Norton Manor Dental Centre

40 Commando, Norton Manor Camp, Taunton, TA2 6PF

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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Contents

Summary

About this inspection

We carried out an announced comprehensive inspection of Norton Dental Centre on 07 December 2023. 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 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 Devon and part of the Defence Primary Healthcare (DPHC) Dental South West Region, Norton Manor Dental Centre is a 2-chair practice providing a routine, preventative and emergency dental service to a military patient population of around 460. Families are signposted to nearby dental practices. 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. An NHS Accident and Emergency department is located close by.

Clinics are held 5 days a week Monday to Thursday 08:00-16:30 hours and Friday 08:00-14:00 hours. Daily emergency treatment appointments are available. Hygiene support is currently carried out by the dentists as there is no hygienist on site or visiting. 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. Minor oral surgery referrals are made to the Royal Devon and Exeter NHS Hospital. Secondary care support is available from the local NHS hospital trust (Taunton / Musgrove Park Hospitals) for oral surgery and oral medicine and through the DPHC's Defence Centre for Rehabilitative Dentistry and its Managed Clinical Network for other referrals.

The staff team at the time of the inspection

Senior Dental Officer (SDO) (military)	Currently deployed
Surged Dentists (military)	2 (3 days in total)
Dental nurse (military)	1
Practice manager (military)	1

Our Inspection Team

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

How we carried out this inspection

Prior to the inspection we reviewed information about the dental centre provided by the practice. During the inspection we spoke with the 6 patients, a dentist, the Principal Dental Officer, dental nurse and practice manager. We looked at practice systems, policies, standard operating procedures and other records related to how the service was managed. We also checked the building, equipment and facilities. We also reviewed feedback from patients who were registered at the dental centre.

At this inspection we found:

- Feedback showed patients were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.
- The practice effectively used the DMS-wide electronic system for reporting and managing incidents, accidents and significant events.
- Systems were in place to support the management of risk, including clinical and non-clinical risk.
- Suitable safeguarding processes were established, and staff understood their responsibilities for safeguarding adults.
- The required training for staff was up-to-date and they were supported with continuing professional development.
- Record keeping was of a high standard. There was scope to ensure that recalls were undertaken in line with national guidelines to reduce waiting lists and complete care.
- Staff treated patients with dignity and respect and took care to protect patient privacy and personal information.
- The appointment system met both patient needs and the requirements of the Chain of Command.

- Staff worked well as a team and their views about how to develop the service were considered. The SDO had been deployed and so the team relied on surge supply for clinical dental provision. The absence of an SDO brings challenges around consistency of healthcare governance processes and leadership capacity, but the team were mitigating these risks as far as possible.
- An effective system was in place for managing complaints.
- Medicines and life-saving equipment were available in the event of a medical emergency. We found an issue with an oxygen mask on the day of this inspection but this was remedied before we left the building.
- 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.

We identified the following areas of notable practice:

In the absence of a Senior Dental Officer, the commitment and team approach demonstrated by the practice manager, dental nurse and the dentists from nearby practices had ensured that patients could continue to access a service and did not have to wait for long if they were experiencing pain.

We recommend to the wider organisation:

Ensure the swift repair of the ventilation system.

We recommend to the practice:

Ensure that best practice guidelines are followed with regard to the safe disposal of gypsum and amalgam.

Ensure that emergency gases, medicines and equipment are stored to enable optimal access and that all staff regularly practice using and accessing them.

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. The staff team had completed ASER 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, this was categorised to support identification of any trends. No ASERs had been recorded in the previous 12 months. However, we were told that significant events were discussed at practice team meetings. Staff unable to attend could review records of discussion, minutes of these meetings were held in a shared electronic folder (known as SharePoint). In addition, staff were aware when to report incidents in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff we spoke with had a good understanding of their responsibilities and reporting requirements.

The dental team were informed by regional headquarters (RHQ) about national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and the Department of Health Central Alerting System (CAS). They were then discussed at practice meetings and filed with a note of actions taken.

Reliable safety systems and processes (including safeguarding)

A Senior Dental Officer at a neighbouring dental centre had taken on the lead role for safeguarding and cover was also provided by the Principal Medical Officer in the medical centre. The safeguarding policy and personnel in key roles were displayed on a dedicated noticeboard. All other members of the staff team had completed level 2 safeguarding training. Staff were aware of their responsibilities if they had concerns about the safety of patients who were vulnerable due to their circumstances.

Clinical staff understood the duty of candour principles although there had been no recent need to annotate this within patient records as treatment provided had been in accordance with the original agreed treatment plan. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

The dentists were always supported by a dental nurse when assessing and treating patients. There was no hygienist working in the dental centre. Each surgery room had a panic alarm button that allowed staff to call for assistance.

A whistleblowing policy was in place and displayed on the staff noticeboard. Staff had received whistleblowing training and said they would feel comfortable raising any concerns. Staff also had the option to approach the regional ‘Freedom to Speak Up Champion’.

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. A risk register was maintained, and this was reviewed regularly by the practice manager. The practice manager carried out fortnightly environmental reviews including checks of cleanliness, equipment and a review of monitoring records. The practice was following relevant safety legislation when using needles and other sharp dental items. Needle stick injury guidance was available in the surgery in the form of a written 'sharps protocol'.

The dentists routinely used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. Rubber dam usage was mandated for endodontics (root canal treatment) and used for restorations where it could be placed.

A comprehensive business continuity plan (BCP) was in place and had last been reviewed in June 2023. The BCP set out how the service would be provided if an event occurred that impacted its operation. The plan included staff shortages, loss of power, radiography failure, adverse weather conditions and loss of compressed air. A list of key contacts listed on the plan included senior members of the regional team, nearby dental centres, the Radiation Safety Officer, the Radiation Protection Advisor and the compressed air authorised person. The BCP could be accessed remotely should access to the building be restricted. It had not been necessary to action the BCP to date.

Medical emergencies

The medical emergency standard operating procedure from Defence Primary Healthcare (DPHC) was followed. However, items required in an emergency were dispersed amongst a purpose-designed medical bag, the automated external defibrillator (AED) and oxygen on a shelf and Midazolam stored in one of the surgeries, risking leaving a mission-critical item behind. Daily checks of the medical emergency kit were undertaken and recorded by the dental nurse. We noted a concern with the oxygen supply (the oxygen bag had become detached meaning that the supply would fail in the event of an emergency). The situation was rectified on the day of our inspection with the assistance of the medical centre team. A review of the records and the emergency trolley demonstrated that all items were present and in-date, although there was scope to reduce the shelf life of any medicines held in an area without temperature control. 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. Staff were all in date for training around managing sepsis were aware of the signs of sepsis; information was displayed in the surgeries. Panic alarms to attract attention in the event of an emergency were connected to the medical centre and to reception.

Staff recruitment

The full range of recruitment records for permanent staff was held centrally. The practice manager had access to the DMS-wide electronic system so could demonstrate that relevant safety checks had taken place at the point of recruitment, including an enhanced Disclosure and Barring Service (DBS) check to ensure staff were suitable to work with vulnerable adults and young people. 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 undertook regular checks of fire alarms, 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 November 2021. The practice manager was the fire warden for the premises and regularly checked the fire system. Staff received fire training twice a year provided by the unit and an evacuation drill of the building was last conducted in October 2023. 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 June 2023. COSHH data sheets were in place and had been reviewed in June 2023. 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.

Infection control

The practice manager had the lead for infection prevention and control (IPC) and had completed the required training. The IPC policy and supporting protocols took account of the guidance outlined in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health. All the staff team were up-to-date with IPC training. IPC audits were undertaken twice a year and the most recent was undertaken in October 2023. Issues identified included an absence of washer disinfector and no blind cleaning schedule.

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 unit and the practice manager reported any inconsistencies or issues to the cleaning manager. A deep clean (including carpets) was

provided twice annually. There was scope to better organise the cleaning cupboard to ensure that mops and COSHH items were stored correctly.

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. The team confirmed that the ventilation system required repair (this had been reported and was noted on the risk register) and a floor seal also required repair.

A legionella risk assessment had been carried out by the Unit health and safety team in November 2022 and defects raised within the report had been rectified and water pipes within the practice updated. 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.

Arrangements were in place for the segregation, storage and disposal of clinical waste products, including sharps and extracted teeth. However, there was no contract in place for the safe disposal of amalgam and gypsum waste. 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. There was scope to cross reference the waste disposal log to the DPHC annex (with consignment reference number and date of collection).

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

A manual log of prescriptions was maintained and prescriptions were sequentially numbered and stored securely. Patients obtained medicines through a local pharmacy and had to travel further to fulfil scripts out of hours. 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 and in the emergency bag. The team planned to audit the prescribing of antibiotics (which happened seldom) when the SDO returned in February 2024.

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. The Radiation Protection Advisor was the Defence Science and Technology Laboratory. The Radiation Protection Supervisor was named as the SDO (who is currently deployed) and it

was not clear who deputised for her in her absence. Signed and dated Local Rules were available in each surgery along with safety procedures for radiography. The Local Rules were updated in August 2023 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.

Evidence was in place to show equipment was maintained annually. 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, with a further audit due upon the SDO's return in February 2024.

Are Services Effective?

Monitoring and improving outcomes for patients

The treatment needs of patients were appropriately 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 generally planned and delivered in line with the Basic Periodontal Examination - assessment of the gums, caries (tooth decay), oral cancer and non-age-related tooth surface loss risk assessments. The dentists referenced appropriate guidance in relation to the management of wisdom teeth, taking into account operational need.

The dentists generally followed appropriate guidance in relation to recall intervals between oral health reviews, which were between 6 and 18 months depending on the patient's assessed risk for caries, oral cancer, periodontal and tooth surface loss. In addition, recall was influenced by an operational focus, including prioritising patients in readiness for rapid deployment.

We looked at 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. We discussed examples where improved decision making at the Periodic Dental Inspection (PDI) stage could lead to optimal treatment planning and better allocation of recall intervals for individual patients.

The military dental fitness targets were closely monitored by the dental team and noted that they met key performance indicators. For example, 79% of patients were category 1 (all operative treatment competed and in date for a PDI).

Health promotion & prevention

The dental nurse was the lead for preventative care and supporting patients to ensure optimum oral health. Dental care records showed that lifestyle habits of patients were included in the dental assessment process. The dentists provided oral hygiene advice to patients on an individual basis, including discussions about lifestyle habits, such as smoking, snus and alcohol use. Oral health promotion leaflets were given to patients and the health promotion area was maintained in the patient waiting area. Recent displays included a Snus campaign and mouth cancer awareness.

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. Over-labelled 2800ppm sodium fluoride toothpaste was held in the dental centre. Fissure sealants and Fluoride varnish were available, although we did not see this in use across the small sample of records we reviewed.

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 dental nurse was aware of the General Dental Council requirements to complete continued professional development (CPD) over a 5-year cycle and to log this training. 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.

At the time of our inspection, the SDO was deployed and working at another service. Cover was being provided by dentists from neighbouring dental centres. The team stated that they were able to ensure that any patient experiencing pain would be seen quickly (although they might need to travel) and they were also able to support the occupational requirements for patients deploying at short notice. The SDO is due to return to the dental centre in late January 2024.

Working with other services

The team confirmed that 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 Taunton Hospital or the Royal Devon and Exeter Hospital for secondary care. A spreadsheet was maintained of referrals and checked weekly. Each referral was actioned by the referring clinician once the referral letter was returned. Urgent referrals followed the 2-week cancer referral pathway.

The practice worked closely with the medical centre and could refer patients where the dental team had concerns around alcohol intake, smoking or snus use, although patient uptake was very low. The Chain of Command was informed if patients failed to attend their appointment.

Consent to care and treatment

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

Clinical staff were aware 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 Norton Manor Dental Centre. The practice had conducted their own patient survey in using the General Practice Assessment Questionnaire (GPAQ) feedback tool. A total of 106 responses had been captured and collated in July 2022. 100% of respondents said they were generally happy with their healthcare and 95% said they would recommend the dental practice to family and friends.

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. Clinical alerts on the patients iEHR would forewarn the clinician if a patient was very nervous. Referrals to hospital could be made for oral surgery procedures, although DPHC's own sedation service was currently paused.

The waiting area for the dental centre was well laid out to promote confidentiality with a radio playing to cover conversations. Patients could be observed at all times. If patients needed a private space to speak with staff this could be accommodated.

Access to a translation service was available for patients who did not have English as their first language. Information on telephone interpretation was displayed on the patient information board and there was a protocol for staff to follow. As the female SDO was currently deployed, patients were only able to see male dentists on site. However, any patient making a specific request could travel to a neighbouring practice if they wished to see a female practitioner.

Involvement in decisions about care and treatment

Patients we spoke with on the day of the inspection confirmed that staff provided clear information to support them to make 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 3 to 24 months depending on a dental risk assessment and rating for each patient. We saw that recall intervals tended to lean towards the conservative with most patients set to be recalled at 12 months. 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 the first visit. Any urgent appointment requests would be accommodated on the same day, emergency appointments were protected in the morning and afternoon. We spoke with seven patients as part of our inspection and all confirmed that if they were in pain, they were confident they would be seen on the same day, although they might be required to travel to a neighbouring dental centre.

Promoting equality

In line with the Equality Act 2010, an Equality Access Audit had been completed in May 2023. The audit found the building met the needs of the patient population, staff and people who used the building. Staff we spoke with told us that had never encountered the need for a hearing loop at the reception desk. There was a lift for patients to use if unable to use the stairs. The team had identified the need for an evacuation chair in the event of a fire and the lift not being usable. A request had been submitted.

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 and was included as part of the recorded message relayed by telephone when the practice was closed.

In the absence of the SDO, patients were currently waiting 3 weeks for a routine appointment. There was no hygienist at the centre and so dentists undertook this role. Any patients in pain would be seen the same day in a local clinic or neighbouring dental centre.

Regional out of hours care and advice was provided via the duty dental officer. If an appointment was required, this was held within the Duty Dentist's assigned Unit.

We spoke with seven patients as part of our inspection. They all confirmed that they were content that they would be seen promptly if they were experiencing pain. However, two patients outlined a concern that, with the SDO currently working elsewhere, this posed challenges around meeting occupational health requirements for units that were deploying at very short notice. Units could not be seen on site at Norton Manor and so had to travel to dental centres one hour away – where units were deploying with only hours' notice, this was an additional challenge and added to the already significant time pressure.

Concerns and complaints

In the absence of the SDO, the practice manager was the lead for clinical complaints and the practice manager was the named contact for compliments and suggestions. Complaints were managed in accordance with the DPHC complaints policy. The team had all completed complaints training that included the DPHC complaints' policy. A process was in place for managing complaints, including a complaints register for written and verbal complaints. No complaints had been recorded in the last 12 months. 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 a display in the practice. The practice had a box in the waiting area. 100% of the 106 patients who responded to the patient survey said that they would be confident to raise a concern if they needed to.

Are Services Well Led?

Governance arrangements

In the absence of the Senior Dental Officer (SDO), responsibility for the management and clinical leadership of the practice was shared across the practice manager, dental nurse and Regional Principal Dental Officer. 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. In the absence of the SDO, the practice manager 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. We reviewed the risk register and noted that risks around the absence of the SDO had been escalated, along with requirements to repair the air conditioning units and some of the floor seams.

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.

An internal assurance review was last undertaken in 2021 and a management action plan was in place following this visit. Performance against military dental targets, complaints, staffing levels, staff training, audit activity, the risk register and significant events were all uploaded onto SharePoint and could be viewed by region, DPHC headquarters and anyone granted access. The Health Assurance Framework (HAF) was used as a live document, updated regularly by the practice. This was also discussed at practice meetings, so all staff had an awareness of the document and its contents.

All staff felt well supported and valued. Staff told us that there were clear lines of communication within the practice and gave positive comments on the teamwork. Duties were distributed across 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 monthly, and 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.

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). 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. Staff were open about the challenges posed by the absence of the SDO, but they were clear that the support given by the regional team and Heron Dental Centre were instrumental in ensuring that patients continued to receive a quality service. The practice manager has assumed additional responsibilities to cover parts of the SDO role and the dental nurse was also proactive in providing clinical support across the whole region.

Learning and improvement

Quality assurance processes to encourage learning and continuous improvement were effective. The dental centre had implemented guidance set out by DPHC around the safe return to dental care provision during the COVID-19 pandemic.

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.

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

Quick response or ‘QR’ codes were displayed 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 Governance, Performance, Assurance and Quality (GPAQ) dashboard is a live system used to monitor patient feedback. The PM checked the system for updates are these were fed to the staff at team at team meetings. The feedback had been positive and there were no examples of changes or negative experiences from patients.

Staff told us that they could contribute their 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 MoD’s Continuous Attitude Survey where results were fed to DPHC headquarters.