Leuchars Dental Centre

Defence Medical Services inspection report

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

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

Contents

Summary

About this inspection

We carried out an assurance visit of Leuchars Dental Centre on 15 January 2025. We gathered evidence remotely and undertook a visit to the practice.

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

CQC does not have the same statutory powers with regard to improvement action for the Defence Medical Services (DMS) under the Health and Social Care Act 2008, which also means that the DMS is not subject to CQC's enforcement powers. However, as the military healthcare regulator, the Defence Medical Services Regulator (DMSR) has regulatory and enforcement powers over the DMS. DMSR is committed to improving patient and staff safety and will ensure implementation of CQC's observations and recommendations.

This assurance visit is one of a programme of inspections that CQC will complete at the invitation of the DMSR in their role as the military healthcare regulator for the DMS.

Background to this practice

Located in Fife and part of the Defence Primary Healthcare (DPHC) Dental Scotland and North England Region, Leuchars Dental Centre is a 2-chair practice providing a routine, preventative and emergency dental service to a military patient population of 750.

Leuchars Station is an Army led military facility located in Fife, East of Scotland. Majority of the Service Personnel posted there are Army, with a small contingent of RAF who maintain the airfield. Future plans include several more Army units being stationed within Leuchars which will result in a significant increase to the overall PAR.

The dental centre is co-located with the medical centre in a 1950s building. A brand new medical / dental facility is under construction to accommodate the increased PAR. It is due for completion in Q4 2025.

Clinics are held 5 days a week Monday to Thursday 07:45-12:30 hours and 13:30-16:45 and Friday 08:00-13:15 hours. Daily emergency treatment appointments are available.

Funding for a hygienist (both permanent and locum) was on hold at the time of this inspection, although following the inspection we received information that someone was being onboarded. Out of hours dental emergencies are covered by NHS 24. Secondary care support is available from Dundee Dental 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) (civilian)	1
Dental nurses (civilian) Trainee dental nurse (Army) Dental hygienist (civilian)	2 1 1
Practice manager (civilian)	1

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

How we carried out this inspection

Prior to the inspection we reviewed information about the dental centre provided by the practice. During the inspection we spoke with the 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 spoke with twelve patients to garner their views about the service and also collated written comments from 30 patients who were registered at the dental centre.

At this inspection we found:

- Feedback showed patients were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.
- The practice effectively used the DMS-wide electronic system for reporting and managing incidents, accidents and significant events.
- Systems were in place to support the management of risk, including clinical and non-clinical risk.
- Suitable safeguarding processes were established, and staff understood their responsibilities for safeguarding both adults and children.
- The required training for staff was up-to-date and they were supported with continuing professional development.
- The clinical team provided care and treatment in line with current guidelines. Record keeping was of a high standard.
- Staff treated patients with dignity and respect and took care to protect patient privacy and personal information.
- The appointment and recall system met both patient needs and the requirements of the Chain of Command.
- Leadership at the practice was inclusive and effective. Staff worked well as a team and their views about how to develop the service were considered.

- An effective system was in place for managing complaints.
- Medicines and life-saving equipment were available in the event of a medical emergency.
- The infrastructure was old and had not been purpose built for the provision of a dental service. Flooring did not meet with infection prevention and control guidance and paint was peeling from walls. Staff had adapted a space for use as a CSSD in order to comply with national practice guidelines for the decontamination of dental instruments, but they recognised that the layout was not ideal and that surfaces needed replacing. With the new-build underway and with an expected date of completion in late 2025, the team were providing input into the layout of the new facility to ensure that the new building would meet with all national guidelines.
- 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:

- Work was well underway to construct a new dental and medical facility at Leuchars Station. The new building had been designed to be as sustainable as possible, including through thermal efficiency, solar panels, air source heat pumps and the provision of four electric vehicle charging stations. Building materials had been selected not only on the basis of suitability but also to reduce carbon impact on the environment. It was hoped that the building would be an example of sustainability in construction for future MOD medical and dental centres.
- QR codes were displayed in the dental centre for patients to conveniently and sustainably access multiple sources of information including gum disease, tooth brushing, wisdom teeth and interdental brushes.
- Recycling was in place within the unit and the Dental Centre. The team had a system in place to recycle metal instruments (rubber dam clamps, presses etc). Landfill prevention habits were encouraged. Consumable waste within IPC was minimised and during instrument reprocessing. The team made efforts to minimise paperwork and reduce hard copy usage.

CQC recommends to Defence Primary Healthcare (DPHC) and Station Teams:

- The dental team should have access to training around supporting patients with a learning disability / autistic spectrum disorder (ASD) in line with the national requirement for all healthcare providers.
- The dental team should be able to access certificates to demonstrate the safe destruction of waste leaving the dental centre.

The Chief Inspector recommends to the Dental Centre

- Undertake an audit of antimicrobial prescribing.

Mr Robert Middlefell BDS

National Professional Advisor for Dentistry and Oral Health

Our Findings

Are Services Safe?

Reporting, learning and improvement from incidents

The Automated Significant Event Reporting (ASER) DMS-wide system was used to report, investigate and learn from significant events and incidents. All staff had access to the system to report a significant event and had completed training. Staff we spoke with were clear in their understanding of the types of significant events that should be reported, including near misses. A record was maintained of all ASERs and this was categorised to support identification of any trends. A review of these showed that each had been managed effectively and included changes made as a result. We discussed some recent ASERs with staff for example: the use of latex gloves, a Caldicott breach, GDPR incidents and needlestick injuries. We noted that discussion and changes to practice has been made in order to prevent re-occurrence. In addition, staff were aware when to report incidents in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff we spoke with had a good understanding of their responsibilities and reporting requirements.

The practice manager 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 disseminated by the practice manager to the team with read receipts to confirm that information had been received. Any relevant alert received was discussed at practice meetings. There was scope to make the system failsafe should the practice manager take leave, by all clinical staff signing up to receive the MHRA alerts directly (this was remedied shortly after the inspection).

Reliable safety systems and processes (including safeguarding)

The Senior Medical Officer (SMO) and Deputy SMO were the safeguarding leads for both the Dental Centre and the Medical Centre (co-located) and had level 3 training, including for children. The safeguarding policy was displayed although information about personnel in key roles and key contact numbers was not (this was remedied shortly after the inspection). All other members of the staff team had completed level 2 safeguarding training. Staff were aware of their responsibilities if they had concerns about the safety of patients who were vulnerable due to their circumstances.

Clinical staff understood the duty of candour principles and the protocol was displayed in reception. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. When treatment provided was not in accordance with the original agreed treatment plan, this was recorded in the patient's notes.

The dentist was always supported by a dental nurse when assessing and treating patients. Currently there was no hygienist working in the dental centre, although following this inspection, the team confirmed that someone was due to come into role. The surgery had

a ‘door bell’ button that allowed staff to call for assistance. The dental area was very small and so staff could also shout for assistance.

A whistleblowing policy was in place and DPHC protocols were displayed on the staff room noticeboard. There was scope to ensure that civilian staff could access the Civil Service whistleblowing policy and evidence was sent to show that this had been actioned shortly after the inspection. Staff all confirmed that they would feel comfortable raising any concerns. Staff also had the option to approach the regional ‘Freedom to Speak Up Champion’.

We looked at the practice’s arrangements for the provision of a safe service. The practice manager was the SHEF lead with Health and Safety responsibility. A risk register was maintained, and this was reviewed each month by the PM and SDO and was periodically reviewed. A range of risk assessments were in place, including for the premises, staff and legionella. An access and egress risk assessment was undertaken in March 2024 and noted the absence of an induction hearing loop (staff confirmed that this has been added to the scope for the new building). A disability access audit was done in June 2024 and identified the absence of automatic doors for disabled access. As mitigation, staff confirmed they would escort a patient through and ensure doors were opened for them. The new building has been planned to incorporate modern access requirements. The practice was following relevant safety legislation when using needles and other sharp dental items. Needle stick injury guidance was available in the surgery in the form of a written ‘sharps protocol’.

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

A business continuity plan (BCP) was in place and had last been reviewed in April 2024. The BCP set out how the service would be provided if an event occurred that impacted its operation. The BCP had last been instigated in December 2024 as a result of the clinical records system going down.

Medical emergencies

The medical emergency standard operating procedure from Defence Primary Healthcare (DPHC) was followed. The SDO assumed the lead role for medical emergencies and this was reflected in their terms of reference. The automated external defibrillator (AED) and emergency trolley were well maintained and securely stored, as were the emergency medicines. Daily checks of the AED and oxygen supply were undertaken and recorded by the SDO (and in the absence of the SDO, the PM who had been given specific training to undertake the role). A review of the records and the emergency trolley demonstrated that all items were present and in-date. 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 every 6 months and we saw that a scenario involving Hypoglycaemia had recently been exercised.

First aid, bodily fluids and mercury spillage kits were available. The practice could acquire assistance from the medical centre for any first aid requirements. Staff had all received training about and were aware of the signs of sepsis. There was scope to display sepsis information in the surgeries (and this was done shortly following this inspection). Alarms to attract attention in the event of an emergency were connected to reception.

Staff recruitment

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

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 practice manager was the named health and safety lead and had a comprehensive tracker that detailed checks and deadlines. A fire risk assessment had been undertaken and the action around the need to carry out fire drills had been actioned by the dental team. There was scope for these to be jointly undertaken with the medical team who shared the building. Arrangements for routine monitoring of firefighting equipment were in place. We noted a couple of gaps in portable appliance testing due to capacity constraints on Station to carry out the testing. This was remedied immediately after our inspection and evidence sent to the inspector. A Control of Substances Hazardous to Health (COSHH) risk assessment was in place and was reviewed annually by the practice manager. Staff explained that if an incident occurred involving a hazardous substance, the practice manager would access material safety data sheets online to see the most current guidance on steps to take. However, in the absence of the PM and to ensure the swiftest action possible, there was scope to also place copies of data sheets into the COSHH folder for staff to access in an emergency. The team actioned this and sent evidence to us shortly after the inspection.

The practice followed relevant safety legislation when using needles and other sharp dental items. Post exposure prophylaxis was available for staff if required. The sharps boxes in clinical areas were labelled, dated and used appropriately.

We looked at the practice’s arrangements for the provision of a safe service. A risk register was maintained and risks were up-to-date. The main risks related to the layout and age of the building – we saw that a new medical facility was being built and that this would contain a bespoke, modern dental centre. The new building was due to open in late 2025. The risk register was reviewed in line with central policy and was a standing agenda item at the practice meetings.

Infection control

A dental nurse had the lead for infection prevention and control (IPC) and had completed the required training. A second dental nurse deputised. 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 last received IPC training in March 2024. Staff are required by to complete refresher IPC training every 6 months which meant that refreshers were overdue. However we noted that training was planned and booked for January 2025. IPC audits were undertaken annually and the most recent was undertaken in March 2024. There were no recommendations.

Should there be urgent care requirements for the treatment of patients with an infectious disease, staff confirmed that aerosol- generating procedures would be followed and that care would be given at the end of the day. We suggested in feedback that a protocol for the management of patients with infectious diseases would better support staff to give the care safely. The team sent evidence of this having been actioned shortly after the inspection.

We checked the surgeries that were currently in use and the decontamination room. Surgeries were aging but were due to be replaced by the new building within 12 months. The dental team had done the best that they could to provide a decontamination room, but they recognised that the ageing building and layout were not ideal. We saw that a new building was already in progress and that this was due to open by the end of 2025.

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

Records of validation checks were in place to monitor that the ultrasonic bath and autoclave were working correctly. Records of temperature checks and solution changes were maintained. Instruments and materials were regularly cleaned with arrangements in place to check materials to ensure they were in date.

A legionella risk assessment had been carried out by a contractor in June 2023 and this was undertaken every two years. A protocol for the prevention and management of legionella was in place. This protocol detailed the process for flushing taps and disinfecting water lines. Waterlines were flushed for a minimum of two minutes in the morning and for 30 seconds between patients.

Arrangements were in place for the segregation, storage and disposal of clinical waste products, including amalgam (integral to suction unit), sharps and extracted teeth. The clinical waste bin, external of the building, was locked, secured and away from public view. The team were unable to locate the certificates to demonstrate the destruction of waste on the day of the inspection and were following this issue up with the Station Quartermaster.

Equipment and medicines

An equipment log was maintained to keep a track of when equipment was due to be serviced. The autoclave and ultrasonic bath had been serviced in September 2024. The

servicing of all other routine equipment, including clinical equipment, was in date in accordance with the manufacturer's recommendations. Portable appliance testing was undertaken every three years per the Station protocol.

A consumables expiry checklist was in place and was checked by a dental nurse and countersigned weekly. Comprehensive monthly checks of all stock were undertaken to ensure that all items were in date.

A 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 through the dispensary in the medical centre. Medicines that required cold storage were kept in a fridge, and cold chain audit requirements were in place and recorded. Glucagon (a hormone used to treat low blood sugar levels) was stored in the fridge in easy reach of the emergency trolley. The practice followed Faculty of General Dental Practice UK (FGDP) and the British National Formulary (BNF) guidance for antimicrobial prescribing. They also used the Scottish Dental clinical effectiveness programme website. An audit of antibiotics prescribing had not yet been undertaken.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. The required information in relation to radiation was located in the radiation protection file. A Radiation Protection Advisor and Radiation Protection Supervisor (RPS) were identified for the practice. Signed and dated Local Rules were available along with safety procedures for radiography. The Local Rules were updated in and reviewed annually or sooner if any change in the policy was made, any change in equipment took place or if there was a change in the RPS.

Evidence was in place to show equipment was maintained annually. Staff requiring IR(ME)R (Ionising Radiation (Medical Exposure) Regulations 2017) training had received relevant updates.

The dental care records for patients showed the dentists justified, graded and reported on the X-rays taken. The SDO carried out an intra-oral radiology audit every 6 months, the most recent was planned for October 2024.

Are Services Effective?

Monitoring and improving outcomes for patients

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

The dentists followed appropriate guidance in relation to recall intervals between oral health reviews, which were between 6 and 24 months depending on the patient's assessed risk for caries, oral cancer, periodontal and tooth surface loss.

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. We noted that key performance indicators were met. For example, 90% of patients were NATO Category 1&2 (and so were in-date for their dental check-up and had no treatment outstanding).

Health promotion & prevention

A proactive approach was taken in relation to preventative care and supporting patients to ensure optimum oral health. A dental nurse took the lead for oral health education campaigns. Dental care records showed that lifestyle habits of patients were included in the dental assessment process. The dentists and dental nurse provided oral hygiene advice to patients on an individual basis, including discussions about lifestyle habits, such as smoking and alcohol use. Patients could be referred to the medical centre for smoking cessation and dietary advice. The nurse lead maintained a health promotion area in the patient waiting area. QR codes were displayed in the dental centre for patients to conveniently and sustainably access multiple sources of current information including gum disease, tooth brushing, wisdom teeth and interdental brushes.

The dentists described the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. The team confirmed that application of high concentration fluoride to high risk patients was conducted, alongside fissure sealants. The team attended station health fairs, the last one being in September 2024.

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. However it was noted that the dental team had not been able to access training around supporting patients with a learning disability / autistic spectrum disorder (ASD) in line with the national requirement for all healthcare providers.

The dental nurses were aware of the General Dental Council requirements to complete continued professional development (CPD) over a 5-year cycle and to log this training. Staff could access CPD courses and webinars through the joint education centre.

Staff completed CPD in their non clinical hours and time was blocked to allow for this. RHQ organised CPD peer review events and DMS personnel used an annual allowance for CPD funded activity. Region held a peer review session in September 2024 which all staff attended.

Working with other services

Urgent referrals (two week waits) and also referrals for oral surgery could be made to Dundee Hospital with minimal waiting times. The Managed Clinical Network (through DPHC's Defence Centre for Rehabilitative Dentistry) was used for advanced treatment options. Referrals were managed on a central spreadsheet.

The practice worked closely with the medical centre and the doctors reminded patients to make a dental appointment if it was noted on their record during a consultation that a dental recall was due. The Chain of Command was informed if military patients failed to attend their appointment.

Consent to care and treatment

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

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

Are Services Caring?

Respect, dignity, compassion and empathy

Patients were able to submit both compliments and suggestions via a book held at reception. There was also a token system in place where patients can drop in a token to indicate how they felt about the service. Staff confirmed that this was well used and indicated that most patients' experience was positive. The team discussed patient feedback as a standing agenda item at staff meetings.

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

For patients who were particularly anxious, the practice had an approach to understand the reason for anxiety, provided longer appointments and time to discuss treatment and invite any questions.

The reception area for the dental centre was small and did not allow for confidentiality. A room was available if anyone wished to speak to the reception team in a private space.

Access to a translation service was available for patients who did not have English as their first language. As there was only one dentist, patients could not opt to see someone of the opposite gender. None of the patients responding to the survey or who we spoke with suggested that this caused them an issue.

Involvement in decisions about care and treatment

We spoke with ten patients who had used the dental service within the last year and they all confirmed that staff provided clear information to support them with making informed decisions about treatment choices. They told us that the SDO had used the whiteboard to support their understanding of what treatment was required. All ten patients confirmed that they felt able to give informed consent. The dental records we looked at indicated patients were involved in the decision making and recording of discussion about the treatment choices available.

Are Services Responsive?

Responding to and meeting patients' needs

The practice took account of the principle that all regular serving service personnel were required to have a periodic dental inspection every 6 to 24 months depending on a dental risk assessment and rating for each patient. Patients could make routine appointments between their recall periods if they had any concerns about their oral health. Any urgent appointment requests would be accommodated on the same day. Feedback from ten patients suggested that eight had been able to get an appointment with ease and at a time that suited them. Two patients had needed to wait a little longer to secure a routine appointment with either the SDO or the hygienist due to Christmas block leave. All patients confirmed that they had not had to wait whilst in pain.

Promoting equality

In line with the Equality Act 2010, an Equality Access Audit had been completed in June 2024. The audit found the following issues: a need for a hearing loop and automatic doors. Workarounds had been put in place to mitigate these risks. The new building has been designed to comply with the requirements of the Equality Act. Staff had received training around diversity and inclusion.

Access to the service

Information about the service, including opening hours and access to emergency out-of-hours treatment, was displayed on the front door, in the practice leaflet and was included as part of the recorded message relayed by telephone when the practice was closed.

Patients could access a routine appointment with the SDO within four to six weeks and urgent appointments were available on the same day. Most patients who we spoke with confirmed that access to dental appointments was good.

Concerns and complaints

The Senior Dental Officer (SDO) was the lead for complaints and the practice manager deputised. Complaints were managed in accordance with the DPHC complaints policy. The team had not completed complaints training although they were aware of the processes in place for managing complaints, including a complaints register for written and verbal complaints. No complaints had been recorded in the last 12 months.

Patients were made aware of the complaints process through the practice information leaflet and a display in the practice. Patients we spoke with confirmed that they knew how to complain but had not needed to.

Are Services Well Led?

Governance arrangements

The Senior Dental Officer (SDO) had overall responsibility for the management and clinical leadership of the practice, with support from the Regional Headquarters. The practice manager had the delegated responsibility for the day-to day administration of the service. The SDO Leuchars line managed three staff members with SDO Lossiemouth managing one staff member. The civilian dental nurse provided mentorship to the training dental nurse although all staff were involved in the training pathway.

Staff were clear about current lines of accountability although there was scope to clarify some secondary roles. Staff knew who they should approach if they had an issue that needed resolving. The SDO had overall responsibility for the management of risks for the service. These risks were fed into the regional risk register and in turn then from the regional headquarters to Defence Primary Healthcare (DPHC) headquarters. The risk register, as well as the business continuity plan were seen at the visit and confirmed to be thorough. They were monitored on a regular basis for updates/compliance and changes.

A framework of organisation-wide policies, procedures and protocols was in place. In addition, there were dental specific protocols and standard operating procedures that took account of current legislation and national guidance. Staff were familiar with these and they referred to them throughout the inspection. Effective risk management processes were in place and checks and audits were in place to monitor the quality of service provision. The clinicians carried out regional peer case discussions regularly.

Performance against military dental targets, complaints, staffing levels, staff training, audit activity, the risk register and significant events were all shared with the team and regional headquarters staff. The Health Assurance Framework (HAF) was a live document, updated regularly by the practice. The SDO and the practice manager monitored the HAF monthly for changes and updates.

All staff felt well supported and valued. Staff told us that there were clear lines of communication within the practice and gave positive comments on the teamwork. Duties were distributed throughout the staff team to ensure the correct subject matter expert had the correct role. All staff were encouraged to have input into the governance and assurance frameworks. Terms of reference were in place to clarify the responsibilities of those with lead roles. Practice meetings were held every month or more frequently if required: there was scope to minute these meetings, to provide a clear record and a reference for absent staff.

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. The team were planning future away days in the local areas, including visiting art exhibitions and an Escape Room. Staff regularly took their lunch hour together in the nearby mess restaurant.

Learning and improvement

Quality assurance processes to encourage learning and continuous improvement were effective. Staff received mid and end of year annual appraisal and these were up-to-date. These were supported by personal development plans tailored to individual staff members. Staff spoke positively about support given to complete their continued professional development in line with General Dental Council requirements.

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

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

Recycling was in place within the unit and the Dental Centre. The team had a system in place to recycle metal instruments (rubber dam clamps, presses etc). Landfill prevention habits were encouraged. Consumable waste within IPC was minimised and during instrument reprocessing. The team made efforts to minimise paperwork and reduce hard copy usage.

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

Quick response or ‘QR’ codes were displayed in the waiting room for patients to use to leave feedback, although the team has escalated a concern that the code did not always work. There were also paper methods available and staff were always available should the patient want to give verbal feedback.

The SDO listened to staff views and feedback at meetings and through informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. All staff completed the continuous attitude survey where results were fed up to DPHC headquarters.