

Sandhurst Dental Centre

Royal Military Academy Sandhurst, Camberley, Surrey, GU15 4PQ

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 announced comprehensive inspection of Sandhurst Dental Centre on 22 November 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's (CQC) 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 Surrey and part of the Defence Primary Healthcare (DPHC) Dental London South Region, Sandhurst Dental Centre is a two-chair practice providing a routine, preventative and emergency dental service to a military patient population of 1,200.

Sandhurst is a world-renowned Officer Training Academy and the site is also home to the headquarters of the Army Medical Services and Brigade of Gurkhas, Centre for Army Leadership and Army Engagement Group. This dental centre provides dental care to both the Phase 1 trainees and all permanent staff.

The dental centre is on the ground floor of a building shared with the Sandhurst multi-media team. The dental centre is located adjacent to the medical centre, and although not in the same building, enjoys a close working relationship with the medical team.

Clinics are held 5 days a week Monday to Thursday 08:00-12:30 then 13:30-16:00 and Friday 08:00-12:30. Daily emergency treatment appointments are available and routine appointment availability is monitored regularly to ensure good access to care. Nurse-led oral health education clinics are provided and hygiene treatment is currently carried out by a full-time hygienist at Dental Centre Odiham, which is approximately a 20-minute drive away.

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 an intermediate minor oral surgery service. Secondary care support is available from the local NHS hospital trust (Royal Surrey Hospital) for oral surgery and oral medicine and through

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	1
Practice Manager	Civilian	1
	Civilian	1 (recruitment underway for a second dental nurse)
Dental Nurse		
Visiting Dentists	Military	2 (1 day/week)
Locum Dental Nurse	Civilian	1 (full-time)

Our Inspection Team

This inspection was undertaken by a CQC inspector supported by specialist advisors that included 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, dental nurses 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. We highlighted the monitoring of patients in the waiting area as an area for improvement.
- 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.
- 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 was inclusive and effective. Staff worked well as a team and their views about how to develop the service were considered. The aspirations and values of the team had been used to develop a bespoke mission statement that was held central to the running of the practice.
- An effective system was in place for managing complaints.
- Medicines and life-saving equipment were available in the event of a medical emergency.
- 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 team had been recognised with commendations from the Commanding Officer and from the Commandant. Both had been awarded to the whole team for their outstanding contribution to the Royal Military Academy Sandhurst.
- The oral health education and impression taking clinics carried out by the dental nurses were a highly effective use of qualifications for patients' benefit. In addition, the dental centre team delivered lectures to Officer Cadets and engaged with units to co-ordinate and provide transport to a local minor oral surgery service.

The Chief Inspector recommends the station.

- Review the arrangements in the waiting area to ensure that the risks to a severely unwell or deteriorating patient are mitigated when there is no staff member on reception.
- Relocate the isolator switch in clinical rooms to safeguard staff from the potential for exposure to radiation.

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 completed annual ASER training as part of their mandated programme. 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 total of 2 ASERs had been recorded in the previous 12 months. A review of these showed that each had been managed effectively and included changes made as a result. Significant events were discussed at practice team meetings, held monthly. Informal huddles were held when information required sharing in between practice meetings. Staff unable to attend could review records of discussion, minutes of these meetings were held in a shared electronic folder (known as SharePoint). Accidents and near misses was also included as a standing agenda item at the unit safety, health, environment and fire (SHEF) meetings. Minutes of these meetings were uploaded to SharePoint and a hard copy placed in the staff room.

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. A RIDDOR policy was displayed in the clinical areas and in the practice manager's office. Staff accidents were reported via the Defence Unified Reporting and Lessons System (referred to as DURALS).

The dental centre was informed by regional headquarters (RHQ) about national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and the Department of Health Central Alerting System (CAS). Alerts were received into the group email inbox for which all staff had access. They were then discussed at practice meetings and filed with a note of actions taken recorded on the 'regional log'. Any relevant alert received was discussed at the daily huddle and at the following practice meeting.

Reliable safety systems and processes (including safeguarding)

The SDO was the safeguarding lead and had level 2 training. Access to a level 3 trained safeguarding lead was provided by the Senior 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. No patients under the age of 18 were registered with the dental centre at the time of the inspection.

Clinical staff understood the duty of candour principles and this was evident in patient records when treatment provided was not in accordance with the original agreed treatment plan. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

The dentists were always supported by a dental nurse when assessing and treating patients. Although lone working was normal for the dental nurse when delivering oral health promotion clinics, there was always another member of staff 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 whistleblowing training delivered annually and said they would feel comfortable raising any concerns. Staff also had the option to approach the regional 'Freedom to Speak Up Champion'. Contact details were displayed 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. A risk register was maintained, and this was reviewed annually as a minimum. The last review was carried out in May 2023 by the practice manager, then countersigned by the SDO. A range of risk assessments were in place, including for the premises, staff and legionella. The COVID-19 risk assessment had been reviewed and revised frequently as the restrictions had reduced. 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 and for Aerosol Generating Procedures (AGPs) due to COVID-19. Rubber dam usage was mandated for endodontics (root canal treatment) and used for all restorations where it could be placed.

A comprehensive business continuity plan (BCP) was in place and had last been reviewed in August 2023. The BCP set out how the service would be provided if an event occurred that impacted its operation. The plan included equipment failure, staff shortages, loss of power, contagious outbreak and fire/flood. A list of key contacts listed on the plan included 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 reviewed in October 2023.

Medical emergencies

The medical emergency standard operating procedure (SOP) 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 and weekly checks of the medical emergency kit were undertaken and recorded by the dental nurses who had been given specific training to undertake the role. These were supplemented with a monthly check by the SDO. 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. In addition, there had been an actual event when a fainted patient had been carried into the dental centre and resuscitated by the dental team. We highlighted that EpiPen dosage (adrenaline used to for the emergency treatment of an allergic reaction) was not in line with guidance from the Resuscitation Council. This was rectified on the day.

First aid, bodily fluids and mercury spillage kits were available. The practice used the duty medic for any first aid requirements. Staff were aware of the signs of sepsis and sepsis information was displayed in the surgeries. Panic alarms to attract attention in the event of an emergency were connected to reception. The practice did not have sufficient staff to have somebody on the reception desk at all times. Therefore the waiting room was not always monitored. Although there was clear signage and a bell at the reception desk that was audible in the clinical rooms, we discussed the risks involved with a potential deteriorating patient not being able to call for attention. Following the inspection, the practice carried out a risk assessment and were considering the use of handheld panic alarms around the waiting room to mitigate the immediate risk.

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 SHEF team carried out bi-annual workplace health and safety inspections. In addition, the practice manager was the building custodian and named health and safety lead (role-specific training had been completed). A risk register was in place and reviewed annually as a minimum. Automated diary reminders of each assessment were made using SharePoint. The unit carried out a fire risk assessment of the premises every 5 years with the most recent assessment undertaken in October 2019. The practice manager was the fire warden for the premises and the SHEF team supported by carrying out regular checks on fire safety equipment. Staff received annual fire training provided by the unit and an evacuation drill of the building was conducted in June 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 reviewed annually as a minimum. Reviews were also carried out with the change of SDO or practice manager. COSHH data sheets were in place and had been reviewed in March 2023. A log sheet was

maintained of each hazardous product with links to the safety data sheets was kept on SharePoint so that all staff could gain access.

A legionella risk assessment had been carried out by the SHEF team for the dental centre in November 2023 and this supplemented the more detailed unit legionella management plan that covered all required areas. The SHEF team carried out tasks such as the flushing of taps and water temperatures checks. Water quality checks were carried out in accordance with DPHC policy using dip slides. Flushing of waterlines was carried out in line with the DPHC SOP.

The practice followed relevant safety laws when using needles and other sharp dental items. The sharps boxes in clinical areas were labelled, dated and used appropriately.

We looked at the practice's arrangements for the provision of a safe service. A risk register was maintained and risks were up-to-date. The risk register was a standing agenda item at the practice meetings. There was one current issue on the register which was that the patient list size was too big for the workforce. The SDO had secured the regular services of dentists who required regular sessions to maintain their clinical competence. Following the inspection, the practice confirmed that they had added the risk of patients in the waiting area at times when there was no staff member on the reception desk.

Infection control

The practice manager had the lead for infection prevention and control (IPC) and had completed the required training. One of the dental nurses was due to take on the lead role once their training had been completed. 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 July 2023. The dental centre scored 93.3% compliance (it would have been higher put dental centres are marked down if there is no washer disinfectant).

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. The practice manager was satisfied that the current contract was sufficient for the practice needs and deep cleaning arrangements were in place. 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.

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 audited each month against the consignment notes.

Equipment and medicines

An equipment care policy was in place and displayed on the equipment board. An equipment log was maintained to keep track of when equipment was due to be serviced. The practice manager had an online 'faults log' that was available to all staff. This was in place to track the reporting and management of faulty equipment.

The compressor, steriliser, ultrasonic bath and X-ray equipment were in-date for servicing. All other routine equipment, including clinical equipment, had been serviced in accordance with the manufacturer's recommendations. Routine portable appliance testing was undertaken and was last done in August 2023. Packaged instruments were stamped with an expiry date. All equipment held at the practice was latex free.

A Land Equipment Audit was in-date and recommendations made had been actioned. A system was in place for the management of stock and one of the nurses took the lead for ensuring there was adequate stock. Surplus items and instrument packs were kept securely.

A manual log of prescriptions was maintained and prescriptions were sequentially numbered and stored securely. The practice manager conducted checks (every 20 prescriptions issued) 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 out of the fridge and the shelf-life had been adjusted accordingly. The practice carried out audits of prescribing with the next antibiotic prescribing audit due in November 2023. Although this is not a requirement, it is good practice and improves clinical oversight.

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 the radiography safety folder and in the reception waiting area. The Local Rules were last updated in October 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. We highlighted that there were no intra-oral safety procedure posters in the surgery that should have been displayed next to the X-ray timers. The SDO confirmed that this was addressed following the inspection. A copy of the Health and Safety Executive notification was retained and the most recent radiation protection advisory visit was in January 2021.

Evidence was in place to show equipment was maintained annually, last done in July 2023. Staff requiring IR(ME)R (Ionising Radiation Medical Exposure Regulations) training had received relevant updates. We highlighted that the isolator switch was too close to the tube head (it should be more than 2 metres away and close to the door if not outside the room) and this compromised the safety of staff due to the potential for exposure to radiation.

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 February 2024.

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 (NICE) and Scottish Intercollegiate Guidelines Network guidelines. Treatment was planned and delivered in line with the basic periodontal examination - assessment of the gums and caries (tooth decay) risk assessment. The dentists referenced appropriate guidance in relation to the management of wisdom teeth, taking into account operational need.

The dentists followed appropriate guidance in relation to recall intervals between oral health reviews, which were between 6 and 24 months depending on the patient's assessed risk for caries, oral cancer, periodontal and tooth surface loss. In addition, recall was influenced by an operational focus, including prioritising new patients during intake.

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.

Clinicians had good knowledge of their patients that included their training schedules and deployment status. They adjusted recalls and reviewed in line with risk, availability to minimise disruption to training and the deployment of personnel. Downgrading of personnel was discussed in conjunction with the patient's doctor to facilitate completion of treatment. The military dental fitness targets were closely monitored by the Senior Dental Officer (SDO). We noted that key performance indicators were not always being met; for example, 77% of patients were either category 1 (had completed a dental check-up and cleaning within the past year) or category 2 (deployable but with a treatment need). The target was 80%. Category 4 was under 10% and meeting the target. The challenge of meeting targets was attributed to patients being posted elsewhere and a shortage of dentist hours. However, all officer cadets were meeting target, for example, the last Project Molar statistics for the most recent cohort was 93% for category 1 and 2.

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 qualified as an oral health educator and took the lead on health education campaigns. Clinicians maximised the treatment provided to minimise the need for patients to travel to be seen by the hygienist (based at Odiham Dental Centre). The dental nurses were trained or committed to training so that they could hold clinics for impression-taking, photography and the application of fluoride varnish. Staff had adopted a holistic approach to managing their patients with prevention at the heart of their approach and targeted toward self-maintenance by the patient. A full range of treatment and prevention rationale was used. Oral health promotion leaflets were given to patients and the oral health coordinator maintained a health

promotion area in the patient waiting area. Displays were clearly visible and at the time of inspection included posters to inform patients of the impact smoking has on dental health and a board that promoted November as the 'mouth cancer awareness month'.

MOLAR statistics were provided as Sandhurst Dental Centre is a training establishment and targets were being achieved. Project MOLAR is a treatment strategy to improve the dental health of personnel entering the military.

Clinicians carried out the periodontal work in line with the 'Delivering Better Oral Health toolkit'. In accordance with recent Defence Primary Healthcare (DPHC) guidance to drive oral health promotion, patients were asked at their appointment about dietary habits, smoking and alcohol use and a brief intervention was given. Our review of dental records confirmed this. We highlighted that the 'Delivering Better Oral Health' toolkit should be followed for medium caries (tooth decay) risk patients, including by locums. This should include doing a 20 day records audit (although the locum has not been in post for long enough to trigger this). The application of fluoride varnish and the use of fissure sealants were options considered if clinically necessary. Equally, high concentration fluoride toothpaste was recommended to some patients.

The dentists described the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Staffing

The induction programme included a generic programme and induction tailored to the dental centre.

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 6 monthly rolling plan, all staff were used to deliver training to help them learn in multiple ways and increase their confidence.

All dental nurses that were asked 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 the General Dental Council 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 remote regional training held monthly was supplemented by face-to-face sessions held termly.

The staff members we spoke with commented that the staffing establishment presented a challenge to meet the dental needs of the patient population and to maximise oral health opportunities. The dental nurses had been upskilled to support the lack of dentist hours. The dental team were working to deliver the best level of care and were resourceful in bolstering the human resources available. Visiting dentists (worked regular sessions to maintain their required clinical working hours) were a fundamental part of the service delivery and had been given lead roles in areas where they had specialist knowledge and

experience. For example, one of the visiting dentists led on clinical audit. An innovative approach had been taken to minimise the resources required to staff the reception desk. Quick response or 'QR' codes were prominently positioned to facilitate online communication to support functions such as appointment booking, new patient registration and patients about to be posted elsewhere.

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 a local oral surgery clinic or to Frimley Park Hospital or the Royal Surrey Hospital for oral medicine. There was an efficient system for block booking with the local oral surgery clinic. Coordinated with the training teams, a bus was provided for Officer Cadets at a strategic time to minimise disruption and deconflict recovery time with key exercises. A spreadsheet of referrals was maintained and checked weekly. Each referral was actioned by the referring clinician once the referral letter was returned. Staff were aware of the referral protocol in place for suspected oral cancer under the national 2-week wait arrangements. This was initiated in 2005 by NICE to help make sure patients were seen quickly by a specialist. There was a practice referral log, which was used to track referrals. This was checked regularly to ensure urgent referrals were dealt with promptly and other referrals were progressing in a timely way.

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 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, the SDO provided an update on public health topics and although had dental target figures available, allowed the unit command to manage their own.

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. Training was completed as part of the mandatory programme for all staff.

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 Sandhurst Dental Centre. The practice had conducted their own patient survey in using the General Practice Assessment Questionnaire (GPAQ) feedback tool. A total of 47 responses had been captured between April and November 2023. A total of 98% of respondents said they were generally happy with their healthcare and 98% said they would recommend the dental practice to family and friends. A total of 17 comment cards were completed by patients in the weeks leading up to the inspection, all were positive about the service provided.

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. Anxious patients were encouraged to wear headphones during treatment to serve as a distraction. Continuity of seeing the same clinician (for ongoing treatment such as root canal) was facilitated by the follow-up appointment being booked on the day. A preferred clinician request would be accommodated but patients were advised when this resulted in a delay in being seen. Patients could also be referred for hypnosis or treatment under sedation as a final option, done through an online referral platform to 17 Dental, a civilian dental practice in Guildford.

The waiting area for the dental centre was well laid out to promote confidentiality. The patient list size did not allow for the role of a receptionist. However, staff would be present at the desk when 2 surgeries ran concurrently. There was a bell at the desk that allowed for patients to call for attention. Clear signage at the hatch instructed patients to ring the bell once for an urgent appointment or twice if arriving for a booked appointment. Quick response or 'QR' codes gave patients quick access to a form that could be emailed and protected time was set aside between appointments for staff to regularly check the inbox.

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 positioned in the reception waiting area. Patients were able to request a clinician of the same gender as inclusive of the visiting dentists, there was a mix of male and female clinicians. Such requests were seldom but could also be accommodated by signposting to alternative dental centres within the region.

Involvement in decisions about care and treatment

Patient feedback suggested staff provided clear information to support patients with making informed decisions about treatment choices. The dental records we looked at indicated patients were involved in the decision making and recording of discussion about the treatment choices available.

Are Services Responsive?

Responding to and meeting patients' needs

The practice took account of the principle that all regular serving service personnel were required to have a periodic dental inspection every 6 to 24 months depending on a dental risk assessment and rating for each patient. Patients could make routine appointments between their recall periods if they had any concerns about their oral health. The clinical team maximised appointment times by completing as many treatments as possible for the patient during the 1 visit. Any urgent appointment requests would be accommodated on the same day, emergency appointments were protected for approximately 1 hour each day dependent on predicted demand. These slots were utilised for routine check-ups when not filled. Feedback from patients suggested they had been able to get an appointment with ease and at a time that suited them. Clinics were tailored to accommodate surges in demand. For example, longer days worked during intake week resulted in all phase 1 trainees receiving a dental check-up during their first week. Coordinated liaison with the units formed part of a proactive approach to protect time in readiness for the Ghurkha Company Sittary (GCS), a unit which participated in most operational training and therefore had limited availability.

Promoting equality

In line with the Equality Act 2010, an Equality Access Audit had been completed in February 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. 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. All rooms were on ground level so there was no requirement for a lift or stairs.

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 at the end of the recorded message relayed by telephone when the practice was closed. Through the My Healthcare Hub, a Defence Primary Healthcare (DPHC) application used to advise patients on services available, patients could also access the information. At the time of inspection, a token voting survey was underway to ascertain if patients were aware of how to access out-of-hours services.

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 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. There had been no complaints 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.

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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 and could scan a quick response code from one of a number of posters discreetly positioned on walls throughout the building. In this way, patients were able to give feedback out of sight from the reception area to promote confidentiality of any comments.

The practice had received 10 written and verbal compliments in 2023. The main theme was around the helpfulness 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 carried out peer case discussions annually at a 'peer review day'. Intake week was also used as an opportunity for peer review between dentists when the categorisation of patients was compared to ensure consistency. There was a monthly sub-region brief which included any complaints, compliments, dental statistics, ASERs, new standard operating procedures and risks.

An internal Healthcare Governance Assurance Visit took place in March 2023. The practice was given a grading of 'limited assurance'. A management action plan (MAP) was developed as a result; actions identified had been completed or were in progress. The main actions were uploading documents onto the Health Assurance Framework (HAF) which had been completed. 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 SDO and the practice manager protected time to monitor the HAF monthly for changes and updates. This was also discussed at practice meetings so all staff had an awareness of the document and its contents. The MAP was reviewed monthly and updated as actions were completed. The MAP was also monitored regularly by the regional headquarters and DPHC headquarters.

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 monthly, 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 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 practice had developed their own mission statement to compliment the DPHC wide aims. The localised mission statement had been collated following a discussion with the whole team to establish personal aims, objectives and values. It was evidential that this was meaningful and centric to a number of initiatives that included the creation of a garden and relaxation area with games that both staff and patients could use. There was a concerted effort to foster a positive, happy culture that supported staff welfare and enhanced patient experience. This culture was evident throughout the day and supported by the comments made by patients who had completed comment cards in the weeks leading up to the inspection. Colourful and humorous dental themed pictures had been positioned throughout the dental centre to soften the white walls since the refurbishment. In 2023, the team had been recognised with commendations from the Commanding Officer and from the Commandant. Both had been awarded to the whole team for their outstanding contribution to the Royal Military Academy Sandhurst. Staff from the dental centre held roles within regional the team. For example, the SDO was the regional wellbeing lead and diversity and inclusion advisor.

Learning and improvement

Quality assurance processes to encourage learning and continuous improvement were effective. A direct correlation had been made between trends in dental fitness and interaction with training teams. All new arrivals received a briefing at the dental centre as part of their first week but the dental centre staff also provided a briefing in the second week in the lecture hall having identified that new officer cadets had so much information to take in.

Staff received mid and end of year annual appraisal and these were up-to-date. These were supported by personal development plans tailored to individual staff members. Staff spoke positively about support given to complete their continued professional development in line with General Dental Council requirements. The SDO's Officer's Joint Appraisal Report (OJAR, an assessment of performance that can add weight and evidence to the graded assessments) was last completed in 2023 and the clinical quality assurance (CQA) audit was about to completed.

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

Quick response 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, the practice manager used the filter functions to dig deeper into the results and look for trends that appear. As the GPAQ is a live system, it means the information can also be accessed by the regional headquarters and DPHC headquarters who can then conduct trends analysis for wider regional trends. Updates are then fed to the staff and the unit at monthly practice meetings. The feedback had been positive and there were examples of changes made as a result of comments from patients. For example, an automated text messaging reminder service was introduced after a survey showed that 85% of patients relied on the receipt of a text to remind them of their next appointment. Posters for 'My Healthcare Hub' were displayed with self-guidance after 66% of patients said they were not aware how to check when their annual dental inspection was due. Wait times for oral health education clinics had been reduced by seeing patients for the initial session at Sandhurst before referring onto to Odiham. A flow chart had been created for periodontal management by using The British Society of Periodontology guidelines.

The SDO was proud of her team and listened to staff views and engaged them in 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.