.