Minley Dental Centre

Gibraltar Barracks, Blackwater, GU17 9LP

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?	**Action required**	X
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 announced comprehensive inspection of Minley Dental Centre on 25 March 2025. We gathered evidence remotely and undertook a visit to the practice.

As a result of the inspection we found the practice was effective, caring, responsive and well-led in accordance with Care Quality Commission (CQC's) inspection framework. We found that action was required to ensure a safe service was being provided.

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 the observations and recommendations within this report.

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, Minley Dental Centre is a 2-chair practice providing a routine, preventative and emergency dental service to a military patient population of 1,199.

The dental centre is co-located with the medical centre on the ground floor. Clinics are held 5 days a week Monday to Thursday 08:00-12:30 hours and 13:30-16:30 and Friday 08:00-13:00 hours. Daily emergency treatment appointments are available. Minley does not have a hygienist but future plans are to share the hygienist from Odiham Dental Centre with Sandhurst and Minley Dental Centres, a date is to be confirmed. Periodontal (gum disease) patients are treated by the Senior Dental Officer at Minley Dental Centre with onward referral for further treatment occasionally to DPHC's Defence Centre for Rehabilitative Dentistry.

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.

Minley and Sandhurst Dental Centres have very recently started informally working as a hub as the practice manager's post is currently gapped at Sandhurst. The practice manager for Minley is currently overseeing both practices and emergencies for Sandhurst are currently treated at Minley 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 at Royal Surrey County Hospital or Basingstoke (Hampshire Oral Surgery and Sedation Centre) 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 nurse (civilian)	1
Practice manager (military and also a qualified dental nurse)	1

Our Inspection Team

This inspection was undertaken by a CQC inspector supported by a dentist and a practice manager/dental nurse specialist advisor. Two new specialist advisors attended as observers.

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 nurse and practice manager. We looked at practice systems, policies, standard operating procedures and other records related to how the service was managed. We also checked the building, equipment and facilities. We also reviewed feedback from patients who were registered at the dental centre.

At this inspection we found:

- Feedback showed patients were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.
- The practice effectively used the DMS-wide electronic system for reporting and managing incidents, accidents and significant events.
- Systems were in place to support the management of risk, including clinical and non-clinical risk.
- Suitable safeguarding processes were established, and staff understood their responsibilities for safeguarding adults.
- The required training for staff was up-to-date and they were supported with continuing professional development.
- 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.
- 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 and patient feedback.

We identified the following area of notable practice:

A poster was displayed to make patients aware that the dental team were mindful of the dates of Ramadan and inviting those with appointments that fell during the holy month to rearrange if they should they wish. Any cancelled or missed appointments were made available to patients who were able to attend at short notice.

We recommend to the unit:

- Direct reference to the management of risk around the dental centre compressor should be made within the fire safety risk assessment. Staff from the dental team should be able to access this area as required.

  Strengthen arrangements for legionella management and monitoring.
- Formalise deep cleaning arrangements for the dental centre premises.

We recommend to Defence Primary Healthcare:

- The dental team should have access to training around supporting patients with a learning disability / autistic spectrum disorder (ASD) in line with the national requirement for all healthcare providers.
- Issue clear guidance to dental teams with regard to the key changes to Health Technical Memorandum 07-01 and what this means in practice.

We recommend to the practice:

- Review the safeguarding policy.
- Ensure Control of Substances Hazardous to Health (COSHH) data sheets are reviewed annually as a minimum.

- Expand the risk assessments to include managing clinical waste and the management of a medical emergency.
- Introduce temperature monitoring for perishable consumables that are not stored in a temperature controlled environment.
- Carry out a risk assessment for the patient waiting area for when the reception desk is not staffed.
- Ensure clinical waste management processes are fully effective in providing secure storage and a traceable record of waste removal and disposal.

Mr Rob Middlefell BDS, National Professional Advisor for Dentistry and Oral Health

(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 internal ASER training and this was recorded on the training log. Staff we spoke with were clear in their understanding of the types of significant events that should be reported, including good practice and near misses. A record was maintained of all ASERs, this was categorised to support identification of any trends and displayed on a dedicated notice board. No ASERs had been recorded in the previous 12 months. We reviewed the last one recorded from March 2024 that showed it had been managed effectively and included changes made as a result. Significant events were a standing agenda item at the monthly practice team meeting. Staff unable to attend could review records of discussion, minutes of these meetings were held in a shared electronic folder (known as SharePoint).

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 were not sure of their responsibilities for reporting incidents but stated that any accident or injury would be reported to the practice management.

Alerts were included on the ‘direction and guidance’ email so that all staff were informed by regional headquarters (RHQ) about national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and the Department of Health Central Alerting System (CAS). Alerts were acknowledged as read and the practice had to input receipt and action into a regional register. Copies were shared with staff using a hard copy form. This was done at practice meetings where attendees were listed but there was no signature to say that staff had read and understood the alert. The practice planned to share alerts electronically so electronic signatures of receipt could be requested. The Senior Dental Officer (SDOs) at Minley and Sandhurst deconflicted annual leave so that a buddy system for the receipt of alerts was in place.

Reliable safety systems and processes (including safeguarding)

The Senior Medical Officer based in the medical centre was the safeguarding lead and had level 3 training. The practice manager of the dental centre was also trained to level 3. The safeguarding policies and directives were displayed on ‘patient information’ noticeboard the safeguarding lead and personnel in key roles were displayed on the ‘dental personalities’ noticeboard in reception. In addition, there was a station ‘health and wellbeing’ noticeboard that provided contact details for the wellbeing team, welfare contacts and mental health support services. 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. Training on the local policy was refreshed every 2 years. However, the policy was overdue

a review. We highlighted a recent Defence Primary Healthcare (DPHC) policy that required safeguarding leads to complete tier 1 training on learning disability and autism.

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 dentist was always supported by a dental nurse when assessing and treating patients. A chaperone policy was displayed on the patient information notice board in the waiting area. With the exception of the patient toilet, there was no panic alarm system in place. The compact layout of the building made it likely that a call for assistance would be heard. We discussed that consideration should be given to having an alarm that would be audible in the adjacent medical centre as the practice were due to be included on the out-of-hours duty rota.

A ‘freedom to speak up’ policy was in place and displayed in the reception office. Staff had training planned for 2025 and said they would feel comfortable raising any concerns. Staff also had the option to approach the regional ‘Freedom to Speak Up Champion.’ Details were available on SharePoint and a hard copy displayed on a noticeboard in the reception office.

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

A comprehensive business continuity/resilience plan (BCP) was in place and had last been reviewed in March 2024 and last amended in February 2025. The BCP set out how the service would be provided if an event occurred that impacted its operation. The plan included unexpected absence of the SDO, loss of water, loss of compressor, radiation fault, flooding, fire and contagious outbreaks. A list of key contacts listed on the plan included senior staff on camp, estates management contacts, the maintenance team and senior members of the regional team. The BCP could be accessed remotely (on SharePoint) should access to the building be restricted. The BCP had been tested in January 2025 due to testing failure of the compressor in December and it not working following return from Christmas leave. There had not been a tabletop exercise despite the plan stipulating that this should be done as part of testing. However, the dental centre team had participated in a simulated medical emergency carried out by the medical centre. Lessons learnt resulted in changes being implemented. For example, the storage of emergency medicines was moved to the paramedic’s bag to ease transportation.

Medical emergencies

The medical emergency standard operating procedure from 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. A review of the records and the emergency trolley demonstrated that all items were present and in-date. Reviews of the emergency medicines were completed at headquarter level.

All staff had received anaphylaxis and sepsis training, 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 6 monthly. For example, an exercise with the medical centre had been conducted in February 2025 to simulate a patient fainting. Learning outcomes were discussed after this training. A medical emergency protocol was displayed in each surgery together with British Dental Association guidelines on the signs, symptoms and treatment for medical emergencies in the dental practice. We discussed the potential of moving the oxygen cylinder from the Control of Substances Hazardous to Health (COSHH) cupboard to make it more readily available should it be needed in a medical emergency.

First aid, bodily fluids and mercury spillage kits were available. One of the duty medics was the nominated first aider and there was a first aid box in the patient waiting area which contained a list of first aiders. Monthly checks were signed by the practice manager. The medical practice was co-located so could easily be used to support with any first aid requirements. Staff were aware of the signs of sepsis and sepsis information was displayed in the surgeries.

Staff recruitment

The full range of recruitment records for permanent staff was held centrally. The practice manager had access to the DMS-wide electronic system so could demonstrate that relevant safety checks had taken place at the point of recruitment, including an enhanced Disclosure and Barring Service (DBS) check to ensure staff were suitable to work with vulnerable adults and young people. The DBS check was managed by station and civilian personnel were checked every 3 years, military personnel every 5 years.

Monitored by the practice managers, 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 (H&S) policy and protocols were in place to support with managing potential risk. The H&S policy statement was current and displayed in the reception corridor and there was an H&S notice board furnished with the latest information. The safety, health, environment and fire team carried out an annual workplace health and safety inspection and completed monthly checks. In addition, the practice manager was the named health and safety lead and this was reflected in their terms of reference. The practice manager was a trained risk assessor and there was a set of risk assessments that included access/egress, storage of equipment and consumables, manual handling and surgery activities. Lone working had been risk assessed and although not normal practice, there was a process to inform the guardroom at hourly intervals when working alone and advise then when leaving. We discussed the waiting area often being unattended with no CCTV or alarm system. This was mitigated by the close proximity of the surgeries but a formal risk assessment had not been completed.

The unit carried out a fire risk assessment of the premises every 5 years with the most recent assessment undertaken in 2023. There was a fire custodian for the camp and a medic was the fire marshal for the premises. The fire marshal checked the fire system weekly with a record made in the fire logbook, we noted that dental centre staff did not check that these had been completed. Staff received annual fire training provided by the unit and an evacuation drill of the building was conducted in March 2024. There was a fire safety noticeboard displayed in reception. Portable appliance testing had been carried out in line with policy. Compressor checks were not included in the fire risk assessment where there was no mention of the risks associated with compressed air.

We looked at the practice's arrangements for the provision of a safe service. A risk register was maintained and most risks were up-to-date. We highlighted that the risk assessment for surgical activities did not include managing clinical waste nor the management of a medical emergency. Although a fire risk assessment was in place, there were a number of outstanding items and the practice manager was unsure if these had been completed. The risk register was reviewed weekly by the SDO and the practice manager would check in their absence. The main issues identified were infrastructure, water quality, compressor and climate control. These had been transferred to unit level. Risk management was discussed with the regional headquarters at monthly meetings.

A COSHH risk assessment was in place and COSHH data sheets were available. However, these had not been reviewed since October 2023 (should be reviewed annually). A log sheet was maintained of each hazardous product with links to the safety data sheets. The SDO and practice manager had signed the sheets but we highlighted that it would be best practice to have a signature for the dental nurse.

The practice followed relevant safety laws when using needles and other sharp dental items. sharps boxes in clinical areas were labelled, dated and used appropriately. Each surgery held a copy of the risk assessment for needlestick injuries that included instruction on immediate first aid following a blood or bodily fluid exposure incident. There were written protocols for use of the in-safe sharps disposal system and for disassembling, cleaning and sterilisation of in-safe syringes.

Infection control

The 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 the policy had been reviewed in March 2025. Records confirmed they completed refresher IPC training every 6 months. IPC audits were undertaken twice a year and the most recent was undertaken in March 2025. A dedicated IPC spreadsheet plotted and recorded checks to be carried out. A copy of the IPC policy was kept in each room.

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 monthly by the contractor and spot checks by the practice manager. Any inconsistencies or issues were reported to the cleaning manager. The

contractor provided a cleaning schedule but not the contract. The practice management were satisfied that the current contract was sufficient for the practice needs but there were no formal deep cleaning arrangements in place. The cleaning cupboard was tidy and well organised and staff could access it if needed in between the routine daily cleaning. The cleaning cupboard and COSHH cupboards were positioned in the reception area and locked when not in use. Suitable ventilation was provided by air conditioning units in each surgery.

Decontamination took place in a central sterile 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.

A detailed legionella risk assessment had been carried out by an external contractor in June 2024 and 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 of the flushing programme. Water testing was carried out quarterly and the results provided to the dental centre. Dead legs (sections of water pipe seldom used) were flushed by the infrastructure team monthly. Although the team was satisfied with the processes around managing legionella, there was scope to further strengthen them by having an agreed formal notification should the water temperature fall outside of the temperature parameters.

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 and shared with the medical centre, was secured and away from public view. However, this was not locked on the day of the inspection and the bin had been used for general waste. The practice manager confirmed that action had been taken the day after the inspection and a separate bin and consignment notes had been requested for the dental centre.

Clinical waste was collected weekly and consignment notes were provided by the contractor. Waste transfer notes were retained and audited annually; the last audit was completed in February 2025. We highlighted that arrangements should be strengthened with clarity on which waste was from the dental centre and which was from the medical centre. Destruction certificates should be obtained for best practice despite the waste removal being carried out by a licensed contractor. Following some key changes to the HTM 07-01 in December 2024, DPHC practices await guidance from DPHC around the treatment of clinical waste (the use of tiger bags versus orange bags and single use versus reusable aspirator tips).

Equipment and medicines

An equipment log was maintained to keep a track of when equipment was due to be serviced. Any fault was recorded and pieces of equipment that could not be used were separated and labelled. The autoclave and ultrasonic bath had been serviced in March 2025 and October 2024 respectively. The servicing of all other routine equipment, including clinical equipment, was in-date in accordance with the manufacturer's

recommendations. Land Equipment Audit (LEA) was completed in September 2024. Recommendations made in the 2024 LEA audit had been actioned. Portable appliance testing was undertaken annually by the station's electrical team.

A manual log of prescriptions was maintained and prescriptions were sequentially numbered and stored securely. Staff 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 hormone used to treat low blood sugar levels) was stored in the fridge and one was kept on the emergency trolley (with the shelf life adjusted in line with manufacturer's instructions). Audits of prescribing were done at regional level and last carried out in June 2024. Although this is not a requirement, it is good practice and improves clinical oversight.

There was no temperature control for consumables such as filling materials, anaesthetics and saline, that were required to be stored under 25 degrees. Although they were kept in a storeroom away from direct sunlight, the room was not temperature controlled and daily temperature checks were not being recorded.

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) was identified for the practice (SDO). Signed and dated Local Rules were available in each surgery along with safety procedures for radiography. The Local Rules were updated in January 2025 and reviewed annually or sooner if any change in the policy was made, any change in equipment took place or if there was a change in the RPS. A copy of the Health and Safety Executive notification was retained and the most recent radiation protection advisory visit was in February 2024.

Evidence was in place to show equipment was maintained annually. This was last done in October 2024. 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 discussed intra-oral radiology with colleagues from Aldershot Dental Centre every 6 months as part of peer review. There had not been any audits completed but one had been started. The practice manager had done a radiology audit in 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, considering operational need.

The dentists followed appropriate guidance in relation to recall intervals between oral health reviews, which were between 3 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. Block bookings were also given to any phase 2 trainees who required a lot of treatment.

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 performance of key performance indicators were below target levels and was recovering from an extended period of closure and part-time opening hours. For example, a combined 74% of patients were category 1 (had all operative treatment completed) and category 2 (treatment needed but not urgent and patient deployable). The dental centre was to remain open during Easter leave to improve dental statistics with resident unit personnel.

Health promotion & prevention

A proactive approach was taken in relation to preventative care and supporting patients to ensure optimum oral health. The practice manager took the lead on health education campaigns supported by the dental nurse. They 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). Advice on oral hygiene including flossing and how best to clean teeth was included in the patient information leaflet.

A poster was displayed to make patients aware that the dental team were mindful of the dates of Ramadan and inviting those with appointments that fell during the holy month to rearrange if they should they wish. Any cancelled or missed appointments were made available to patients who were able to attend at short notice.

Dental care records showed that lifestyle habits of patients were included in the dental assessment process. The dentists provided oral hygiene advice to patients on an individual basis, including discussions about lifestyle habits, such as smoking and alcohol use. Oral health promotion leaflets were given to patients and a stock of leaflets displayed in the patient waiting area included ones on smoking, diet, mouth cancer and dental erosion. The health education lead maintained a health promotion area on a dedicated notice board in the patient waiting area. At the time of inspection there was an informative display on gum disease. Unit health fairs were supported with attendance from dental centre staff. They have promoted the importance to oral health of reducing sugar intake at the last fair in October 2024.

MOLAR statistics were provided as Minley Dental Centre is a training establishment and a plan was in place to improve targets following a period of closure. Project MOLAR is a treatment strategy to improve the dental health of personnel entering the military. Staff highlighted that trainees were being received with greater need for dental treatment.

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.

There was a 'mental health first aid box' in the patient waiting area

Staffing

The induction programme included a generic, organisation-level 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 was detailed on a training register and discussed at practice meetings.

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 had subscribed to a specialist online training provider for mandatory training that had been designed with the General Dental Council's requirements in mind 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 that included training sessions put on by the region and delivered over MS Teams. Ther had also been a regional training day in March 2025 which covered presentations from dental product companies, BLS training and infrastructure.

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 SDO was providing treatment normally delivered by a hygienist whilst possibilities of a shared hygienist were being explored with nearby military dental centres. The dental team were working to deliver the best level of care possible whilst responding to short notice rapid deployment pressures.

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 Royal Surrey County Hospital in Guildford for secondary care. A spreadsheet was maintained of referrals and checked weekly. Each referral was actioned by the referring clinician once the referral letter was returned. Urgent referrals followed the 2-week cancer referral pathway.

The practice worked closely with the medical centre in relation to patients with long-term conditions impacting dental care. In addition, doctors have been instructed to remind 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 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 unit were provided an update on the dental targets. The practice manager had also engaged with the regiments to foster closer working relationships. For example, there was a plan to develop an induction for newly arrived trainees.

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 Minley Dental Centre. The practice had conducted their own patient survey in using the General Practice Assessment Questionnaire (GPAQ) feedback tool. However, responses had been minimal (not helped by an extended period of closure) with only 2 responses had been captured in the last 12 months. A total of 40 patients provided written or verbal feedback to us as part of this inspection. All of the comments were positive and praised the staff for the level of care and service provided. The main themes were that staff were friendly and 13 of the cards praised the informative approach.

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. Relaxing music was played to create a calm environment. Continuity of seeing their preferred clinician was facilitated by there being only 1 dentist. Patients could also be referred for hypnosis or treatment under sedation as a final option, done by referral to Royal Surrey County or Basingstoke (Hampshire Oral Surgery and Sedation Centre).

The waiting area for the dental centre was well laid out to promote confidentiality. Chairs were set back from the reception desk, there was a sliding hatch that allowed phone calls to be held in private and there was a sign that advised patients to ask at reception if they required a private discussion.

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. To support clinicians, there was an information pack in each surgery that included an easy to follow flow chart that detailed the process of what to do when suing the translation service. Staff spoke multiple languages so could provide translation for Nepali and Fijian. Patients were able to request a clinician of the same gender and would be accommodated at a nearby dental centre in the region. The dentist was male but the SDO at Sandhurst Dental Centre was female. Aldershot Dental Centre was approximately 20 minutes away and had a mix of male and female dentists. Staff told us that same gender clinicians had never been requested by patients in their time at Minley.

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 3 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 and staff reported that urgent requests for pain or trauma would be accommodated with patients being asked to sit and wait and the Senior Dental Officer (SDO) informed of an urgent requirement for treatment. Feedback from patients suggested they had been able to get an appointment with ease and at a time that suited them. This was despite the centre being closed for almost 6 months before reopening at the end of January 2025.

A poster was displayed to inform patients of the dates of Ramadan and inviting those with appointments that fell during the holy month to rearrange if they should they wish. Any cancelled or missed appointments would try and be filled using patients who were able to attend at short notice.

Promoting equality

In line with the Equality Act 2010, an Equality Access Audit had been completed in March 2025. 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 did not have automatic doors at the entrance but the door was in the direct eyeline of reception and could be secured open with a latch. There were visible and audible fire alarms, car parking spaces close to the entrance for disabled patients and wheelchairs were available from the medical centre. The building was single storey and all rooms were accessible through wide corridors and doors that could easily accommodate a wheelchair. The patient toilet was accessible with support bars and an emergency pull cord. The toilet was positioned close to the wall and this had been highlighted on the audit but mitigated by a more spacious toilet being available in the adjoining medical centre.

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, in the guardroom 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.

Concerns and complaints

The 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 Defence Primary Healthcare policy. The team had all completed training that included the DPHC complaints' policy. A process was in place for managing complaints, including a register for written and verbal feedback. No complaints had been recorded in the last 12 months. However, staff had received training and described how any complaint would be investigated and responded to. Staff advised that any complaint would be discussed in a practice meeting and complaints and compliments was included as a standing agenda item.

Patients were made aware of the complaints process through the practice information leaflet and a box in the waiting area. Quick response or 'QR' codes were available on patient feedback posters. In this way, patients were able to give feedback out of sight from the reception area to promote confidentiality of any comments.

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. Although the team was small, lead roles had been divided and resilience had been introduced through an informal collaboration with Sandhurst Dental Centre. 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 every 6 months. The periodontal and referral logs were reviewed together with any cases clinicians wished to discuss. This forum was used to review any clinical specific policy changes, new standard operating procedures and any new materials.

An Internal Assurance Review (IAR) visit took place in September 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 with 1 still in progress (completion of a clinical audit log). The next IAR was scheduled for July 2025. Performance against military dental targets, complaints, staffing levels, staff training, audit activity, the risk register and significant events were all uploaded onto SharePoint and could be viewed by region, DPHC headquarters and anyone granted access. The Health Assurance Framework (HAF) was used as part of the practice manager handover, it was a live document, updated regularly by the practice. The SDO and the practice manager regularly monitored the HAF for changes and updates were provided at the monthly practice meetings. This was also discussed at practice meetings so all staff had an awareness of the document and its contents. The MAP was reviewed regularly and updated as actions were completed. The MAP was also monitored regularly by the regional headquarters and DPHC headquarters.

The team of 3 staff displayed a collaborative and supportive culture and there were clear lines of communication both within the practice and externally with nearby dental centres. Duties were distributed throughout the staff and with colleagues at Sandhurst Dental Centre to provide buddy cover and 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, these had an agenda and were minuted. Since January 2025, these meetings had been held together with the team from Sandhurst Dental Centre. Staff felt included 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. It was apparent from discussion during the inspection that the culture was open and transparent. Staff were confident any concerns they raised would be addressed without judgement. The collaboration with Sandhurst Dental Centre was viewed positively as an opportunity to introduce resilience. Staff spoke of the practice being an enjoyable place to work, of note, the distribution of lead roles empowered all staff and made them feel involved and instrumental in the management of the practice. The practice manager was providing interim support to Sandhurst Dental Centre due to their practice manager post being vacant. Staff from the dental centre held roles within the regional team. For example, the practice manager was to take on the role of Group Equipment Manager for Aldershot sub-region.

Team building events had been organised with colleagues from Sandhurst Dental Centre to develop a cohesive approach and foster close working relationships. Informal collaborative working was already happening and there were ongoing talks towards becoming a hub in the future.

The dental centre were keen to promote environmental sustainability. Initiatives included food bins, recycling bins and general waste bins. The practice were now using reusable saliva injectors (cleaned and sterilized in the autoclave in accordance with HTM 01-05) and reusable cardboard boxes to send off the lab work (had previously been using plastic boxes ordered especially for sending lab work).

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 or had been planned (the dental nurse’s midyear appraisal was overdue but had been diarised). 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. Staff were encouraged to set goals and areas for improvement and development. The practice manager and dental nurse planned to complete training so that they could offer oral health clinics.

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

Quick response or ‘QR’ 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 to review feedback, posters were displayed on the front door, in the patient waiting area and in each surgery. 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. The feedback had been positive and there were no examples of changes or negative experiences from patients.

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. A patient suggestion box was in reception so that anonymous feedback could be given. However, it was positioned close to the reception desk so we discussed the potential use of QR codes to further promote the anonymity (if required) when giving feedback. Patients had been encouraged to compete the continuous attitude survey within DPHC.