

Whitecross Dental Care Limited

Mydentist - Howard Street - Bedford

Inspection Report

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Overall summary

We carried out this announced inspection on 28 June 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this practice was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

Background

Mydentist – Howard Street is in Bedford and provides NHS and private treatment to adults and children. The practice offers general dentistry and implants.

There is level access for people who use wheelchairs and those with pushchairs with use of a portable ramp. There are no car parking facilities on site. Parking is available within short distance of the practice in a public car park. This includes spaces for blue badge holders.

Summary of findings

The dental team includes five dentists, two dental nurses, two trainee nurses, one dental hygienist, one receptionist and an interim acting practice manager. The practice has three treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Mydentist-Howard Street-Bedford was the practice manager who has recently left working for the practice. The provider has arranged suitable interim arrangements for cover until a permanent manager is recruited.

On the day of inspection, we collected 10 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, two dental nurses, the receptionist, the area development manager, a practice manager from another Mydentist site, an interim acting practice manager and a regulatory officer.

We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday, Wednesday, Thursday and Friday from 8.30am to 5pm and on Tuesday from 8.30am to 6pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- It was not evident that staff learning took place when accidents or incidents were reported and investigated.

- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures, although we found that references were not held in files for some of the team.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had processes for dealing with complaints, but some improvements were required in management and oversight.
- The provider had information governance arrangements. Not all staff training records were available for our review.

There were areas where the provider could make improvements. They should:

- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's complaint handling procedures and establish an accessible system for identifying, receiving, recording, handling and responding to complaints by service users.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

The practice had systems and processes to provide safe care and treatment. Whilst incidents were reported, and action taken where required, there was limited evidence to show that incidents were fully discussed amongst the team to identify learning and prevent their recurrence.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice had completed most essential recruitment checks. We noted exceptions in relation to references being held in some of the staff files we reviewed.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as gentle, first class and professional. The dentists discussed treatment with patients, so they could give informed consent and recorded this in their records.

The practice had arrangements when patients needed to be referred to other dental or health care professionals.

The provider supported staff to complete training relevant to their roles.

No action



Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

We received feedback about the practice from 10 people. Patients were positive about all aspects of the service the practice provided. They told us staff were polite, efficient and welcoming.

They said that they were given informative explanations about dental treatment, and said their dentist listened to them. Patients commented that staff made them feel at ease.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Summary of findings

Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations.

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

The provider told us they took patients views seriously. Documentation we reviewed showed there were some areas for improvement required in the practice's responsiveness to complaints.

No action



Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

The practice was part of a large corporate group which had a head office based in Manchester where support teams including human resources, IT, finance, health and safety, learning and development, clinical support and patient support services were based. These teams supported and offered expert advice and updates to the practice when required.

There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw a staff meeting record in February 2019 where safeguarding was discussed to refresh staff learning.

The acting practice manager was the lead for safeguarding. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a system to highlight vulnerable patients on records e.g. where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination. Information about whistleblowing was posted on a noticeboard in the staff room.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. In the event of the premises becoming unusable patients could be referred to another local Mydentist practice.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the practice mostly followed their recruitment procedure; we noted an exception in relation to references or evidence of previous satisfactory conduct in three staff files we looked

at. We were informed that one of the staff members who did not have references recorded in their file had moved across Mydentist sites, and these could no longer be traced. The other two members of staff had been recruited in 2017; we were informed by managers that their processes had improved since this time.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. We saw documentation dated within the previous 12 months.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was available.

Are services safe?

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Training was last completed in September 2018.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept daily records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. We saw evidence which confirmed that all, but three members of the team completed infection prevention and control training updates. Records were not available for the hygienist, a dental nurse and trainee dental nurse.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned. We did not view a record to confirm that the lead for legionella had completed specific training to undertake this role.

Records of water testing and dental unit water line management were in place.

The practice was visibly clean when we inspected. The practice utilised a cleaner to maintain the general areas of the practice. We noted that there had not been any recently completed logs to show the cleaning undertaken in the premises. This had been identified prior to our inspection and action had been taken to rectify this.

The provider had policies and most procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted that clinical waste bins held in a small courtyard outside the premises were unlocked and therefore not secured. Action was taken immediately by the practice to secure the bins.

The practice carried out infection prevention and control audits but not twice a year as recommended in guidance. The provider had identified this issue and an audit was undertaken just before our visit. The previous audit was completed in April 2018. The latest audit contained an action plan for improvement.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

Are services safe?

The practice stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out. The most recent audit demonstrated the dentists were following current guidelines.

Track record on safety and Lessons learned and improvements

The practice had a positive safety record. There were comprehensive risk assessments in relation to safety issues.

The practice had processes to record and investigate accidents when they occurred. We looked at an accident report dated June 2018. The accident involved a staff member injuring themselves with a dental instrument.

Whilst the report showed that appropriate action was taken to refer the staff member to the occupational health service, records were not available to show that the matter was discussed amongst the team or that any preventative measures were deployed.

The practice had a policy for reporting untoward incidents and significant events and staff showed awareness of the type of incident they would report to management. We looked at incident records dated from January 2018 to date. Whilst these showed that some remedial actions were taken in response, staff practice meeting minutes did not include information regarding the incidents. This meant that any learning outcomes were not documented.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Patients described in CQC comment cards the treatment they received as gentle, first class and professional.

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the one of the dentists at the practice who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

The practice had access to technology and equipment available in the practice e.g. an intra-oral camera to enhance the delivery of care.

The staff were involved in quality improvement initiatives led by the provider, this included peer review as part of their approach in providing high quality care.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, stop smoking services. One of the dental nurses had completed training in smoking cessation.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice. A dental hygienist worked for the practice, if needed referrals were made to them.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw that these were recorded in a small sample of patient records that we looked at.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw the practice audited patients' dental care records to check that the clinicians recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The provider made available for staff, a comprehensive online training programme. They also organised and invited dentists to attend clinical learning

Are services effective?

(for example, treatment is effective)

seminars. One of the dentists working in the practice was trained to place implants. The previous practice manager had recently left working for the organisation. The provider had been able to place temporary interim cover by utilising the skills of an experienced practice manager who worked in a local Mydentist practice.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs during appraisals. We saw evidence of some appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. We saw that a patient referral audit had been undertaken in June 2019, this identified some areas for improvement.

The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

Most referrals were made online and these were tracked.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were polite, efficient and welcoming. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

We looked at feedback left on the NHS Choices website. We noted that the practice had received five out of five stars overall based on patient experience on four occasions. Comments included that a professional service was provided, and staff were empathetic when a patient was in pain.

Patients said staff were understanding. Patients could choose whether they saw a male or female dentist when they first attended the practice.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the separate waiting area upstairs provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff told us they could take them to a private area to speak. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the

requirements under the Equality Act and Accessible Information Standards. (A requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not speak or understand English. Staff also spoke various languages which may assist patients.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials could be obtained, if required.
- Icons on the practice computer system notified staff if patients had a disability.

The practice gave patients clear information to help them make informed choices about their treatment. One patient stated in a CQC comment card that staff had answered all their questions thoroughly.

During our inspection, we saw how the needs of a patient with hearing difficulties were met and staff made an appointment at a convenient time for them to attend.

A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, models, X-ray images, an intra-oral camera and written information. These were shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care. We were told that longer appointment times could be allocated when needed.

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Patients with mobility problems were seen in the ground floor treatment room.

The practice had made reasonable adjustments for patients with disabilities. These included step free access with use of a portable ramp, a hearing loop and reading glasses with different strengths. There was also a lowered area of the reception desk. Whilst there was a patient toilet this was not accessible for patients who used wheelchairs as it was located on the first floor of the building.

Timely access to services

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. The practice could also utilise available appointments at their other local practice should clinicians' diaries become full.

Patients felt they had enough time during their appointment and did not feel rushed. Appointments appeared to run smoothly on the day of the inspection and patients were not kept unduly waiting.

The practice's website, information leaflet and answerphone provided information for patients needing emergency dental treatment. Patients were informed to contact NHS 111 outside of usual opening hours. Patients confirmed they could make routine and emergency appointments easily.

Appointment reminders were sent to patients based on their preference of contact.

Listening and learning from concerns and complaints

The provider told us that they took complaints and concerns seriously. The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The acting practice manager was responsible for dealing with complaints. Staff told us they would tell the acting practice manager about any formal or informal comments or concerns straight away to enable patients to receive a quick response.

Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice had received since March 2018. We found it was not always clear that complaints had been satisfactorily managed to their conclusion. For example, records held of a complaint involving a quote for treatment did not show that the patient had received a final response following their second contact with the practice.

We viewed the practice's complaint log. This supported that some discussions took place with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The practice was part of a large corporate group which had a head office based in Manchester where support teams including human resources, IT, finance, health and safety, learning and development, clinical support and patient support services were based. These teams supported and offered expert advice and updates to the practice when required.

We found leaders had the capacity and skills to deliver high-quality, sustainable care. The leaders, supported by the clinical team demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

They were knowledgeable about issues and priorities relating to the quality and future of services.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised inclusive leadership.

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. This was demonstrated on the day of our inspection as the previous practice manager had recently left working for the organisation. Plans had been put in place for interim cover for the practice manager role whilst the organisation sourced a permanent replacement.

Vision and strategy

There was a vision and set of values. Their statement of purpose included the provision of high-quality dental care with clear and helpful advice to their patients. The statement also included their commitment to the professional and personal development of their staff.

The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care. Staff spoke positively about the culture, training and potential opportunities made available by the provider.

Staff stated they felt respected, supported and valued.

The practice focused on the needs of patients.

We found that the practice had an open, honest and transparent approach. We found some improvements were required however in relation to ensuring that staff learning took place in relation to incidents and that complaints were fully managed to their closure.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The acting practice manager had overall responsibility for the management and clinical leadership of the practice. The acting practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were mostly effective processes for managing risks, issues and performance.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Not all staff records were available to show they had completed formal Information Governance training, but staff we spoke with demonstrated understanding.

Engagement with patients, the public, staff and external partners

The practice involved patients, staff and external partners to support high-quality sustainable services.

Are services well-led?

The practice used patient surveys to obtain staff and patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service.

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

The practice had quality assurance processes to encourage learning and continuous improvement. These included

audits of dental care records, radiographs, antimicrobial, patient referrals, and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The leaders showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The whole staff team had annual appraisals or reviews. They discussed learning needs, general wellbeing and aims for future professional development. We saw some evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.