The Crab Tree Lane and Church Street Dental Practice Partnership

Church Street Dental Practice

Inspection Report

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Overall summary

We carried out a comprehensive inspection of Church Street Dental Practice on 23 January 2015.

The practice offers a range of both NHS and private services for its patient population. Church Street Dental Practice has two dentists, a practice manager, a practice support manager and supporting dental nursing and administration staff.

The practice manager is legally responsible for making sure the practice meets CQC requirements as the registered manager.

We spoke with three patients who used the service on the day of our inspection and reviewed 36 completed CQC comment cards. The patients we spoke with were complimentary about the service. Patients told us that they found the staff to be extremely person-centred and felt they were treated with respect. The comments on the cards provided by CQC were also complimentary about the staff and the service provided.

During the inspection we toured the premises and spoke with both dentists and a further four staff. We also spoke with a practice manager from a neighbouring practice who was covering for the absence of the registered manager. To assess the quality of care provided by the practice, we looked at practice policies and protocols and other records.

Our key findings were as follows:

- Staff reported incidents and learning took place. The practice had enough staff to deliver the service. The premises were clean and there was enough equipment available for staff to undertake their duties.
- Patient's needs were assessed and care was planned and delivered in line with current guidance. This included the promotion of good oral health. Staff had received training appropriate to their roles and further training needs were identified and planned.
- Patients were treated with kindness and respect by staff. Communication with them and their families, and access to the service and to the dentists was reported as good.
- The practice took into account any comments, concerns or complaints to improve the practice. Patients reported good access to the practice with emergency appointments available on the same day.

Summary of findings

- The practice had an accessible and visible management team. Quality was high on the practice agenda. Staff felt supported and all reported that patients were at the heart of the practice. This included the promotion of good oral health. Staff had received training appropriate to their roles. The practice had an effective appraisal system in place for all staff.

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?

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. There were opportunities given to staff in the practice to learn and develop from significant events and the practice was committed to providing a safe service. Information about safety was recorded, monitored, appropriately reviewed and addressed. The practice assessed risks to patients and managed these well. There were also safe systems in place for infection prevention and control, management of medical emergencies and dental radiography. We found all the equipment used in the dental practice was well maintained. The practice followed procedures for the safe recruitment of staff and had systems in place to support them carry out their work.

Are services effective?

National Institute for Health and Care Excellence (NICE), guidance from the practice's head office and local guidelines were taken into account when delivering patient dental care and treatment. The dental care provided was effective, evidence based and focussed on the needs of the patients. The practice kept detailed clinical records of oral health assessments and treatment carried out and monitored any changes in each patient's oral health. Staff received training appropriate to their roles. Staff were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration. There was evidence the practice worked together with other health professionals.

Are services caring?

Patients told us they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. The comment cards and patient questionnaires we reviewed indicated that patients, their families and carers felt well supported and involved with their treatment plans. Accessible information was provided to help patients understand the dental care available to them. We observed staff treated patients with kindness and respect and were aware of the importance of confidentiality.

Are services responsive to people's needs?

Patients reported good access to the practice and said that emergency appointments were available on the same day. There were clear instructions for patients requiring urgent care when the practice was closed. The practice had good facilities and was well equipped to treat patients and meet their dental needs. There was a clear complaints system with evidence demonstrating the practice responded quickly to issues raised. The practice had a positive approach to using complaints and concerns to improve the quality of the service.

Are services well-led?

The practice had an open and supportive leadership and a vision to continue to improve the service they provided. There was a defined leadership structure and staff felt supported by the practice manager and dentists. There were policies and procedures were in place to support the safe running of the service. The practice had well organised management systems and met regularly with staff to review all aspects of the delivery of dental care and the management of the practice. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this was acted upon.

Church Street Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by the CQC.

- We carried out an announced inspection on 23 January 2015. This inspection was carried out by CQC inspector.

We informed the NHS England local area team that we were inspecting the practice; however we did not receive any information of concern from them.

We reviewed the information we had about this provider from the previous inspection. The practice sent us their statement of purpose and a summary of complaints they had received in the last 12 months. We also reviewed further information on the day of the inspection.

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 therefore formed the framework for the areas we looked at during the inspection. This did not highlight any significant areas of risk across the five key question areas.

Are services safe?

Our findings

Learning and improvement from incidents

Staff we spoke with were aware of, and had access to, the incident reporting system. This allowed staff to report all incidents including near misses where patient safety may have been compromised. Staff told us they were confident about reporting incidents and accidents and that changes had been made as a result of discussing them. We reviewed safety records, incident and accident reports and saw evidence that these were reviewed and that action was taken when necessary. For example a patient had fallen outside the practice and practice staff came to their aid. They then reported the uneven pavement to the local authority for their action. The practice manager checked all safety alerts and ensured staff were informed about them.

Reliable safety systems and processes (including safeguarding)

During our visit we found that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. We saw by examining ten patient records that a written medical history was obtained prior to the commencement of dental treatment in all cases. The clinical records we saw were all well-structured and contained sufficient detail enabling another dentist to tell what treatment had been prescribed or completed, what was due to be carried out next and details of any possible alternatives.

We looked at training records which showed that staff had received relevant role specific training on safeguarding. We asked dental and administrative staff about their safeguarding training. Staff were aware who the practice's safeguarding lead was and knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew what to do if they encountered safeguarding concerns. and how to contact the relevant agencies in working hours and out of normal hours. Contact details for local authority safeguarding personal were available and accessible to all staff.

Infection control

During our visit we noted that the practice appeared clean and well maintained. There were cleaning schedules and dental surgery cleaning checklists, which we saw were completed, and cleaning equipment was stored appropriately in line with Control of Substances Hazardous to Health (COSHH). COSHH is the law that requires employers to control substances that are hazardous to health.

A dental nurse was the lead for infection prevention and control in the practice and we saw evidence they had been appropriately trained.

We saw evidence that the practice was meeting the essential quality requirements of Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). HTM01-05 is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination. We saw evidence the practice had undertaken an audit and demonstrated compliance with HTM01-05 standards.

Decontamination of dental instruments was carried out in a designated decontamination room on the first floor of the practice. The lead dental nurse demonstrated the decontamination process from taking the dirty instruments through to clean and ready for use again. We observed that the arrangements ensured that dirty instruments did not contaminate clean processed instruments. The process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. The practice used a system of manual scrubbing and rinsing known as temporal separation, followed by inspection of each item under a magnifying lamp before sterilisation.

When instruments had been sterilised they were pouched and stored until required. All pouches were dated with an appropriate expiry date. The lead dental nurse demonstrated to us that the practice operated systems to ensure that the autoclave (equipment used to sterilise instruments) used in the decontamination process was working effectively. We noted that data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were complete. We also observed six monthly maintenance schedules, ensuring that equipment was maintained to the standards set out in current guidelines.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. The treatment of sharps waste was in accordance with current guidelines. We observed that sharps containers were well maintained and correctly labelled.

Are services safe?

When we spoke with practice staff they showed that they understood the practice sharps injury protocol. This indicated that staff were protected against contamination by blood borne viruses. The practice used an appropriate contractor to remove dental waste from the practice. Waste consignment notices were available for inspection.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. Flushing of the water lines was carried out in accordance with current guidelines and supported by an appropriate practice protocol. A Legionella risk assessment had been carried out by an appropriate contractor and documentary evidence was provided to support this. Legionella is a germ found in the environment which can contaminate water systems in buildings.

There were hand washing facilities in each treatment room and staff had access to good supplies of protective equipment for patients and staff members. Staff and patients we spoke with confirmed that staff wore protective aprons, gloves and masks during assessment and treatment in accordance with infection control procedures.

Equipment and medicines

We found that all of the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments and the X-ray sets. There was a method in place that ensured tests of equipment were carried out at the right time and there were records of service histories for each of the units and equipment tested. Portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process which electrical appliances are routinely checked for safety.

The practice had a recording system for the prescribing and recording of the medicines used in dentistry. The systems we viewed were complete, provided an account of medicines prescribed, and demonstrated that patients were given their medicines as recorded. The batch numbers and expiry dates for local anaesthetics were always recorded. These medicines were stored safely for the protection of patients. All prescriptions and the prescription log were stored securely in a safe in each of the surgeries.

Monitoring health & safety and responding to risks

We were shown a comprehensive file of risk assessments covering all aspects of health and safety and clinical governance. These were maintained and up to date. There was a fire risk assessment that had been reviewed annually. Fire extinguishers were also serviced annually, fire alarms checked regularly and fire drills were held at regularly intervals and recorded in the fire log book.

The practice had a comprehensive business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan covered loss of premises, telephone, loss of essential utilities, arrangements to cover key personnel and mutual aid arrangements for patients in co-operation with neighbouring practices.

Medical emergencies

There were arrangements in place to deal with foreseeable emergencies. There was a range of suitable equipment including an Automated External Defibrillator (AED), emergency medicines and oxygen was available for dealing with medical emergencies should one occur. An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The guidance for emergency equipment is in the Resuscitation Council guidelines.

The practice followed guidelines about how to manage emergency medicines in general practice in accordance with the British National Formulary (BNF). The British National Formulary (BNF) is a pharmaceutical reference book that contains a wide spectrum of information and advice on medicines. The emergency medicines were all in date and securely stored along with emergency oxygen in central locations known to all staff. The expiry dates of medicines and equipment were monitored using a daily check sheet which enabled the staff to replace out of date items and equipment in a timely manner. This demonstrated that the risk to patients during dental procedures was reduced and patients were treated in a safe and secure way. There were staff on duty who were qualified in first aid. The name of the designated first aider was displayed in reception. Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support.

Are services safe?

Staff recruitment

There was an organisational practice recruitment and selection policy in place that included the principles of The Equality Act 2010, Employment Rights Act 1996 and Human Rights Act 1998. This policy that set out the standards it followed when recruiting staff.

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS) were sought. Newly employed staff had a period of induction to familiarise themselves with the way the practice ran, before being allowed to work unsupervised. This was evident in the records of staff and in discussion with them.

Radiography (X-rays)

The practice had a named radiological lead and radiological protection officer (radiation protection supervisor). The practice had a radiation protection file. We saw evidence that audits of X-rays were carried out and that radiological protection rules were on display. We reviewed the radiation protection file. This file contained all the necessary documentation pertaining to the maintenance of the x-ray equipment. A copy of the local rules was displayed with each x-ray set. We also saw a copy of the most recent radiological audit and this demonstrated that a very high percentage of X-rays were of the appropriate standard. This was an audit to improve the quality of bitewing X-rays. We saw this met the criteria of the clinical audit cycle and was used to improve clinical dental practice.

Are services effective?

(for example, treatment is effective)

Our findings

Consent to care and treatment

Patients who used the service were given appropriate information and support regarding their dental care and treatment. We spoke to three patients who used the service. The patients we spoke with had been using the practice for a number of years. Both were given very clear treatment options which were discussed in an easy to understand language by the dentists. This was also confirmed when we spoke to the dentist. This evidence was supported by the results of the patient feedback survey. The patients we spoke with also confirmed that they understood and consented to treatment. This was reflected in comments patients made on CQC comment cards and in patient records. We saw consent was consistently documented when we reviewed ten patient records.

The dentist we spoke with was aware of how they would manage a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient and carers to ensure that the best interests of the patient were met. This demonstrated where patients did not have the capacity to consent, the dentist acted in accordance with legal requirements and that vulnerable patients were treated with dignity and respect. We saw that a patient who had special needs had been referred to specialist care dentistry at NHS Bolton Foundation Trust because of their requirements. This enabled them to receive appropriate care and treatment that met their needs as an individual. We saw evidence from the carer involved that they were extremely satisfied with this treatment route.

Monitoring and improving outcomes for people using best practice

Patients' needs were assessed and dental care and treatment was planned and delivered in line with their individual treatment plans. We looked at a sample of ten patient record cards. The records contained details of the condition of the gums and soft tissues lining the mouth. These examinations were carried out at each dental health assessment. Patients were aware of changes in their oral condition following these assessments. Where patients were diagnosed with more aggressive forms of gum disease then a more detailed assessment of the gums was carried out by individual pocket depth charting. Patients would then be provided with more complex plan of care by the dentists. Patients' dental recall intervals were determined by the dentist using a risk based approach based on current National Institute for Health and Care Excellence (NICE) guidelines. The recall interval for each patient was set following discussion of these risks with them.

Working with other services

There was proactive engagement with other dental providers to co-ordinate care and meet patients' needs. The practice involved other professionals and therapists in the care of their patients where this was in the best interest of the patient. Patients were referred to hospital services appropriately. There was a patient referral form which included urgent two week referrals for mouth cancer. There were also for referrals to an orthodontic specialist if required and to the specialist dentistry team at the local NHS Trust. The practice completed detailed forms or referral letters to ensure the specialist service had all the relevant information required. We saw evidence of this in patients' records and letters to and from the specialist services.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting people to ensure better oral health. Fluoride applications for children and oral health advice were provided. A selection of dental products were on sale in the practice to assist patients with their oral health. Records showed patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice.

The practice used a variety of methods for providing patients with information. These included a practice website and patient information leaflet. Information displayed included good oral hygiene, early detection of oral cancer and children's oral health.

Staffing

Staff received appropriate professional development. Staff told us that the practice ethos was that all staff should receive appropriate training and development. Protected time was made available for professional development. The practice used a variety of ways to ensure staff development and learning was undertaken including both face to face and elearning. This included the use of on-line educational materials for dental nurses. The practice maintained a programme of professional development to ensure that staff were up to date and this would ensure that patients received high quality care as a result. This

Are services effective?

(for example, treatment is effective)

included training in core skills such as information governance, health and safety, safeguarding, radiography, medical emergencies, cardiopulmonary resuscitation (CPR) and infection control.

We reviewed the system the practice used for recording training that had been attended by staff working within the practice. The plan took into account the different roles staff undertook in the practice and the training each person required. The information we reviewed in staff personal files confirmed that this was an accurate account of training that had been undertaken. We also saw evidence of continuing professional development and current General Dental Council (GDC) registration for clinical staff.

We reviewed the practice induction process which included all aspects of health and safety and included fire safety, medical emergencies and decontamination procedures. As part of the induction process there was also a period of shadowing an experienced member of staff. Dentists' induction included a two day induction process with the clinical director of the provider. The staff we spoke with confirmed that this had been undertaken. We observed a newly appointed practice manager who, as part of their comprehensive four week induction package, was in attendance at the inspection.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at 36 CQC comment cards that patients had completed prior to the inspection and spoke with three patients on the day of the inspection. Patients were positive about the care they received from the practice. They commented that they were treated with respect and dignity. We observed all staff treating patients with dignity and respect. All patients we spoke with told us they were given choices and options with respect to their dental treatment in language that they could understand. They said they were treated with respect and dignity at all times.

Staff were clear on the importance of emotional support needed when delivering care and treating patients who were very nervous or phobic of dental treatment. We observed positive interactions between staff and patients in situations where staff knew the patients very well and had built up a good rapport. We saw staff providing reassurance and comfort.

Compliance with all aspects of the Department of Health Information Governance Tool-kit was observed. This demonstrated practice commitment to the management of patient confidentiality. We observed that privacy and confidentiality were maintained for patients using the service on the day of the inspection. Patients' clinical records were stored electronically, password protected and regularly backed up to secure storage. Paper records were kept securely in a locked cabinet. Staff we spoke with were aware of the importance of providing patients with privacy and told us there were always rooms available if patients wished to discuss something with them away from the reception area.

Involvement in decisions about care and treatment

Patients were aware of treatment provided under the NHS or private arrangements. The practice used posters displayed in the waiting areas to give details of NHS dental charges and also private fees. We also saw that the practice had a comprehensive website that included information about dental treatments, nervous patients and costs.

When people attended appointments for treatment, a further discussion took place to ensure the patient understood what treatment was to be provided at each visit. During appointments the dentists asked questions about each patient's current oral hygiene practice and gave suggestions how this could be improved to prevent problems. Where a patient's carer attended an appointment with the patient they ensured the carer was involved in the discussion. Patients who had received treatment were given explanations about what to do to minimise discomfort and prevent problems, such as how to care for the mouth following an extraction.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

We observed that appointments ran smoothly on the day of the inspection and patients were not kept waiting. Patients commented that they had sufficient time during their appointment and that they were seen promptly. Staff told us that if appointments were running late they would speak with the patient waiting to ensure they were kept informed and were able to continue to wait.

Each patient contact with a dentist was recorded in the patient's record card. New patients were asked to complete a comprehensive medical history and a dental questionnaire. This questionnaire enabled the practice to gather important information about their previous dental, medical and relevant social history. They also aimed to capture details of the patient's expectations in relation to their needs and concerns. This helped to direct the dentists in providing the most effective form of care and treatment for them.

The practice ensured that there were time slots available for emergencies each day. If there was a rare occasion that none at this practice were available then there were reciprocal arrangements in place with another practice within the group to respond to the needs of the patient.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services that included access to telephone translation services for patients whose first language was not English.

The premises had undergone a Disability Discrimination Act (DDA) assessment of premises and the practice had been adapted to meet the needs of people with disabilities. The building had easy access for people in wheelchairs. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and these arrangements allowed for easy access to the ground floor surgery.

Staff described to us how they had supported patients with additional needs such as a learning disability. They ensured patients were supported by their carer or a relative and that there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Access to the service

Comprehensive information was available to patients about appointments in the practice and on the practice website. This included how to arrange emergency appointments. There were also arrangements to ensure patients received urgent dental assistance when the practice was closed.

Patients were generally satisfied with the appointments system. Comments received from patients showed that those in need of emergency treatment had been able to make appointments on the same day of contacting the practice. The opening hours for the practice at the time of our inspection were:

- Monday 09:00 – 17:30
- Tuesday 09:00 – 17:30
- Wednesday 09:00 – 17:30
- Thursday 09:00 – 17:30
- Friday 09:00 – 16:30
- Saturday 10:00 – 14:00

Patients could book appointments in person or via the phone and online.

Concerns & complaints

We arranged for a Care Quality Commission (CQC) comments box to be placed in the waiting area of the practice several days before our visit and 36 patients chose to comment. All of the comment cards completed were very complimentary about the service provided.

The practice had a system in place for handling complaints and concerns. There was a designated responsible person, the practice manager, who handled all complaints in the practice. Patients we spoke with knew how to raise concerns or make a complaint. Although patients were aware how to complain, the patients we spoke with said they never felt the need to complain. Information on how to complain was on the practice website and displayed in the waiting area. There was also a suggestions box in the

Are services responsive to people's needs?

(for example, to feedback?)

waiting area that was checked regularly by the practice manager. We looked at complaints received and found they had been satisfactorily handled and dealt with in a timely manner. We also saw that a current ongoing complaint was being dealt with in an appropriate manner. The practice had written to the complainant to inform them this was a matter in progress and they would be informed of the outcome.

Are services well-led?

Our findings

Leadership, openness and transparency

The overall philosophy of the practice was to provide high quality dental care to their patients, and to offer them clear and helpful advice about their oral health needs and choice in the range of treatments appropriate to their patients needs including orthodontics, implants and sedation.

We saw from minutes that team meetings were held regularly. Each meeting had an agenda that was variable but included updates and information on subjects such as infection prevention and control, clinical audits and health and safety. The minutes were supported by an action log. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at any time.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies which were in place to support staff. We were shown the information that was available to all staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required.

Governance arrangements

The area development manager carried out quality checks on the service. This included checks on health and safety, risk assessments, waste management, staffing and safeguarding. The information we reviewed demonstrated the practice was performing at a satisfactory level in these areas. There was also a clinical support manager (CSM) who was from Integrated Dental Holdings Limited (IDH). The CSM undertook a governance and quality check on the service periodically. The checks carried out included a review of how the practice managed complaints. They also undertook record card and clinical audits and supported the dentists in their clinical practice.

Staff were clear about what decisions they were required to make, knew what areas they were responsible for, as well as being clear about the limits of their authority and abilities. Staff told us they felt valued, well supported and knew who to go to in the practice with any concerns.

It was clear who was responsible for making specific decisions, especially decisions about the provision, safety and adequacy of the dental care provided at the practice and this was aligned to risk.

The practice had a number of policies and procedures in place to govern activity and these were available to all staff. These included confidentiality, freedom of information, access to records and complaints.

The practice manager showed us a comprehensive file of risk assessments covering all aspects of health and safety and clinical governance. These were very well maintained and up to date. We also saw that recent clinical record keeping audits and an audit of specialist referrals had been undertaken.

When we looked at the systems and processes the practice had to continuously monitor the quality of service being provided, we found there were systems for gathering, recording and evaluating information about the service.

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

Patients expressed their views and were involved in making decisions about their care and treatment. The practice used a patient feedback survey to capture information about how the patients viewed the quality of dental care they received. The survey also asked for patients' individual comments. We saw that the results obtained showed a high level of satisfaction with the quality of service provided. Patients who used the service said that the service was very professional, friendly and welcoming. There were several comments that demonstrated that the practice was family friendly and that patients were at the heart of the practice.

The three patients we spoke with were very happy with the standard of care they had received. They all described how helpful and friendly the practice staff were. Patients were satisfied with appointment waiting times and the cleanliness of the practice. This was further supported by observing the results and comments contained in the patient feedback survey and on the CQC comment cards.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistle blowing policy which was available to all staff.

Are services well-led?

Management lead through learning and improvement

Staff told us that the practice supported them to maintain to develop through training and mentoring. We saw that regular appraisals took place. Appraisals included setting objectives supported by actions required to be undertaken by staff.

The dentists and dental nurses working at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. The practice manager kept a record to evidence staff were up to date with their professional registration.

Staff told us that the practice was very supportive of training and provided them with eLearning through a system called the "IDH academy" provided by Integrated Dental Holdings Limited. The IDH academy offered a range of on-site, hands-on learning and development opportunities for dentists, nurses and their supporting teams.