Smile Care Slough 24 Limited

Smilecare

Inspection Report

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Overall summary

We carried out this announced inspection on 5 December 2018 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

Smilecare is in Slough and provides NHS and private treatment to patients of all ages.

There is level access, via a portable ramp, for people who use wheelchairs and those with pushchairs. Car parking spaces, including spaces for blue badge holders, are available in the public pay and display car park at the rear of the practice.

The dental team includes 15 dentists, four dental nurses, five trainee dental nurses, one dental hygienist, four receptionists and the practice manager.

Summary of findings

The practice has 11 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 Smilecare is a dentist.

On the day of our inspection we collected 17 CQC comment cards filled in by patients and obtained the views of a further eight patients.

During the inspection we spoke with two dentists, two dental nurses, two receptionists, the practice manager and the provider. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open 8am to 6pm Monday to Friday and 9am to 5pm Saturday.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies.
- Appropriate medicines and life-saving equipment were available.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- 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.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice had systems to deal with complaints positively and efficiently.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- Improvements were required to a number of areas of the practice. All of these have been addressed since our inspection.

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?

No action

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. They used learning from incidents and complaints to help them improve.

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

Staff were qualified for their roles and the practice completed essential recruitment checks.

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.

Are services effective?

No action

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 caring and very good. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

The staff were involved in quality improvement initiatives such as BDA good practice as part of its approach in providing high quality care.

Are services caring?

No action

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

We received feedback about the practice from 25 people. Patients were positive about all aspects of the service the practice provided. They told us staff were approachable and flexible.

They said that they were given clear explanations about their dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

Summary of findings

Are services responsive to people's needs?

No action

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone and face to face interpreter services and had arrangements to help patients with hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

No action

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

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It was evident that improvements were required to a number of areas of the business. All of these have been addressed since our inspection.

Are services safe?

Our findings

Safety systems and processes including staff recruitment, Equipment & 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 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.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults 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 told us they felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record and a risk assessment completed.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice.

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at six staff recruitment records. These showed the practice followed their recruitment procedure.

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

The practice's five yearly electrical wiring installation test was not available. We have since received evidence which confirms this shortfall has been addressed.

Records showed that fire detection equipment, such as smoke alarms were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. The annual emergency lighting test certificate was not available.

The practice building had two signed fire escapes. One of these was for patients and staff working at the dental practice the second was for the occupants of the accommodation on the second floor and a separate office. We found both these exits to be compromised by obstacles. The dental practice emergency exit was cleared during our inspection.

We were told checks of fire detection equipment and emergency lighting were not recorded.

Following our discussion with the provider the practice manager immediately arranged for a fire risk assessment to be undertaken on the 28 December 2018 and training for the management team on 11 December 2018.

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 noted that one X-ray machine's annual maintenance was overdue by three months. We have since been provided with evidence to confirm this shortfall has been addressed.

X-ray machines used in the practice were not fitted with rectangular collimators (these reduce the radiation dose from intra-oral radiography). We have since been provided with evidence to confirm this shortfall has been addressed.

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

Records seen confirmed all the clinical staff completed continuing professional development (CPD) in respect of dental radiography.

We noted audits were not comprehensive and weaknesses highlighted did not improve from audit to audit. We have since been provided with evidence to confirm this shortfall has been addressed.

Are services safe?

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 up to date and 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 updated annually.

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 (BLS) every year. All staff received BLS training in the previous 12 months.

The emergency medicines and equipment bag was stored in an area of the practice which was not monitored by staff. An oxygen warning sign was missing from relevant areas of the practice. We have since received evidence to confirm these shortfalls have been addressed.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. The practice stored one emergency medicine in a fridge which followed guidelines. Records showed the practice fridge temperature fell below the temperature required for safe storage. We have since received evidence to confirm this shortfall has been addressed.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. We noted the hygienist worked alone. We have since been advised the hygienist has resigned and any new hygienist will be encouraged to work with a nurse.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. We noted COSHH regulated products were not stored securely. The cleaner did not have access to control sheets. We have since been provided with evidence to confirm this shortfall has been addressed.

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 (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice did not carry out hand-hygiene audits. We have since been provided with evidence to confirm this shortfall has been addressed.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Evidence to confirm recommendations had been actioned from a risk assessment carried out in May 2017 was not available. The practice had recently added a further five treatment rooms to the first floor. The current Legionella risk assessment did not reflect this change. We noted the hot tap in the patient sink on the first floor did not heat up. The provider undertook to repeat the legionella risk assessment as soon as practicably possible. We have since received evidence to confirm this shortfall is being addressed.

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

The practice appeared clean when we inspected and patients confirmed that this was usual. We saw cleaning schedules for the premises. Improvements were needed to the detail listed in the cleaner's cleaning schedule to reflect what actions had been completed. We have since been provided with evidence to confirm this shortfall has been addressed.

Are services safe?

The two external alleyways at the practice contained rubbish, drains were blocked and there was no emergency lighting. We have since been provided with evidence to confirm this shortfall has been addressed.

Surgeries did not have a cleaning checklist for clinical staff to follow at the start and end of the day. We have since received evidence to confirm this shortfall has been addressed.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We saw clinical waste collection notes dating back to July 2017. Records of collections prior to this date were unavailable. We have since been provided with evidence to confirm this shortfall has been addressed.

The practice carried out infection prevention and control audits twice a year. The latest audit did not contain information about who carried out the audit. Evidence was not available to confirm recommendations had been actioned from an audit carried out in March 2018. We have since received evidence to confirm these shortfalls have been addressed.

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 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 practice stored NHS prescriptions. Improvement was needed to the management of these. We have since been provided with evidence to confirm this shortfall has been addressed.

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

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

Track record on safety

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong. The practice had procedures in place to aid learning.

There was not an effective system for receiving, actioning and retaining patient safety alerts. We have since been provided with evidence to confirm this shortfall has been addressed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

Dental implants

The practice offered dental implants. These were placed by a dental with specialist interest in implants. We could not verify the provision of dental implants was carried out in accordance with national guidance. This included the competency of the implantologist

We were given assurance that this would be assessed and verified before the specialist resumed implant treatment. We have since been provided with evidence to confirm this shortfall has been addressed.

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 told us they 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 dentists told us that where applicable they 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 available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

We spoke with the dentists who described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance for general dental treatment. Improvements were need to the consent process for implants and orthodontic treatments. We have since been provided with evidence to confirm this shortfall has been addressed.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

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 can 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 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 that the practice audited patients' dental care records to check that the dentists recorded the necessary information. We noted audits were not comprehensive and weaknesses highlighted did not improve from audit to audit. We have since been provided with evidence to confirm this shortfall has been addressed.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed that

Are services effective?

(for example, treatment is effective)

most clinical staff completed the continuing professional development required for their registration with the General Dental Council. We noted training records for oral cancer detection, legal and ethical issues and complaints handling was not available for three dentists, nine nurses and one hygienist. We have since received evidence to confirm this shortfall is being addressed.

Staff told us they discussed training needs at annual appraisals/one to one meetings/ during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. We noted that the self-employed hygienist did not receive appraisals. We have since been advised this person has left the practice.

Co-ordinating care and treatment

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

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes 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.

The practice monitored all referrals to make sure they were dealt with promptly.

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 approachable and flexible.

They said that they were given clear explanations about their dental treatment. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

An information folder containing thank-you cards were available in the first floor waiting area for patients to read.

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 waiting areas provided privacy when reception staff were dealing with patients.

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 their requirements under the Equality Act

Interpretation services were available for patients who did not have English as a first language. We saw a member of reception staff support a patient who did not speak English.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, models, videos, X-ray images and an intra-oral camera. An intra-oral camera and microscope with a camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient 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 about how the staff treated nervous patients. Patients were given the option of treatment under sedation and would refer to an appropriate practice.

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

The practice had made reasonable adjustments for disabled patients. This included step free access via a portable ramp and a hearing loop and magnifying glass in the waiting area.

The practice did not have any reading aids, such as a magnifying glass or reading glasses in reception to assist patients who had sign loss. We have since received evidence to confirm this shortfall has been addressed.

All the seating in the ground floor waiting areas was low and did not have arms to assist older and inform patients to rise from sitting. We have since received evidence to confirm this shortfall has been addressed.

A Disability Access audit had been completed and an action plan formulated in order to continually improve access for patients when the next phase of practice developments was carried out.

Staff told us that they telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

They took part in an emergency on-call arrangement with the 111 out of hour's service.

The practice website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. 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 received. Information for patients showed that a complaint would be acknowledged within seven days and investigated within 10 days.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Improvements were needed to ensure the management team had the capacity and skills to deliver high-quality, sustainable dental care and treatment. All the shortfalls we identified have been addressed since the inspection and the dental team demonstrated a commitment to improvement..

We wish to note that the practice's clinical audit processes and governance arrangements require constant attention to prevent shortfalls happening again in the future.

Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

The strategy was in line with health and social priorities across the region. 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 stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

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

We noted there was not a system of clear responsibilities, roles and systems of accountability which affected the standard of governance and management. We have since been provided with evidence to confirm this shortfall has been addressed.

The principal dentist had overall responsibility for the management and clinical leadership of the dental practice. The practice manager was responsible for the day to day running of the service.

The management arrangement indicated that the practice fell short of effective clinical and managerial leadership.

This became apparent when we noted shortfalls in the management of emergency medicines and equipment, fire safety, COSHH, radiography, staff training, audits and staff appraisals. We have since been provided with evidence to confirm this shortfall has been addressed.

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.

Engagement with patients, the public, staff and external partners

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

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff the practice had acted on. As a result of patient feedback, the practice improved its phone system.

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, surveys, and informal discussions. Staff were

encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. As a result of staff feedback, the provider introduced better distribution of tasks.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

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

Everyone except the hygienist had annual appraisals. We have since been provided with evidence to confirm this shortfall has been addressed and appraisals will take place when the new hygienist starts at the practice.

They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and immediate life support training annually. We noted the system for monitoring staff training required improving to ensure the practice had evidence of competency in core CPD recommended subjects. We have since been provided with evidence to confirm this shortfall has been addressed.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.