

Seria Dental Centre

Primary Care Medical Facility, British Forces Brunei

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 Seria Dental Centre on 2 May 2024. 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 CQC's inspection framework.

The Care Quality Commission (CQC) does not have the same statutory powers with regard to improvement action for Defence delivered healthcare under the Health and Social Care Act 2008, which also means that Defence delivered healthcare 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 Defence delivered healthcare. DMSR is committed to improving patient and staff safety and will take appropriate action against 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 Brunei and part of the Defence Primary Healthcare (DPHC) Dental Overseas Region, Seria Dental Centre is a 2-chair practice providing a routine, preventative and emergency dental service to a military and eligible civilian patient population of 1,897 (953 military, 944 civilian). The dental centre is co-located with the medical centre within a single storey building. The building is a purpose-built primary care medical facility and the dental centre has its own reception and shared waiting area.

Clinics are held Monday to Friday 08:00-17:00 hours. Daily emergency treatment appointments are available. Hygienist work is currently carried out by the dentists as although there is sufficient demand to warrant a full time hygienist, there is no established position. A duty nurse number is used to access dental care when the practice is closed. Patients can be signposted to the local hospital where dental treatment can be provided outside of opening hours. Secondary care support is available from Kuala Belait hospital 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)	1
Dentist (civilian)	1 (full-time)
Dental nurses (civilian)	3
Dental nurses on zero hours contracts (used to support as required)	5
Practice manager (military)	1

Our Inspection Team

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

How we carried out this inspection

Prior to the inspection we reviewed information about the dental centre provided by the practice. During the inspection we spoke with the SDO, civilian dentist, 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. These were underpinned by regional headquarters who maintained oversight.
- 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 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.
- 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 area of notable practice:

- The team had been recognised with commendations and awards for their oral health education and promotion work. The dental centre team delivered educational events in the school and in the wider community to promote oral health and this had been recognised with an award from DPHC.

Mr Rob Middlefell, Senior National Dental Advisor

(on behalf of CQC's Chief Inspector of Primary Medical Services and Integrated Care)

Our Findings

Are Services Safe?

Reporting, learning and improvement from incidents

The Automated Significant Event Reporting (ASER) DMS-wide system was used to report, investigate and learn from significant events and incidents. All staff had access to the system to report a significant event. The staff team completed 6 monthly informal ASER training with the practice manager. There was also a portal that staff had used for scenario based training. Staff we spoke with were clear in their understanding of the types of significant events that should be reported, including near misses. There had been no ASERs recorded since the Senior Dental Officer (SDO) took up the post and none in the previous 12 months. However, historic ASERs could be accessed to identify trends. Staff could explain how they would be managed effectively and would include changes made as a result. An ASER information poster was displayed in the surgeries and there was a link on the assurance document (in OneNote). Significant events were discussed at practice team meetings. Staff unable to attend could review records of discussion, minutes of these meetings were distributed to all staff by email and held in a shared electronic folder (known as SharePoint). Staff were familiar with the DURALs (Defence Unified Reporting and Lessons System) online portal used by the military to report on near misses and accidents. There was a safety, health, environment and (SHEF) lead on camp for further advice when required. In addition, staff were aware when to report incidents in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff we spoke with had a good understanding of their responsibilities and reporting requirements.

The SDO and practice manager were informed by regional headquarters (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. There was a 'direction and guidance' note sent out by region that included alerts. Alerts were required to be acknowledged as read by staff signing a spread sheet managed by regional headquarters. They were then discussed at practice meetings and filed with a note of actions taken. We recommended that the SDO signs up to receive MHRA alerts so that a buddy system would be in place with the practice manager. Any relevant alert received was discussed at the weekly huddle and at the following practice meeting. There was an arrangement for clinicians to cover each other for any absence periods. The practice managers to provide cross cover for any absence.

Reliable safety systems and processes (including safeguarding)

The SDO was the safeguarding lead and had level 3 training. All staff were also trained to level 3. Cover was provided by the Senior Medical Officer in the medical centre. The safeguarding policy and personnel in key roles were displayed on noticeboards at reception and in the practice manager's office. There were also flowcharts in the surgeries (one for adult, one for children) that detailed the referral process. Staff were aware of their

responsibilities if they had concerns about the safety of patients who were vulnerable due to their circumstances.

Clinical staff understood the duty of candour principles and this was evident in patient records when treatment provided was not in accordance with the original agreed treatment plan. A duty of candour policy was in place and a log of incidents maintained. 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. Lone working was normal for the oral health education nurse. However, 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 every 6 months and said they would feel comfortable raising any concerns. Staff also had the option to approach the regional 'Freedom to Speak Up Champion'. Contact details were displayed in the practice manager's office. There were also quick review or 'QR' codes what enables staff to report concerns anonymously.

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 monthly by the SDO and practice manager. 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 surgeries 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 the majority of restorative work. Floss ligatures (to secure the dam) were used with the support of the dental nurse. A split dam was used if required. 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 March 2024. The BCP set out how the service would be provided if an event occurred that impacted its operation. The plan included staff shortages, loss of power, radiography failure, adverse weather conditions and loss of compressed air. A list of key contacts listed on the plan included senior members of the regional team and the Defence Infrastructure Organisation helpdesk. The BCP could be accessed remotely should access to the building be restricted. We were given an example of when the BCP had been tested due to an electrical outage which disabled access to computers and telephones. In addition, the plan was regularly tested using real-time evacuation exercises, full simulated exercises and desktop walk-through scenarios.

Medical emergencies

The medical emergency standard operating procedure from Defence Primary Healthcare (DPHC) was followed. The automated external defibrillator (AED) and emergency trolley

were well maintained and securely stored, as were the emergency medicines. Daily checks of the medical emergency kit was undertaken and recorded by the dental nurses who had been given specific training to undertake the role. Spot checks were carried out by the civilian dentist. 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. Buccolam (a medicine used to stop seizures) was held in dispensary and the duty nurse number was used to access when the dispensary was closed. However, we discussed a review of this arrangement to ensure that there was no delay in the system. 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. In addition, and following a scenario based training, medics from the medical centre were familiarised with what equipment and medicines were held by the dental centre as they were the port of call in an emergency.

First aid kit, 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 main corridor and in the surgeries. Panic alarms to attract attention in the event of an emergency.

Staff recruitment

The full range of recruitment records for permanent staff was held centrally. The practice manager had access to the DMS-wide electronic system so could demonstrate that relevant safety checks had taken place at the point of recruitment, including an enhanced Disclosure and Barring Service (DBS) check to ensure staff were suitable to work with vulnerable adults and young people. The DBS check (via the UK) was managed by the station and civilian personnel were checked every 3 years, military personnel every 5 years. The local Royal Military Police detachment would be informed by the Brunei authorities of any prosecution of a staff member (military, civilian or spouse). They would then pass this on to the SDO.

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 Quartermaster was the health and safety lead for the Unit and the building custodian (a member of staff from the medical centre) completed monthly checks of the premises. In addition, the practice manager was the named health and safety lead and carried out in-house audits every 6 months as well as attending regular SHEF meetings led by the Unit. The unit carried out a fire risk assessment of the premises every 5 years with the most recent assessment undertaken in November 2021. There was one action from the risk assessment (for the facility to have a fire focal point) which had

been signed off as completed in February 2022. The building custodian for the premises regularly checked the fire system (including the alarm and fire extinguishers) and these checks were signed off by the medical centre practice manager. Staff received annual fire training provided by the unit and an evacuation drill of the building (carried out bi-annually as a combined exercise with the medical centre) was conducted in December 2023. Portable appliance testing had been carried out in line with policy with the last testing done in February 2023. A Control of Substances Hazardous to Health (COSHH) risk assessment was in place and was reviewed annually. COSHH data sheets were in place and had been reviewed at different dates (grouped by process that the chemicals were used for) between November 2023 and January 2024. All staff aware of where to find the COSHH assessments. The practice manager had created a focal point for all staff to access on SharePoint with links to all safety data sheets. The management of COSHH products was held centrally by region, Each centre within the region had responsibility over allocated materials and the respective practice manager and SDO assessed and signed off annually. This method was time efficient and shared responsibility to heighten a sense of working in a team. The last COSHH risk assessment was completed in March 2024.

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

A dental nurse had the lead for infection prevention and control (IPC) and had completed the required training. The IPC policy and supporting protocols took account of the guidance outlined in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health. All the staff team were up-to-date with IPC training and records confirmed they completed refresher IPC training every 6 months with the IPC lead nurse to complement an annual online course. IPC audits were undertaken twice a year and the most recent was undertaken in January 2024.

We checked the surgeries. They were clean, clutter free and met IPC standards, including the fixtures and fittings. Environmental cleaning was carried out by a contracted company twice a day and this included cleaning in between morning and afternoon clinics. The cleaning contract was monitored by the practice manager and they reported any inconsistencies or issues to the cleaning manager. There was a cleaning contract in place. The practice manager was satisfied that the current contract was sufficient for the practice needs and deep cleaning arrangements were in place (twice per annum). 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. Areas were clearly labelled with red signage for dirty instruments and green for clean. Sufficient ventilation provided the correct airflow and the air conditioning was monitored quarterly by the unit. A legionella risk

assessment had been carried out by the practice in August 2023 and this supplemented the more detailed unit legionella management plan that covered all the required areas. A protocol for the prevention and management of legionella was in place. This protocol detailed the process for flushing taps and disinfecting water lines. A log sheet was maintained to evidence daily flushing of all taps for two minutes. Random taps were checked monthly by the unit. A quarterly microbial and chemical laboratory test was sent to Singapore. Nurses maintained waterlines by flushing before and after each session and during if applicable. Dip slides (used to assess the general health of the water and indicate if any bacteria is present) were done monthly and findings noted in the IPC folder.

Arrangements were in place for the segregation, storage and disposal of clinical waste products, including amalgam, sharps, extracted teeth. There was no 'tooth box' available so extracted teeth were disposed of with the amalgam waste. Filters on the dental chair were cleaned daily and amalgam dust was pumped into a container with an inbuilt alarm to indicate when full. The clinical waste bin, external of the building, was locked, secured and away from public view. Clinical waste was collected weekly and consignment notes were provided by the contractor. Waste transfer notes were retained by the IPC lead and were audited annually.

Equipment and medicines

An equipment log was maintained to keep a track of when equipment was due to be serviced. The autoclave and ultrasonic bath were serviced annually by the Medical and Dental Service Section, referred to as MDSS. In addition, calibration of the ultrasonic bath and thermometric testing of the autoclave was carried out quarterly. The servicing of all other routine equipment, including clinical equipment, was in date in accordance with the manufacturer's recommendations. A Land Equipment Audit (LEA) was completed in April 2023 and recommendations made had been actioned. An LEA was subsequently completed in May 2024 but the dental centre had not yet received the report. Some spare parts could be a problem due to the long lead times; these had been captured on the risk register. Stock control was conducted by the nurses. A colour coded spreadsheet that detailed expiry dates was checked weekly. Orders for stock items were discussed weekly with the practice manager. A request was raised for all ordered items that failed to arrive.

A manual log of prescriptions was maintained and prescriptions were sequentially numbered and stored securely. The practice manager conducted monthly checks of sequential serialised number sheets to maintain traceability and accountability for any missing prescriptions. Minimal medicines were held in the practice. Patients obtained medicines either through the dispensary in the medical centre or through a local pharmacy. Medicines that required cold storage were kept in a fridge, and cold chain audit requirements were in place and recorded. Glucagon (a medicine used to treat low blood sugars) was stored in the fridge in easy reach of the emergency trolley. The practice had not carried out any recent audits of prescriptions issued. However, both dentists were new in post and planned to audit each other's prescribing. Although this was not a requirement, it was good practice and improved clinical oversight. Prescribing audits were on the practice audit plan but had not been prioritised due to the low numbers of items prescribed.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. The required information in relation to radiation was located in the radiation protection file. A Radiation Protection Advisor and Radiation Protection Supervisor (RPS) were identified for the practice. Signed and dated Local Rules were available in each surgery along with safety procedures for radiography. The Local Rules were updated in February 2024 and reviewed annually or sooner if any change in the policy was made, any change in equipment took place or if there was a change in the RPS. A copy of the Health and Safety Executive notification was held centrally by DPHC and the most recent radiation protection advisory visit was in 2022. Actions had been completed.

Evidence was in place to show equipment was maintained annually, last done in June 2023 for surgery 1 and in November 2023 for surgery 2. 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; this was carried out by the civilian dental practitioner in April 2024 and the next was planned for October 2024. The use of templated forms made it easy to complete the quality assurance log. It was not possible for X-rays to be uploaded on DMICP Deployed, staff used a standalone version of Vixwin (imaging software), transferred to encrypted/password protected USB for uploading at a later date. Civilian X-rays were uploaded onto a Microsoft Word document in DMICP 'patient documents'. There was no increased 'failure to capture' noted with this process.

Are Services Effective?

Monitoring and improving outcomes for patients

The treatment needs of patients was assessed by the dentists in line with recognised guidance, such as National Institute for Health and Care Excellence and Scottish Intercollegiate Guidelines Network guidelines. Treatment was planned and delivered in line with the basic periodontal examination - assessment of the gums and caries (tooth decay) risk assessment. The dentists referenced appropriate guidance in relation to the management of wisdom teeth, taking into account operational need.

The dentists followed appropriate guidance in relation to recall intervals between oral health reviews, which were between 6 and 24 months depending on the patient's assessed risk for caries, oral cancer, periodontal and tooth surface loss. In addition, recall was influenced by an operational focus, including prioritising patients in readiness for rapid deployment. Frequency of recalls was based on a risk profile of patients, low risk patients had extended recall periods of 24 months and high risk 3 to 6 months.

We looked at patients' dental care records to corroborate our findings. The records included information about the patient's current dental needs, past treatment and medical history. The diagnosis and treatment plan for each patient was clearly recorded together with a note of treatment options discussed with the patient. Patients completed a detailed medical and dental history form at their initial consultation, which was verbally checked for any changes at each subsequent appointment. The dentists followed the guidance from the British Periodontal Society around periodontal staging and grading. Records confirmed patients were recalled in a safe and timely way.

The Senior Dental Officer (SDO) discussed the downgrading of personnel in conjunction with the patient's doctor to facilitate completion of treatment. The military dental fitness targets were closely monitored by the SDO and practice manager. We noted that all met or exceeded key performance indicators (KPI); for example, the dental centre met the KPI of 80% of patients being category 1 and category 2 (had completed a dental check-up and cleaning within the past year, required non-urgent treatment). Although there was no active patient recall for civilian patients, 39% had received a check up in the last 12 months.

Health promotion & prevention

A proactive approach was taken in relation to preventative care and supporting patients to ensure optimum oral health. Two of the dental nurses were qualified as an oral health educator (OHE) and took the lead on health education campaigns. OH clinics were available weekly for military and civilian staff (including children). Staff were not trained in smoking cessation beyond 'Very Brief Advice on Smoking' (VBA) so patients were referred to the medical centre for this service (VBA is an evidence-based intervention designed to increase quit attempts among patients who smoke). Dental care records showed that lifestyle habits of patients were included in the dental assessment process. The dentists and OHE provided oral hygiene advice to patients on an individual basis, including discussions about lifestyle habits, such as smoking and alcohol use. Several OH promotion boards were displayed in the building and throughout the camp. This included a promotion in the cook house regarding the sugar content in food and drink. All of the OH

boards were changed at regular intervals in line with promotional months, for example, national smile month. Dental teams visited the school annually to educate the children and parents on OH matters. They also supported health fairs on the camp held bi-annually. The team had won awards on numerous occasions for their OH work. For example, in November 2023, the dental centre received an award from DPHC for engaging with the community and promoting oral health guidance and advice to the patients, schoolchildren and wide British Forces Brunei community.

The application of fluoride varnish and the use of fissure sealants were options the dentists considered if necessary. Equally, high concentration fluoride toothpaste was recommended to some patients. Two of the dental nurses were qualified to apply sodium fluoride to patients. If no nurse was available, the dentist would carry out the application.

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. The programme was conducted on arrival of new staff. A 'focal point of contact' was available on SharePoint and included relevant shortcuts to risk assessments, policies and other essential information.

We looked at the organisational-wide electronic system used to record and monitor staff training and confirmed staff had undertaken the mandated training. The SDO and practice manager monitored the training plan monthly and ensured it covered all the mandated requirements at the right times. The practice manager planned training 6 months in advance and maintained a tracker for each individual member of staff. An email was sent to staff when they were due to complete a new course or a refresher before it lapsed. Once the course had been completed by staff, the certificate was emailed back to practice manager and saved in an electronic database.

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. Staff could access online training and this was supplemented by face-to-face training. For example, the basic life support course was delivered by an instructor from the medical centre. All staff managed their own CPD requirements and had no issues accessing or completing the required work. Staff attended webinars and online CPD events arranged by the regional team. Peer review for the dentists and dental nurses was carried out online and coordinated by regional headquarters.

The staff members we spoke with confirmed that the staffing establishment and skill mix was appropriate to meet the dental needs of the patient population and to maximise oral health opportunities. The dental team were working to deliver the best level of care possible with the dentists covering in the absence of an established hygienist post.

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 hospitals in Kuala Belait or Bandar Seri Begawan for secondary care where services included radiography, oral surgery and sedation. 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 and were sent to Kuala Belait Hospital marked as '2 week wait URGENT'.

The practice worked closely with the medical centre in relation to patients with long-term conditions impacting dental care. In addition, the doctor reminded the patient to make a dental appointment if it was noted on their record during a consultation that a dental recall was due. The Chain of Command was informed if patients failed to attend their appointment.

The SDO 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 the dental targets.

Consent to care and treatment

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

Clinical staff had a good awareness of the Mental Capacity Act (2005) and how it applied to their patient population.

Are Services Caring?

Respect, dignity, compassion and empathy

We took into account a variety of methods to determine patients' views of the service offered at Seria Dental Centre. The practice had conducted their own patient survey in using the Defence Primary Healthcare patient feedback tool. A total of 7 responses had been captured in 2024. All 7 respondents said they were generally happy with their healthcare and 100% said they could access healthcare easily. We invited patients to complete a comment card in the lead up to the inspection day. We received 18 completed cards that were all positive and recurring themes were that the dental centre staff delivered a professional approach, listened to patients and involved them in discussions about their care and treatment. We spoke with 12 patients on the day who all complimented the dental centre on the service delivered.

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. Staff provided an example of an anxious patient who was spoken to before being brought into the surgery and led through what the treatment involved. Children were shown instruments and told how they worked to put their minds at rest. Continuity of seeing their preferred clinician was facilitated by a verbal question from the receptionists when an appointment was being made. Patients could also be referred for hypnosis or treatment under sedation as a final option, done by referral to Raja Isteri Pengiran Anak Saleha Hospital, Seri Begawan.

The waiting area for the dental centre was well laid out to promote confidentiality. There was signage at the main entrance asking for patients to wear a face mask when experiencing cough and cold symptoms.

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 local working practice that detailed the process for staff and patients to follow. Patients were able to request a clinician of the same gender as there was a mix of male and female dentists.

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 at midday for both dentists. Patients were added to the end of clinic for same day appointments. Feedback from patients suggested they had been able to get an appointment with ease and at a time that suited them.

Promoting equality

In line with the Equality Act 2010, an Equality Access Audit had been completed in March 2024. The audit found the building mostly met the needs of the patient population, staff and people who used the building. Staff we spoke with told us that there were no patients with sight impairment, there was a hearing loop at the reception desk. The facilities included visible and audible fire alarms. The audit highlighted that car parking spaces close to the entrance for disabled patients and wheelchairs were unmarked. This was addressed and markings painted in April 2024. The main door was not automatic but was in clear sight of the reception desk. The dental centre had requested an entrance ramp, handrail and widening of the entrance to aid wheelchair access through the main door.

All staff had completed equality and diversity training. As training was completed online, this was supplemented by discussion at practice meetings.

Access to the service

Information about the service, including opening hours and access to emergency out-of-hours treatment, was displayed on the front door, in the practice leaflet and was included as part of the recorded message relayed by telephone when the practice was closed. Through the My Healthcare Hub, a Defence Primary Healthcare (DPHC) application used to advise patients on services available, patients could also access the information. The duty medical nurse would take any phone calls and triage the patient. If required, the patient could be seen in the local hospital for dental treatment.

A check-up appointment with a dentist was available within 2 weeks, urgent appointments were available on the day. There was a sign in the waiting room to invite patients to inform reception staff if they had been waiting more than 10 minutes after their appointment time.

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 in April 2024 that included the DPHC complaints' policy. A process

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was in place for managing complaints, including a complaints register for written and verbal complaints. One written complaint had been recorded in the last 12 months. The complaint was investigated and responded to appropriately and in a timely manner. 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 for comments, compliments and suggestions and a code of practice (for making a complaint) displayed. Quick review or 'QR' codes were displayed throughout the building to encourage patients to leave feedback. 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 3 written and verbal compliments in 2023. The theme was around the quality of treatment.

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. The SDO and practice manager briefed the team every Monday morning on the plan for the week ahead and made them aware of any issues. 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 practice manager maintained the risk register for the service and had completed training for the role. The SDO maintained an oversight and held the overall responsibility for the management of risks. Each risk assessment was reviewed annually as a minimum and updated with any situational changes. Diarised electronic reminders were used to prompt each review. These risks were fed into the centralised 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 review of one another's consultations and notes and informally discussed any complex cases. The practice meeting forum was used to review any clinical specific policy changes, new standard operating procedures and any new materials.

An internal Healthcare Governance Assurance Visit took place in January 2023 and regional headquarters revisited in February 2024. The practice was given a grading of 'substantial assurance'. A management action plan (MAP) was developed as a result; actions identified 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 the Health Assurance Framework (HAF) and could be viewed by regional headquarters (RHQ) and those granted access. The HAF was a live document, updated regularly by the practice and accessible to all staff. The SDO and the practice manager monitored the HAF regularly and protected diary time to do so. This was also discussed at practice meetings so all staff had an awareness of the document and its contents. Monthly returns to RHQ included key performance indicators and fortnightly follow-ups with RHQ were conducted online.

Staff felt well supported and valued and told us that there were clear lines of communication within the practice. Positive comments were made regarding the team ethos at work. 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, were minuted and included future planning and ideas. 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. They were aware of the 'freedom to speak up' (FTSU) system operated by DPHC and had received training in April 2024. The FTSU policy was displayed in the waiting room. 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 voucher system in place to award individuals for outstanding service or a task well done.

Learning and improvement

Quality assurance processes to encourage learning and continuous improvement were effective. As a result of audit work, the dental centre had implemented a prescription log, infection, prevention and control improvements and regular discussion with RHQ and the Defence Infrastructure Organisation.

Staff received mid and end of year annual appraisal and these were up-to-date and 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 review codes were displayed in 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 DPHC patient questionnaire was used monthly to review feedback. Updates are then fed to the staff at practice meetings. The feedback had been positive and there were no examples of changes or negative experiences from patients. There was discussion taking place about Friday afternoon appointments to accommodate children from the boarding school in the capital, Bandar Seri Begawan.

The SDO listened to staff views and feedback at meetings and through informal discussions. Staff were encouraged to offer suggestions for improvements to the service

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and said these were listened to and acted on. All staff completed the continuous attitude survey where results were fed up to DPHC headquarters.