

## Akrotiri Dental Centre

Western Sovereign Base Area, Cyprus

### 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?	<b>No action required</b>	✓
Are services effective?	<b>No action required</b>	✓
Are services caring?	<b>No action required</b>	✓
Are services responsive?	<b>No action required</b>	✓
Are services well led?	<b>No action required</b>	✓

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# Summary

## About this inspection

We carried out an announced comprehensive inspection of Akrotiri Dental Centre on 8 October 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 and responsive in accordance with Care Quality Commission (CQC's) inspection framework. We identified areas in well-led that required action.**

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

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

## Background to this practice

Located in Cyprus and part of the Defence Primary Healthcare (DPHC) Dental Overseas Region, Akrotiri Dental Centre is a 5-chair practice providing a routine, preventative, orthodontic and emergency dental service to a military and civilian patient population of approximately 3,000. The base is part of the Western Sovereign Base Area in Cyprus. There are 2 other dental practices on island. Treatment is also provided to many temporary patients temporarily stationed at Akrotiri as well as to ships temporarily docked in Cyprus. In addition, care is provided to entitled family members and entitled contractors, who are posted on multiple year tours. Due to the operationally focused facility, the patient list fluctuates on a weekly basis.

Clinics are held 5 days a week Monday 06:45 to 16:30 and Tuesday to Friday 07:00 to 14:00 hours. Daily emergency treatment appointments are available. Hygiene support is currently carried out by a part-time hygienist which is shared with Episkopi Dental Centre.

A regional emergency rota provides access to a dental team out-of-hours including over the weekend and holiday periods.

Secondary care support is provided through a private contract with the AMC (American Medical Centre) in Nicosia for oral and maxillofacial surgery (OMFS) and oral medicine. Urgent access is available at the dental centre, but for urgent OMFS out-of-hours, patients would attend (via DPHC Ambulance if appropriate) the local state hospital (Limassol General Hospital).

Orthodontic treatment is provided with a DPHC civilian specialist orthodontist, who works at Akrotiri Dental Centre but will also see patients register at Episkopi Dental Centre.

Advanced Restorative Treatment is available for Service Personnel through the DPHC's Defence Centre for Rehabilitative Dentistry and its Managed Clinical Network (in the UK).

### The staff team at the time of the inspection

Senior Dental Officer (SDO) (military)	1
Dentist (civilian)	1 (full-time) 1 orthodontist (part-time)
Dental hygienist (civilian) Dental nurses (civilian) Dental nurses (military)	1 2 (1 gapped post currently under recruitment) 2 (1 post currently gapped, covered by a locum)
Practice manager (military) Receptionists (civilian)	1 1 (full-time)

### Our Inspection Team

This inspection was undertaken by a CQC inspector supported by a dentist and a practice manager/dental nurse specialist advisors. The inspection also included a member of DMSR who attended as an observer.

### How we carried out this inspection

Prior to the inspection we reviewed information about the dental centre provided by the practice manager and SDO. During the inspection we spoke with the SDO, civilian dentist, the hygienist, dental nurses, practice manager and receptionist. 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 and 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 captured on a risk register that detailed a timeline of actions taken.
- Suitable safeguarding processes were established, and staff understood their responsibilities for safeguarding adults.
- The required training for staff was consolidated into an annual training programme. Some refresher courses had recently become out-of-date.
- Staff were supported with continuing professional development (CPD). The peer review programme could be further developed, there was an aspiration to achieve this through working with the other 2 dental centres on island.
- The clinical team provided care and treatment in line with current guidelines. Record keeping was of a high standard.
- Staff 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. We highlighted that in time, lead roles could be delegated throughout the team to create resilience.
- An effective system was in place for managing complaints.
- Medicines and life-saving equipment were available in the event of a medical emergency. However, whilst awaiting a new emergency (DERK) bag, the current bag needed to be made more orderly and a number of items added.
- Staff worked in accordance with national practice guidelines for the decontamination of dental instruments as much as possible but were limited by issues with the central sterile services department.
- Systems for assessing, monitoring and improving the quality of the service were in place. Staff made changes based on lessons learnt. The governance structure was in place but hindered by operational priority and gaps in the established workforce.

**We identified the following area of notable practice:**

- For patients who were particularly anxious, the practice had an approach to understand the reason for anxiety, provided longer appointments and time to discuss treatment and invite any questions. Anxious patients were given the option of a male or female dentist, offered headphones to wear during treatment and props were available for children. Posters were placed above the treatment chairs to provide a distraction.
- DPHC had funded a 5 year subscription for all dental personnel to assist with meeting both CPD learning and mandatory courses. This included training around supporting dental patients with a learning disability and autism awareness.

**The Chief Inspector recommends to Defence Primary Healthcare (DPHC) Overseas Regional Team:**

- Where workforce shortages are experienced, provide appropriate resource so that the dental centre is not left severely understaffed in any one period.
- Determine the true patient need at Akrotiri Dental Centre (including foreign nationals, visiting ships, families and eligible civilians) and resource accordingly.
- Ensure timely supply chain of orthodontic consumables.
- In order to provide a clear and optimal care pathway for patients requiring surgical extraction at the oral surgery provider on island, agree pre and post-surgery anti-biotic prescribing guidelines with the AMC.
- Ensure that staff understand how to access general anaesthetic for children under three years of age who require it.
- Explore the possibilities and benefits of a more coordinated pan-island approach to maximise standardisation, provide a platform for clinical peer review and cross-practice sharing of best practice. To ensure that all suspected oral cancer cases are referred without delay, a consistent approach to the management of 2 weeks referrals across the Island is required.

**The Chief Inspector recommends to the Dental Centre**

- Ensure staff are equipped with sufficient knowledge to understand the legal requirements for reporting injuries, disease and dangerous occurrences.
- Strengthen the processes around the management of alerts, the business continuity plan, checking of the emergency medicines and equipment and health and safety.
- Terms of reference should be put in place to clarify the responsibilities of those with lead roles.
- Obtain a copy of the fire and risk assessment for the premises.
- Revise the dental centre's risk assessment for legionella to include more detail on in-house procedures. Implement a policy and protocol for in-house management and prevention of legionella to include the process for flushing taps and disinfecting water lines.

**Mr Robert Middlefell BDC National Professional Advisor for Dentistry and Oral Health (on behalf of CQC's Chief Inspector of Primary Medical Services and Integrated Care)**

## Our Findings

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### 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. All staff completed 6 monthly informal ASER training. Two members of staff were absent from the most recent ASER training so the PowerPoint presentation was sent to them. Staff we spoke with were clear in their understanding of the types of significant events that should be reported, including near misses. A record was maintained of all ASERs, this was categorised to support identification of any trends. One ASER had been recorded in the previous 12 months and other events considered below the threshold for raising an ASER had been reported via the 'My Safety' system. A review of the single ASER evidenced that it had been managed effectively and included changes made as a result. Significant events were discussed at practice team meetings, staff unable to attend could review records of discussion and minutes of these meetings were held in a shared electronic folder (known as SharePoint). Not all staff were aware when to report incidents in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

The Senior Dental Officer (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 (CAS). Alerts were acknowledged on the central register by the practice manager. Although we found that recent alerts had been received and actioned, there was scope to make the system more failsafe. We recommended that training was delivered to the rest of the department and full access granted to all staff. It was planned for the alerts to be discussed with all staff at future practice meetings and filed with a note of actions taken.

#### Reliable safety systems and processes (including safeguarding)

The SDO was the safeguarding lead and had level 3 training. A civilian dentist was also trained to level 3. The safeguarding policy and personnel in key roles were displayed on a dedicated noticeboard. All other members of the staff team had completed level 2 safeguarding training. Staff were aware of their responsibilities if they had concerns about the safety of patients who were vulnerable due to their circumstances. Searches on DMICP (the clinical operating system) had been set up using date of birth to find school age children. However, to arrive at an accurate number of under 18s it was dependent on them being registered at the medical centre. No safeguarding concerns had been raised in recent years but staff had discussed the challenges of treating high caries (tooth decay) rate patients including open discussion with parents and providing them with prevention information.

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. Incidents went onto a regional duty of candour log but there was no column to identify which dental centre had reported them. The practice confirmed that this was added after the inspection.

The dentists were always supported by a dental nurse when assessing and treating patients. Although lone working was normal for the hygienist (approximately half of the time in clinic), 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. Routine testing was carried out every 5 weeks. The alarm sounded in the dental corridor and was connected to the medical centre's reception. The duty medic would attend the incident with additional medical staff on alert and ready to respond if required.

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 on the staff noticeboard.

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. However, a refresher management safety (IOSHH) course was discussed to ensure current knowledge. The practice confirmed that this had been arranged following the inspection. A risk register was maintained, and this was reviewed monthly. 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 surgery in the form of a written 'sharps protocol.'

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

A comprehensive business continuity plan (BCP) was in place and reviewed annually, the last review was dated September 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, loss of water, outbreak of staff illness or pandemic and loss of air conditioning. There was a list of key contacts in the plan, these were limited to dental centre staff although there was mention of the emergency and recovery committee based at DPHC Headquarters. The plan could be developed to include external personnel such as senior members of the regional team, nearby dental centres, the Radiation Protection Advisor and the compressed air authorised person together with their contact details. The BCP could be accessed remotely should access to the building be restricted. The plan included a schedule of periodic testing and annual review. Testing of the BCP included desk-top walk throughs and full simulated exercises and a real-time evacuation exercise. We were given examples of when the BCP had been tested; in December 2023 due to the DMICP servers being disrupted and in June 2023 when an air conditioning leak caused a ceiling to fall down. In both instances, the BCP was activated successfully and services



temporarily transferred to Episkopi Dental Centre. The BCP did include a 'lessons identified, for use after any instance where the plan was tested.

### Medical emergencies

The medical emergency standard operating procedure from Defence Primary Healthcare (DPHC) was followed and the civilian dentist was the DERK (emergency response bag) lead. The automated external defibrillator (AED) and emergency trolley were securely stored, as were the emergency medicines. Reviews of the emergency medicines were done at headquarter level. The dental centre was awaiting a new DERK bag and were awaiting a replacement having highlighted functionality issues with the one currently held. Daily checks of the oxygen and weekly checks of medical emergency kit and medicines were undertaken and recorded by the dental nurses who had been given specific training to undertake the role. However, a review of the current DERK bag highlighted items not available were a syringe to inject adrenaline and paediatric oxygen masks. The packing of the bag did not follow any semblance nor order so could lead to a delay when being used in an emergency. These issues were rectified on the day. The SDO conducted monthly checks on Buccolam (a controlled drug used to stop prolonged seizures) but external checks were not being carried out at quarterly intervals as required; the last one had been in December 2023. The practice confirmed that the DPHC lead pharmacist had conducted checks later in October and a reminder added to the SDO's and practice manager's diaries.

Signage was clear and staff were aware of the medical emergency procedure and knew where to find oxygen, emergency medicines and equipment. Although mandated into the annual training programme, some staff were overdue refresher training in managing medical emergencies, including basic life support, sepsis, emergency resuscitation and the use of the AED. Reception staff who were out-of-date for training were to be trained as a priority. Training that used simulated emergency scenarios was undertaken in April 2024 and no medical emergencies had occurred in the last 12 months. There was a system to be used in such an event that included a form used to handover the patient to the medical centre or ambulance, a debrief and subsequent discussion at the next practice meeting.

First aid, bodily fluids and mercury spillage kits were available. The practice used the duty medic for any first aid requirements. Panic alarms to attract attention in the event of an emergency were connected to the medical centre and to reception. Some staff were unsure of the signs of sepsis and had not received training. On the day of inspection, sepsis information posters were placed in the surgeries. The dentists demonstrated a knowledge of symptoms and requirement for referral to secondary care if the patient's condition worsened.

### Staff recruitment

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

Monitored by the practice manager, a register was maintained of the registration status of staff with the General Dental Council, indemnity cover and the relevant vaccinations staff required for their role.

### **Monitoring health & safety and responding to risks**

A number of local health and safety policy and protocols were in place to support with

managing potential risk. The practice manager was the named health and safety lead supported by the safety, health, environment and fire team who carried out annual workplace health and safety inspections and monthly checks. The medical centre practice manager was the fire warden for the premises and regularly checked the fire system. On the day of inspection, there were no fire risk assessments available to view. The practice planned to request this information from the fire warden and/or the Health and Safety Officer. Staff received annual fire training delivered by the unit and an evacuation drill of the building was conducted in May 2024. As part of the review of the evacuation drill, actions were identified regarding the pegging in/out board so staff were given training and the issues were corrected. Portable appliance testing had been carried out in line with policy. A Control of Substances Hazardous to Health (COSHH) risk assessment was in place and had been reviewed in November 2023. Safety data sheets were available on-line and had been reviewed in November 2023. There was some confusion over who had overall management of the COSHH products. The practice manager identified a lead and included this in their terms of reference. Good practice is to have hard copies of COSHH safety data sheets that can be used in the event of a power outage.

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

We looked at the practice's arrangements for the provision of a safe service. A risk register was maintained and risk reviews were current. As instructed by Regional Headquarters Overseas, a review of the risk register was a recurring calendar reminder in the SDO's diary. There were 4 items on the register, each was clearly defined and mitigation taken as far as was within the dental centre's scope. Two of the risks were categorised as tolerable, these were the delays in supply of medicines and the use of DMICP deployed. The layout of the CSSD was identified as in issue in March 2018 due to the configuration, and because there was no mechanical ventilation. A statement of need had been submitted each February since 2018. However, the room had a large opening window with fly screen which provided suitable ventilation. Gapped posts were also a continuing risk that had been identified in October 2022 with requests sent for more permanent and locum cover for the interim.

### **Infection control**

The visiting dental hygienist 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 training every 6 months. IPC audits were undertaken annually and the most recent was in-date. A document check was carried out quarterly by RHQ.

We checked the surgeries. They were clean, clutter free and met IPC standards, including the fixtures and fittings. Environmental cleaning was carried out by a contracted company twice a day and this included cleaning in between morning and afternoon clinics. The cleaning contract was monitored by the unit and the practice manager reported any inconsistencies or issues to the cleaning manager. There was a comprehensive rolling plan for deep cleaning that staggered the rooms to minimise disruption. The rota included high level cleaning, ventilation grills and blinds. 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. The layout and facilities of the CSSD was compliant with HTM 01-05 but best practice could not be met due to lack of space that compromised the flow from dirty to clean areas. However, the practice had made best use of the space available and a statement of need had been submitted each year since 2018, when the issue was first identified. 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 the practice in June 2022 and this supplemented the more detailed unit legionella management plan that covered all the required areas on the station. However, the dental centre's risk assessment was generic and required more detail on in-house procedures. The dental centre is required to have a policy and protocol for in-house management and prevention of legionella. This should include the process for flushing taps and disinfecting water lines.

Arrangements were in place for the segregation, storage and disposal of clinical waste products, including amalgam, sharps, extracted teeth. The clinical waste bin, external of the building, was locked, secured and away from public view. Clinical waste was collected weekly and consignment notes were provided by the contractor. Waste transfer notes were 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 servicing of all routine equipment, including clinical equipment, was in-date in accordance with the manufacturer's recommendations. A Land Equipment Audit (LEA) was completed in June 2023 and recommendations made had been actioned. The next LEA was scheduled for November 2024. 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. 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 hormone used to treat low blood sugar levels) was stored with the DERK bag in a temperature controlled room. The shelf life had been reduced in line with manufacturer's instructions with it not being refrigerated. The SDO carried out audits of antibiotic prescribing that included the diagnosis and

rationale for the medication prescribed. An overall report was then produced. Although this is not a requirement, it is good practice and improves clinical oversight.

Prescriptions from AMC were on a different formulary to the British National Formulary (BNF, provides key information on the selection, prescribing, dispensing and administration of medicine). Therefore some of the medication being requested was outside of the scope of the BNF, for example, patients were being prescribed pre-operative antimicrobials before extractions. This had been identified and flagged up by the SDO at Dhekelia and was an issue for the 3 military dental centres on island.

The orthodontist sighted challenges at getting some orthodontic consumables in a timely manner and on occasions the orthodontist reported that this has affected the practitioners ability to finish treatment on time (prior to returning to UK).

### **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 had last been updated in September 2023 so had recently become overdue. The practice confirmed that these had been reviewed following the inspection. Reviews should be carried out 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 May 2022.

Evidence was in place to show equipment was maintained annually, last done in September 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 last carried out an intra-oral radiology audit in June 2023, this should ideally be repeated within 12 months.

Orthopantomography or (OPG, a type of X-ray scan that gives a panoramic or wide view of the lower face) images requested from Limassol and Larnaca General Hospitals were of poor quality (blurred image, poor patient positioning) and did not always provide the dose of ionising radiation used. This issue had been identified, added to the risk register and regular audits were taking place. A template had been developed by the SDO at Dhekelia for tracking the results.

## Are Services Effective?

### Monitoring and improving outcomes for patients

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

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

We looked at patients' dental care records to corroborate our findings. The records included information about the patient's current dental needs, past treatment and medical history. The diagnosis and treatment plan for each patient was clearly recorded together with a note of treatment options discussed with the patient. The one exception was root canal treatment where we discussed inclusion of the patient choice of material options for restorations. 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. We discussed the importance of referring periodontal cases using the appropriate diagnosis rather than the Basic Periodontal Examination score.

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. We noted that all met or exceeded key performance indicators. For example, 78% of patients were category 1 (had completed a dental check-up and cleaning within the past year). The SDO and practice manager both commented that it was challenging to get a true picture of the dental fitness of the population when using DMICP deployed.

### Health promotion & prevention

A proactive approach was taken in relation to preventative care and supporting patients to ensure optimum oral health. One of the dental nurses was the oral health lead and planned to enrol on the course to become an oral health educator. Dental nurses 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 hygienist 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 the oral health lead maintained a health promotion area in the patient waiting areas supported by the regional oral health lead.



Displays were clearly visible and at the time of inspection included a campaign for 'Stoptober' (stop smoking) and 'National Smile Week.' A visit from the school on camp was planned for November 2024 with the visiting children presented with a session on oral education. A plan had drawn up to spend time with the hygienist and one of the dentists. The oral health coordinator planned to conduct a quiz to test the response of advice given on regular cleaning. The oral health lead spoke of challenges faced in obtaining samples and in-house training from dental suppliers and manufacturers. Requests had been made but the lack of support was attributed to being non-UK based.

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. Fluoride varnish was regularly applied to patients with increased caries risk, fissure sealants (a protective coating) were applied to prevent decay.

Patients who required teeth to be extracted could be referred to The American Medical Centre (AMC) for routine extraction procedures. A concern had been raised around the oral surgeon at AMC prescribing prophylactic antimicrobials pre-operatively for surgical extractions. Per the 'Antimicrobial Prescribing in Dentistry Good Practice Guidelines' issued by the Faculty of Dentistry, there is no evidence to support the routine use of prophylactic antimicrobials in reducing the risk of postoperative complications after extraction of wisdom teeth, or teeth requiring surgical extraction. The SDO at Dhekelia Dental Centre had acted on behalf of all three dental centres on island and written to the oral surgery department at the AMC asking them not to prescribe any medication pre-treatment and confirming that the dental centres will see patients post-operatively and prescribe if required. The SDO confirmed that they explained the challenges around prescribing to patients in advance of their appointment with the AMC oral surgeon and a note was added to the patient's record. There was scope to provide a clear and optimal care pathway for patients requiring surgical extraction at the oral surgery provider on island, by agreeing pre and post-surgery anti-biotic prescribing guidelines with the AMC.

Staff we spoke with did not have a clear view on provision for children under three years of age experiencing trauma to access treatment under general anaesthetic. We therefore sought clarification from the acting RSDO and noted that clear arrangements were in place. This requires clear and swift communication to the teams delivering on the ground in Cyprus.

### 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 covered the mandated requirements at the right times. The in-house training programme ran on a 6 monthly rolling plan, all staff were used to deliver training to help them learn in multiple ways and increase their confidence.

All dental nurses that were asked were aware of the General Dental Council requirements to complete continued professional development (CPD) over a 5-year cycle and to log this

training. Most staff had subscribed to a specialist online training provider for mandatory training that had been designed by the General Dental Council so that dental professionals could maximise CPD activities they chose to complete. All staff managed their own CPD requirements and had no issues accessing or completing the required work. Staff attended CPD events as required and the practice manager attended the regional practice manager's meetings.

Defence Primary Healthcare had funded a 5 year subscription for all dental personnel to assist with meeting both CPD learning and mandatory courses. This included training around supporting dental patients with a learning disability and autism awareness.

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 whilst responding to rapidly changing operational demands and expectations of a transient and often unregistered patient group, for example, support to foreign nation service personnel. However, this had not been the case until August 2024 when a new civilian dentist filled a post that had been gapped since April 2024. The SDO had cancelled leave twice over the past year to cover emergency on-call. The receptionist post had been gapped between December and March. Two of the dental nurse posts were gapped although one post had been covered by a locum. One patient we spoke with described how the welfare of staff featured in discussions at senior meetings due to a fear of staff burnout.

The practice manager identified the staffing levels were adequate to meet the patient and unit demand. However, several staff members unable to complete administrative tasks to a competent level. As posts became filled, we discussed carrying out training sessions to ensure all staff members could complete administrative tasks to the required standard in the absence of the practice manager.

### **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 the American Medical Centre (AMC) for oral surgery and oral medicine or back to the UK in addition to an initial remote consultation. AMC was also the referral pathway for urgent referrals and this was backed up by a referral tracker and policy (urgent referrals followed the 2-week cancer referral pathway). Patients referred back to the UK were supported by a liaison officer from the medical centre. A spreadsheet was maintained of referrals and this was checked weekly. Each referral was actioned by the referring clinician once the referral letter was returned.

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 Station Executives meeting 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 Akrotiri Dental Centre. The practice had conducted their own patient survey in using the General Practice Assessment Questionnaire (GPAQ) feedback tool. A total of 32 responses had been captured in 2024. A total of 97% of respondents said they were generally happy with their healthcare. We spoke 6 patients who complimented the dental centre staff for sustaining such a good service despite being faced with significant challenges in the past 12 months.

For patients who were particularly anxious, the practice had an approach to understand the reason for anxiety, provided longer appointments and time to discuss treatment and invite any questions. Anxious patients were given the option of a male or female dentist, offered headphones to wear during treatment and there was a staged approach to treatment. Posters were placed above the treatment chairs to provide a distraction. We were told how this approach had worked for a patient who was particularly anxious and had been afforded time with the dentist to be reassured about the treatment to be given. It was clear from the patient feedback that the practice consistently went the extra mile in putting patients at ease, this was a recurring theme when speaking to patients with children. The practice made use of a number of tools such as ceiling posters, picture books, comedy glasses for children to wear during treatment and junior toothbrushes to keep young children occupied. Any child with a learning disability was given a 20 minute meet and greet appointment with a dentist when they first registered. Continuity of seeing their preferred clinician was facilitated upon request but patients were encouraged not to delay treatment. Staff reported that this was seldom a problem and the majority of patients were content to see the first available dentist. Patients could also be referred for hypnosis or treatment under sedation as a final option, done by referral to the American Medical Centre or host nation hospital in Larnaca (for OPGs only).

The waiting area for the dental centre was well laid out to promote confidentiality. Chairs were set back from the reception desk and a privacy poster displayed.

Access to a translation service was available for patients who did not have English as their first language. Information on telephone interpretation was displayed on the patient information board and there was a protocol for staff to follow. Although no requests had been made, patients were able to see 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. A second screen was used to show radiographs to patients. Laboratory models and plastic teeth were used to discuss and explain treatment options.

## 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 a single visit. Any urgent appointment requests would be accommodated on the same day, emergency appointments were protected in the morning each day. Feedback from patients suggested they had been able to get an appointment with ease and at a time that suited them.

Appointments were prioritised for serving personnel and included liaison with the Chain of Command on planned deployments. Appointments were adapted to shift patterns and there was an understanding that Akrotiri is a 24/7 airfield.

At times, routine appointments for family members had been temporarily suspended when the practice was functioning with just 1 dentist. However, patients we spoke with described how this was well managed, urgent appointments were accommodated and normal services resumed as soon as capacity allowed. Of note, the practice was consistently praised in the patient feedback for a proactive approach to recalling patients when a cancelled appointment slot created availability.

There was a water dispenser in the waiting area and high back chairs with arms. A television in reception was used to support health promotion and provide essential information to patients. A picture board of staff members with names was displayed for patients to see.

### Promoting equality

In line with the Equality Act 2010, an Equality Access Audit had been completed in March 2024. The audit found the building met the needs of the patient population, staff and people who used the building. The facilities included automatic doors at the entrance, visible and audible fire alarms, car parking spaces close to the entrance for disabled patients and wheelchairs were available. High back chairs with arm rests were available in the patient waiting area. The dental centre planned to install a hearing induction loop although staff had reported that there had not been a requirement.

### 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 on the practice SharePoint site. 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 Senior Dental Officer (SDO) was the lead for clinical complaints and the practice manager was the named contact for compliments and suggestions. Complaints were managed in accordance with the DPHC complaints policy. The team had all completed complaints training that included the DPHC complaints' policy. A process was in place for managing complaints, including a complaints register for written and verbal complaints. One complaint had been recorded in the last 12 months; this was regarding patient confidentiality. 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 dental centre sent out 5 surveys a week (using a quick review or 'QR' code) to 5 randomly selected patients for each clinician asking for feedback. Paper forms were available at reception and in each surgery and a QR code was displayed on the compliments and suggestions board. The practice had a box in the waiting area which could be used to post feedback, suggestions or compliments.

The practice had received multiple written and verbal compliments in 2024. The main themes were around the quality of treatment care and the friendliness of staff.

## Are Services Well Led?

### Governance arrangements

The Senior Dental Officer (SDO) had overall responsibility for the management and clinical leadership of the practice. The practice manager had the delegated responsibility for the day-to-day administration of the service. Staff were clear about current lines of accountability and secondary roles. They knew who they should approach if they had an issue that needed resolving. However, terms of reference were not in place to formalise the responsibilities of those with lead roles. 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 (RHQ) 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. We highlighted a number of areas where risk management processes could be strengthened. These included the reporting of injuries and management of alerts. We also highlighted that checks on emergency medicines and equipment should be more stringent. Checks and audits were in place to monitor the quality of service provision. Staff reported limited opportunity for peer review and regular case discussions but this was something the SDO would like to build on and build relationships with other SDOs on the island.

At the last internal assurance visit in January 2024, a management action plan (MAP) was developed as a result; actions identified had been completed or were in progress. 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 RHQ, 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 monitored the HAF monthly for changes and updates. This was also discussed at practice meetings so all staff had an awareness of the document and its contents. The MAP was reviewed monthly and updated as actions were completed. The MAP was also monitored regularly by the RHQ and DPHC headquarters.

All staff felt well supported and valued. Staff told us that there were clear lines of communication within the practice and gave positive comments on the teamwork. The SDO and practice manager were responsible for the leadership and management of the practice. We highlighted that terms of reference should be put in place to clarify the responsibilities of those with lead roles, and duties could be distributed throughout the team to ensure the correct subject matter expert has the correct role. All staff were encouraged to have input into the governance and assurance frameworks. Practice meetings were held every week, these had an agenda and were minuted. Staff felt they had input and could speak freely as well as being listened to. Minutes were reviewed during the inspection to confirm they included 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.

We inspected all three dental centres on island concurrently and noted that there were opportunities for a more coordinated pan-island approach to maximise standardisation, provide a platform for clinical peer review and cross-practice sharing of best practice.

### **Leadership, openness and transparency**

Staff told us the team was cohesive and worked well together with the collective aim to provide patients with a good standard of care. Staff described an open and transparent culture and were confident any concerns they raised would be addressed without judgement. Staff described leaders as supportive and considerate of the views of all staff. Staff spoke of the practice being an enjoyable place to work. The diligence and achievements of staff was formally recognised through 'thank you' schemes and a public acknowledgement of the dental team's good work from the station. 'Whitespace' was completed monthly to help staff relive the pressures of day to day business by allowing them to step outside of the working environment as a team.

Team members had additional roles external to Akrotiri Dental Centre. The SDO was the overseas training lead and the practice manager worked with recruitment to employ dental nurses into the RAF.

### **Learning and improvement**

Quality assurance processes to encourage learning and continuous improvement were seen to be driving improvement. Clinical record checks were carried out between the SDO and civilian dentist and the antimicrobial stewardship was closely monitored through audit. The SDO had last had a Clinical Quality Assurance Audit in April 2024.

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.

To address environmental sustainability, recycling was encouraged and bins were provided so waste could be separated.

### **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 monthly to review feedback, the practice manager used the filter functions to dig deeper into the results and look for trends that appear. As the GPAQ is a live system, it means the information can also be accessed by the regional headquarters and DPHC headquarters who can then conduct trends analysis for wider regional trends. Updates are then fed to the staff and the unit at weekly meetings. 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. All staff completed the continuous attitude survey where results were fed up to DPHC headquarters.