Sennelager Dental Centre

Defence Medical Services inspection report

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

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

Contents

Summary

About this inspection

We carried out an assurance visit of Sennelager Dental Centre on 27 February 2025. We gathered evidence remotely and undertook a visit to the practice.

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

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

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

Background to this practice

Located in Germany, Sennelager Dental Centre is a 2-chair practice providing a routine, preventative and emergency dental service to a military population of 277 service personnel and their families (720 patients civilian and military combined).

The dental centre is open Monday to Thursday 08:00-16:30 and Fridays from 08:00 to 12:30. Emergency out of hours (OOH) care is provided by 2 local German dental practices in Paderborn. The nearest is located just a short walk away and the other is less than 1km away.

The staff team at the time of the inspection

Senior Dental Officer	One
Nurses	One
Practice manager	One
Receptionist	One

Our Inspection Team

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

How we carried out this inspection

Prior to the inspection we reviewed information about the dental centre provided by the practice. During the inspection we spoke with the Senior Dental Officer (SDO), dental nurse and the practice manager, and the 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 9 patients who told us their views about the service (at the medical 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. Staff took care to protect patient privacy and personal information.

The practice effectively used the DMS-wide electronic system for reporting and managing incidents, accidents and significant events.

Local 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 clinical team provided care and treatment in line with current guidelines. Record keeping was of a high standard.

Appraisals and required training for staff were up-to-date, and staff were supported with continuing professional development.

Clinicians provided care and treatment in line with current guidelines. An audit calendar was in place.

Leadership at the practice was inclusive and effective. Systems for assessing, monitoring and improving the quality of the service were well established, consistently reviewed leading to ongoing improvements and high standards of care.

An effective system was in place for the management of 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.

We identified the following areas of notable practice:

In November 2024 the team at the dental centre launched project ‘Dandelion Smile’ at one of the local schools. This was made possible by the support of Commander Defence Primary Healthcare and Defence Children’s Services. The aim was to address oral health inequalities among service children. At the first visit 68 children received fluoride varnish treatments, this was co-ordinated with the dental centre staff and the school staff. Children felt safe and cared for by people familiar to them during the process. Moving forward the team hoped to build on this success with a second visit.

Every year the Senior Dental officer (SDO) was observed treating patients (clinical quality assurance audit) this included going through 2 case reviews and a notes audit with a senior clinician. From this the SDO had adapted the paperwork and audited a member of the dental team’s note keeping for oral health clinics, this led to the SDO developing the ‘Digital Frontier’ peer review. They gave a regional training session to approximately 30 clinicians about enabling dental nurses to undertake clinical photography. Following this, they formed a working group of 6 people to produce a ‘Quality Assurance tool for photography’ as well as changing the consent form used to include level 1,2 and 3 consents.

The Chief Inspector recommends to the Dental Centre

Continue to review and update the Health Aassurance Framework (HAF).

The Chief Inspector recommends to DPHC and the Station:

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.

Camp leaders should provide assurance that all portable electrical equipment has been tested.

Camp leaders should share clear information pertaining to water safety checks.

Mr Robert Middlefell BDS

National Professional Advisor for Dentistry and Oral Health

Our Findings

Are Services Safe?

Reporting, learning and improvement from incidents

The Automated Significant Event Reporting (ASER) DMS-wide system was used to report, investigate and learn from significant events and incidents. All staff had access to the system to report a significant event and had completed training. Staff we spoke with were clear in their understanding of the types of significant events that should be reported, including near misses. Very few incidents had been reported (only 1 in last 12 months). We discussed a previous trend found that that related to sharps injuries. This was identified by the practice manager, the dental nurse put actions in place to lower risk and prevent the same issues re-occurring. Changes were made to the diary and travelling times so staff were not rushing while handling sharps, staff training was carried out and the use of a safety syringe device (INsafe) was discussed by the team. In addition, staff were aware when to report incidents in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff we spoke with had a good understanding of their responsibilities and reporting requirements.

The practice manager was informed by regional headquarters (RHQ) about national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and the Department of Health Central Alerting System (CAS). The RHQ had a SharePoint site where they held a spreadsheet. This spreadsheet contained all the MHRA and CAS alerts that were distributed. The practice manager recorded on the spreadsheet once they had received an alert and stated what actions had been taken including and if or when it had been distributed to staff. All staff in the dental centre had access to the alerts at all times via the spreadsheet.

Reliable safety systems and processes (including safeguarding)

The Senior Dental Officer (SDO) was the safeguarding lead and had level 3 training in adults and children. All other members of the staff team had completed safeguarding training relevant to their role. Staff were aware of their responsibilities if they had concerns about the safety of patients who were vulnerable due to their circumstances.

There was a safeguarding policy available. The SDO attended the local safeguarding partnership board chaired by the Garrison Commander. The safeguarding policy was on SharePoint and included an easy to read colourful flowchart.

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

The SDO was always supported by a dental nurse when assessing and treating patients. The dental centre was small, the reception was opposite the surgery and anyone calling

for help could be easily heard. The receptionist could see all patients in the waiting room. There was no alarm in the toilet or any accessible toilets. The practice had submitted a statement of need (SON) 5 times for an accessible toilet, with alarm, but this had been rejected.

A lone worker policy was seen as well as a lone worker risk assessment. The receptionist and dental nurse were not permitted to lone work but should the practice manager or SDO ever be in the department alone the main guardroom was notified.

A whistleblowing policy was in place, all staff said there was an open-door policy and they had no issues raising any concerns. Staff were aware how to raise issues up the Chain of Command should that be necessary.

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

A business continuity plan (BCP) was in place and had been reviewed. The BCP set out how the service would be provided if an event occurred that impacted its operation. An exercise of the plan was carried out in September 2024 which confirmed that staff details and all contact details were correct, and, that all staff had an awareness on how to activate the plan should it be required. The plan was also discussed at practice meetings which were minuted.

Medical emergencies

The medical emergency standard operating procedure from Defence Primary Healthcare (DPHC) was followed. The automated external defibrillator (AED) and emergency trolley were well maintained and securely stored, as were the emergency medicines. Daily checks of the AED and oxygen supply were undertaken and recorded. A review of the records and the emergency trolley demonstrated that all items were present and in-date. All staff were aware of medical emergency procedures and knew where to find medical oxygen, emergency medicines 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.

First aid, bodily fluids and mercury spillage kits were available. Staff had all received training about and were aware of the signs of sepsis. There was sepsis information at reception including a RAG (red, amber, green) scoring system for the receptionist to refer to.

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.

Locum staff were occasionally employed. Any requests for locum staff went via the regional headquarters for budgetary approval in the first instance. If approval was granted,

then the practice manager would approach the locum agency to start the recruitment process. The locum agency provided the dental centre with a pack which contained evidence of General Dental Council (GDC) registration, immunisation status and DBS checks. This pack was available online.

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

Monitoring health & safety and responding to risks

A number of health and safety policy and protocols were in place to support with managing potential risk. The practice manager was the named health and safety lead and this was detailed in their terms of reference (ToRs).

The dental centre had an online risk register which aligned to the policy for the rest of the region and Defence Primary Healthcare headquarters (DPHC HQ). It had been regularly reviewed. We reviewed the risk assessment register; all were sufficient and in-date. Assessments were held for all administrative areas and all clinical areas including the central sterile supply department (CSSD). The practice manager was the building custodian and carried out walk arounds to check fixtures and fittings.

The practice manager had completed a fire risk assessment in January 2024. The unit had also undertaken a fire risk assessment in February 2021, all of the issues found had been actioned by the dental centre and a SON had been raised. This included the need for emergency escape lighting to be extended to cover the full length of the main corridor, main entrance and both external exits routes. The SON had been raised in August 2023 and then again in February 2025. However, due to budget restraints these sometimes dropped in priority and were not carried out in a timely manner. We recommended that the dental centre also logged when SONs were hastened as this would provide evidence that the dental centre was managing and hastening SONs as required. The unit also conducted fire assurance visits annually and the dental centre held the documentation for these. The last fire evacuation drill was carried out in October 2024.

A Control of Substances Hazardous to Health (COSHH) risk assessment was in place and was reviewed annually by the practice manager. RHQ managed all risk assessments online and added to the regional COSHH register. This register held all COSHH assessments and safety data sheets that the dental centre would require. Each location was given a selection of these assessments to manage and update meaning each practice shared the load of reviewing them. All staff had access to the spreadsheet at any one time. We looked at a selection of COSHH assessments and all were in-date.

The unit maintained the dental compressor and it was kept in a locked room outside the practice. The unit kept the keys, and they were responsible for reviewing the risk assessment; the dental centre could view this. However, it was a generic risk assessment, although it mentioned compressed gas it had no specific detail that mentioned or referred to the dental compressor.

Dipslide testing used to check for bacteria in water was completed in line with guidance as stated in Defence Primary Healthcare SOPs (chapter 13). If required, shock treatment was

used to clear deposits and bacterial contamination from dental unit waterlines if required as per protocol.

The dental centre followed relevant safety laws when using needles and other sharp dental items. The sharps boxes in clinical areas were labelled, dated and used appropriately. The training log confirmed staff had received in-service training on how to manage sharps injuries, snapping ampoules and drawing up syringes.

Infection control

A dental nurse had the lead for infection prevention and control (IPC) and had completed the required training. The IPC policy and supporting protocols took account of the guidance outlined in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health. All the staff team were up-to-date with IPC training. IPC audits were undertaken every 6 months, the most recent highlighted the need for a repair in the flooring in the CSSD, a SON had been raised to address this. We checked the surgery that was currently in use and the decontamination room and both were in good order.

Should there be urgent care requirements for the treatment of patients with an infectious disease, staff confirmed that aerosol-generating procedures would be followed and that care would be given at the end of the day.

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

A legionella risk assessment was last carried by the Local Admin Unit in April 2022, and the dental centre had access to it. The dental centre also had its own risk assessment that was last reviewed in 2024. Staff flushed through all taps in the building every week in accordance with the guidelines and there was a log next to each sink confirming flushing has been carried out. The sentinel water outlets (nearest and furthest outlets from hot and cold-water tanks) were checked each 6 months by the property management team. However, there were no records evident, staff told us the dental centre were given no formal assurances by the property team that the temperatures were in the correct range to minimise the risk of Legionella in the water system.

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 away in a store. Clinical waste was collected fortnightly and logs were held as were transfer and consignment notes. Consignments notes were reconciled against the clinical waste log to ensure they matched.

Equipment and medicines

The practice manager was the equipment care manager, and this was included in their TORs which were updated in January 2025. An equipment log was maintained to keep a

track of when equipment was due to be serviced. The autoclave and ultrasonic bath had been regularly serviced.

We noted that the dental centre kept surplus equipment as a resilience due to geographical location but it was suggested some of this was disposed of and only minimal spares were kept.

Portable appliance testing (PAT) was undertaken for clinical equipment. Non-clinical equipment was out-of-date as currently there was no qualified individual to carry out this role. This was recorded in the risk register and the practice manager had chased this up with the station health and safety team. Currently, the staff undertake visual checks to mitigate the risk until PAT testing is completed.

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

A log of prescriptions was maintained and prescriptions were sequentially numbered and stored securely. The SDO checked these to ensure they all had a 3-day review.

Minimal medicines were held in the practice. Patients obtained medicines through the dispensary in the medical centre. Medicines that required cold storage were kept in a fridge, and cold chain audit requirements were in place and recorded.

The practice followed Faculty of General Dental Practice UK (FGDP) and the British National Formulary (BNF) guidance for antimicrobial prescribing. An audit of antibiotics prescribing had been undertaken formally in 2022 and another review was due. The SDO informally reviewed antibiotic prescribing every month.

Radiography (X-rays)

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

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

The radiation protection file include all the required documentation with the exception of a copy of the compliance testing, this needed to be transferred from where it was kept/filed into the folder for completeness.

The dental care records for patients showed the dentist justified, graded and reported on the X-rays taken. The SDO used a tracker and an electronic form tailored to the dental

centre to keep clear records. An intra-oral radiology audit was also completed annually, the most recent was in May 2024.

Are Services Effective?

Monitoring and improving outcomes for patients

The treatment needs of patients were assessed by the Senior Dental officer (SDO) 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 SDO referenced appropriate guidance in relation to the management of wisdom teeth. They also used the Scottish Dental Clinical Effectiveness for anti-coagulants prescribing and the College of Dental Dentistry Standards and Guidance for antibiotic prescribing. Standard operating procedures (SOPs) were in place for recall, trauma care and prevention.

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

We looked at patients' dental care records to corroborate our findings. The records included information about the patient's current dental needs, past treatment and medical history. The diagnosis and treatment plan for each patient was clearly recorded together with a note of treatment options discussed with the patient. Patients completed a detailed medical and dental history form at their initial consultation, which was verbally checked for any changes at each subsequent appointment. The SDO 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 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 key performance indicators were met. For example, 90% of patients were NATO Category 1&2 (and so were in-date for their dental check-up and had no treatment outstanding).

Health promotion & prevention

A proactive approach was taken in relation to preventative care and supporting patients to ensure optimum oral health. The practice manager took the lead for oral health education campaigns. In November 2024, the team at the dental centre launched project 'Dandelion Smile' at one of the local schools. This was made possible by the support of Commander Defence Primary Healthcare and Defence Children's Services. The aim was to address oral health inequalities among service children. At the first visit 68 children received fluoride varnish treatments, this was co-ordinated with the dental centre staff and the school staff. Children felt safe and cared for by people familiar to them during the process. Moving forward the team hoped to build on this success with a second visit. The dental centre also ran oral health education clinics twice a month, this was well received at the unit and staff also participated in various unit health fairs. They also attended nursing mothers groups, school visits and carried out fluoride clinics and recalls.

Dental care records showed that lifestyle habits of patients were included in the dental assessment process. The dentist and dental nurse provided oral hygiene advice to

patients on an individual basis, including discussions about lifestyle habits, such as smoking and alcohol use. Patients could be referred to the medical centre for smoking cessation and dietary advice.

The dentist described the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. The team confirmed that application of high concentration fluoride to high-risk patients was conducted, alongside fissure sealants.

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. In house training occurred weekly, the practice manager monitored the training plan and ensured it covered all the mandated requirements at the right times. A projected plan of training for each month was held. All staff had delivered training according to their area of expertise.

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

Staff completed CPD in their non-clinical hours and time was blocked to allow for this. Regional headquarters organised CPD peer review events. Due to geographical location these were carried out and attended online. Staff said they had no issue accessing either of these events and that they were organised regularly.

Working with other services

There was a clear view on provision for patients, including children, who had experienced trauma to access treatment under general anaesthetic. Patients would go to the accident and emergency department nearby to enable a full cranial assessment. For routine procedures including extractions, Sennelager Dental Centre performed acclimatisation and treatment where possible, including extractions. Where acclimatisation was insufficient for extraction or for cases requiring sedation, patients had the option to be referred to the oral surgery provider in Paderborn. The waiting list for anaesthetic/sedation was approximately 6-8 weeks for adults and children alike.

For child who required orthodontic treatment, initial referral and assessment at a German provider was arranged. Patients were screened at the start of the process to ensure they would still be based in Germany for the entire plan – this avoided transfer of cases to other providers resulting in delays or conflicting plans. If insufficient time was remaining on the assignment in Germany (i.e. less than 18months), the parents were advised to seek a referral as soon as possible in their next assignment. Once a treatment plan and relevant images were returned from the local orthodontist (this could take up to 6 months due to assessment appointment availability), approval was sought from the UK Support Cell, this usually came back within 2 weeks. Once approval has been granted, the treatment was started with minimal delay. For adults who were eligible for orthodontic treatment from

Defence Centre for Restorative Dentistry (DCRD) in UK, a referral was made to the Managed Clinical Network (MCN).

Patients with suspected oral cancer were referred to the local German clinic where both senior clinicians were maxillofacial trained. Once concerns were suspected the dental centre rang the clinic and sent over a referral form, patients were always seen within 2 weeks but more often with a few days. These referrals were logged and tracked by the dental centre.

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 spoke with 9 patients about their care and they all confirmed that they were content with the standard of their dental care. They particularly mentioned the Senior Dental Officer (SDO) as being kind, patient and understanding. The last patient satisfaction survey (59 responses) showed 100% of patients said they were treated with kindness and compassion.

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. One patient we spoke with told us they were dental phobic and they were delighted with the support they received, describing being given lots of time to discuss and prepare for treatment. They told us the SDO warmed up the instruments, so they did not feel the cold on their gums. The patient also said the ‘gentle’ approach by the SDO had really helped with her feeling less scared of dental treatment in the future.

All clinical rooms had doors and there were areas available for more confidential discussion. Surgeries could not be overheard from reception or corridors. The staff used the clinical computer system (DMICP) messaging to communicate information about patients or future appointments, so these were not discussed at reception desk. Privacy notices were displayed.

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

Involvement in decisions about care and treatment

The dental records we looked at indicated patients were involved in the decision making and recording of discussion about the treatment choices available. There were information leaflets available in the waiting room. The SDO used several aids to explain treatment, for example, models and the British Dental Association picture book.

Are Services Responsive?

Responding to and meeting patients' needs

The practice took account of the principle that all regular serving service personnel were required to have a periodic dental inspection every 6 to 24 months depending on a dental risk assessment and rating for each patient. Patients could make routine appointments between their recall periods if they had any concerns about their oral health. Any urgent appointment requests would be accommodated on the same day. All patients confirmed that they had not had to wait whilst in pain.

Promoting equality

In line with the Equality Act 2010, an Equality Access Audit had been completed in 2024. As a result of the audit a statement of need (SON) was submitted for an accessible toilet and a hearing loop. These had been rejected twice due to budget restraints, there was also a statement of need submitted for the dental centre to be relocated to the medical centre, this would rectify both issues.

Staff had completed training in equality and diversity and learning disability and autism awareness in dentistry. The clinicians had detailed discussions with each patient to ensure all their needs were considered. It was acknowledged that not all materials could be used for the full population and that appointments may need to be organised around prayer or times of fasting. training had been undertaken by all staff.

Access to the service

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

Patients could access a routine appointment with the Senior Dental Officer (SDO) within 7 working days and urgent appointments were available on the same day. Most patients who we spoke with confirmed that access to dental appointments was good. Some patients said there were times when it was hard to get a timely appointment and had to wait for 2 weeks.

Concerns and complaints

The SDO was the lead for complaints. Complaints were managed in accordance with the Defence Primary Healthcare complaints policy. The team had completed complaints training, no complaints had been recorded in the last 12 months.

Patients were made aware of the complaints process through the practice information leaflet and a display in the practice waiting room.

Are Services Well Led?

Governance arrangements

The Senior Dental Officer (SDO) had overall responsibility for the management and clinical leadership of the practice. The SDO line managed all staff with the practice manager as deputy. Staff were clear about current lines of accountability and had terms of reference in place that reflected this.

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.

Performance against military dental targets, complaints, staffing levels, staff training, audit activity, the risk register and significant events were all shared with the team and regional headquarters staff. Staff carried out in house training on the Health Assurance Framework (HAF). Unfortunately, the practice manager had no evidence of the previous HAF which meant completion of the current HAF has had to commence from scratch. We discussed the importance of keeping this up to date. The HAF was discussed at practice meetings to ensure all staff were aware of it progress and contents.

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. Staff had completed the Defence Information Management Passport training, data protection training and training in the Caldicott principles.

Leadership, openness and transparency

Staff told us the team was cohesive and worked well together with the collective aim to provide patients with a good standard of care. Staff described an open and transparent culture and were confident any concerns they raised would be addressed without judgement. Staff described the SDO as supportive and considerate of the views of all staff. The SDO highlighted good performance and always aimed to empower staff to improve. Examples of this were the practice manager (dental nurse trained) took impressions and the dental nurse undertook clinical photography. Team building events were organised, there were team photographs on the notice board and an open door, safe space was evident.

Learning and improvement

Quality assurance processes to encourage learning and continuous improvement were seen to be driving improvement. For example,

- The initiation of the Dandelion Smile project (the dandelion is the flower of the service child). The SDO worked with 'inspiring the future' which talking to children in schools about different careers.
- The SDO developed the 'Digital Frontier' peer review and gave a regional training session to approximately 30 clinicians about enabling dental nurses to undertake clinical photography. Following this they formed a working group of 6 people to produce the 'Quality Assurance tool for photography' as well as changing the consent form used to include level 1,2 and 3 consents
    - Level 1 (Confidential record only)
    - Level 2 (Restricted educational use)
    - Level 3 (Open publication)
- Publication in a professional journal or textbook, and/or as part of a lecture, display and/or information/marketing leaflet.
- Publication on an open access website including YouTube™ (open access meant making available and communicating to anyone worldwide, including but not limited to clinical professionals).
- Every year the SDO was observed treating patients (clinical quality assurance audit) this included going through 2 case reviews and a notes audit with a senior clinician. From this the SDO had adapted the paperwork and audited a member of the dental team's note keeping for oral health clinics, this led to a regional presentation on good note-keeping for Dental Care Professionals with the National Examining Board of Dental Nurses
- A check sheet had been implemented listing what was in the boxes going to laboratory, this was instigated as models were being lost.

The SDO was the dedicated lead for clinical audit and quality improvement within the dental centre. An audit schedule and register was in place. All the required mandated audits had been completed in 2024, including infection prevention and control, controlled drugs, equality access, clinical waste and radiography. The SDO was also the peer review lead for the region, they undertook quarterly reviews and shared audit activity.

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

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

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

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

To monitor how well the dental centre was performing, patients were encouraged to complete the Patient Experience Tool (referred to as the PET survey). To access the survey a quick response or QR code was visible in the dental centre. A suggestion box in the waiting area was another method that patients could submit feedback.

Between the period of January and December 2024 there had been 59 responses, all were highly complementary about the care they received.