Dr Diana Ferati Pllana

Floss Dental Care

Inspection Report

14 Wantage Road
Northampton
NN1 4TH
Tel:01604 232474
Website:www.flossdentalcare.co.uk

Date of inspection visit: 15 May 2019
Date of publication: 21/06/2019

Overall summary

We carried out this announced inspection on 15 May 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

Floss Dental Care is in Northampton, a town in the East Midlands. It provides mostly private treatments to adults and children. There is a small NHS contract to provide treatment for children.

There is level access for people who use wheelchairs and those with pushchairs. There is no car parking on site. There is on street public car parking spaces directly outside the practice.

The dental team includes two dentists, three dental nurses and one dental hygiene therapist. One of the dental nurses also works as a receptionist. The practice has one treatment room that is on ground floor level. There is a separate decontamination facility.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 11 CQC comment cards filled in by patients.

During the inspection, we spoke with one dentist and two dental nurses. We looked at practice policies, patient feedback, practice procedures and other records about how the service is managed.

The practice is open: Monday, Tuesday, Wednesday, Friday from 9am to 5pm and alternate Thursdays from 9am to 1pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance. Audit was undertaken annually rather than six monthly as recommended in guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available with some exceptions. Action was taken immediately to obtain required items.
- The practice had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures that reflected legislation. We noted that references were absent in one staff file we viewed.
- 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 systems to deal with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Review staff awareness of the requirements of consent and the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities as it relates to their role.
- Review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment, supervision and appraisal of 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?

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.

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 completed essential recruitment checks. We noted that references were missing from one staff file we viewed.

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

The practice had mostly suitable arrangements for dealing with medical and other emergencies. We identified some items that were missing or required replacement. This was actioned immediately.

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 excellent, professional and efficient. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

We found that there was scope to improve the staff team's knowledge of consent and the Mental Capacity Act 2005.

The practice had clear 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 and had systems to help them monitor this. Whilst dental nurses received appraisals, other clinical staff had not received a formalised review.

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 11 people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful, efficient and attentive.

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

Summary of findings

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

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

Staff considered some of their patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to interpreter services but did not have arrangements such as a magnifying glass or hearing loop to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and had systems to respond to concerns and complaints.

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.

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. Detailed clinical audit was undertaken with clear outcomes to drive improvements.

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. The lead for safeguarding was the principal dentist.

We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

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. A pop-up note could be created on a patient's electronic clinical record or information highlighted in their notes.

The practice had a whistleblowing policy which included contact details for a national whistleblowing charity. Staff 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 documented in the dental care record.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. The practice had arrangements with another local practice to use their premises if the building became un-useable.

The practice had a recruitment policy and procedure to help them employ suitable staff. We looked at two staff recruitment records for those latterly recruited, to see if they followed legislative requirements. We noted that references had not been obtained for one member of the team. The principal dentist told us that they knew the team member prior to their recruitment.

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 and gas 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 looked at records dated within the previous 12 months. Fire drills were undertaken on a six-monthly basis.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. We noted that mechanical and electrical testing had been undertaken at 18 month intervals and not annually. The principal dentist stated they would make further enquiries as their contract was for annual testing. They 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 detailed 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 to help manage potential risk. We noted that a formalised risk assessment had not been undertaken for when staff worked alone in the practice and a work station assessment had not been completed for those staff who undertook reception duties.

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 generic sharps risk assessment was held; there was scope to improve the assessment to personalise it to the practice.

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.

Emergency equipment and medicines were mostly available as described in recognised guidance. We noted exceptions in relation to size 0 oropharyngeal airways and two sizes of clear face masks that were missing. Other airways held in the kit had recently expired. Whilst aspirin was held, this was not in the required dose. Action was taken immediately by the practice to rectify the issues and an order was placed for the missing and expired items.

Staff kept records of their regular checks of medicines and equipment.

A dental nurse worked with the dentists and the dental hygiene therapist 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. 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 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. The latest assessment was undertaken in November 2018. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

Staff shared cleaning duties in the practice. A cleaning schedule or checklist was not in place for the general areas; staff told us they all knew the areas that required maintaining. Following our inspection, the provider told us that a cleaning checklist had been drafted.

The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits; these were undertaken annually and not twice a year as recommended in guidance. The latest audit in August 2018 showed the practice was meeting the required standards. The audit included information about staff discussions and analysis.

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.

The practice had not implemented a protocol for locSSIPS. These are local safety standards for invasive procedures and are relevant for dental teams involved in dental extractions. The provider contacted us after our inspection and told us that action had been taken immediately to address this.

Are services safe?

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines. We noted that labelling on antibiotics dispensed did not include the name and address of the practice. The provider told us after our inspection that practice name and address labels had been arranged for the medications.

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.

The practice stored NHS prescriptions as described in current guidance but monitoring systems required strengthening as prescription numbers were not monitored. This would identify if a prescription was inappropriately taken. Following our inspection, the provider told us that a tracking sheet for prescription numbers had been set up.

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

We noted that sepsis guidance had not been discussed amongst staff. The provider told us after our inspection that action had been taken immediately to address this and a practice meeting had been arranged.

An antimicrobial prescribing audit had been carried out, this included a comparative overview.

Track record on safety and Lessons learned and improvements

The practice had a positive safety record. There were comprehensive risk assessments in relation to most safety issues. The practice had processes to record and investigate accidents when they occurred. There had not been any accidents reported in the previous 12 months.

The practice had a policy for reporting untoward incidents and staff showed awareness of the type of issue they would report. We noted one incident had been reported in the previous 12 months. This showed that a staff learning point was identified as a result.

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

We received positive comments from patients about treatment received. Patients described the treatment they received as excellent and delivered by professionals.

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 had access to technology available in the practice, for example, software, screens and an intra-oral camera to enhance the delivery of 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 dentists and dental hygiene therapist 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 in supporting patients to live healthier lives. For example, smoking cessation.

The dentist 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.

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 dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. We noted that in a small sample of patient records that we looked at that they occasionally lacked detail regarding treatment options or risks discussed. Patients confirmed in CQC comment cards that their dentist listened to them and gave them clear information about their treatment.

The practice had documented information and policy documents about the Mental Capacity Act (MCA) 2005. The dentists understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. We found that staff may benefit from a discussion regarding consent and the MCA as not all the team members we spoke with were completely clear about consent and the application of the MCA.

The consent policy 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 very 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. For example, one of the dental nurses had completed an oral health education course, and utilised this knowledge to help advise patients when they attended the practice or when they telephoned. Another of the

Are services effective?

(for example, treatment is effective)

dental nurses also worked in the wider NHS community and had completed a teaching qualification to teach dental nurses. They had also completed a course in impression taking funded by their other employer.

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 employed by the practice discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. The principal dentist told us that they did not complete formal reviews with the hygiene therapist who commenced work in April 2017 and the associate dentist who had started working for the practice in October 2018. They told us they would look to document discussions held in the future.

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.

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.

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 helpful, efficient and attentive. We saw that staff treated patients respectfully and appropriately and were friendly towards patients over the telephone.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

A patient told us in a CQC comment card that staff were kind and helpful when they had experienced discomfort and that the dentist had seen them on the same day as their telephone call to the practice. Another patient stated that they felt very fortunate to receive dental care at the practice.

An information folder was available for patients to read and a patient suggestion box was located in the waiting room.

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 the reception desk and the separate waiting area provided privacy when reception staff were dealing with patients.

The reception computer screen was 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 to be involved in decisions about their care and were aware of the requirements under the Equality Act.

- Interpretation services were available for patients who did not use English as a first language. The principal dentist spoke several languages and could assist patients, if required.
- Staff told us they communicated with patients in a way that they could understand.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The 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, leaflets, models, software, screens, websites and an intra-oral camera. 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 provided with examples of how individual needs were met. This included ensuring consistency so that the same staff were in the surgery room when treating a patient with dementia, responding to a specific request by a patient who was nervous and positioning the dental chair at a height that suited particular patients. Staff told us that they knew their patients well.

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. The practice treatment room was on ground floor level which met the needs of patients with mobility problems. Patients with specialist needs and requirements could be allocated longer appointment times.

The practice had made some reasonable adjustments for patients with disabilities. These included step free access and accessible toilet with hand rails and a call bell. Information about access arrangements was contained in the patient information folder and on their website. The practice did not have a hearing loop to assist any patients with hearing problems and did not have a magnifying glass or reading glasses at reception. Following our inspection, the provider told us that they were making enquiries into purchasing a hearing loop.

Staff contacted patients prior to their appointment to remind them to attend. Contact was made by email, text message or telephone depending on patient preference.

Timely access to services

Patients could 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 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. Patients 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.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Privately registered patients were provided with access to a dentist out of hours and NHS patients were advised to contact NHS 111. The appointment diary showed that gaps were kept free for dental emergencies every day.

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 policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint and information was also posted on the wall in the patient waiting area.

The principal dentist was responsible for dealing with complaints. Staff would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist told us they would aim to settle complaints in-house and would invite patients to speak with them, if any were to be received. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

The practice had not received any complaints within the previous 12 months.

Systems were established to enable the practice to respond to concerns appropriately and discuss outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care. They effectively 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.

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

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

There was a clear vision and set of values. The provider's statement of purpose included the provision of comprehensive dental care and treatment, based on evidence, with approved techniques to meet patients' needs and wishes.

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.

Openness, honesty and transparency were demonstrated. 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 principal dentist had overall responsibility for the management and clinical leadership of the practice. They were also responsible for the day to day running of the service, and received support from their team. 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 clear and 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.

Engagement with patients, the public, staff and external partners

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

The practice used verbal and written comments to obtain staff and patients' views about the service.

The practice gathered feedback from staff through meetings and informal discussions. Practice meetings were held on a monthly basis with the team. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

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, antimicrobial prescribing and infection prevention and control. They had clear and detailed records of the results of these audits and the resulting action plans and improvements.

Are services well-led?

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

The dental nurses had annual appraisals. Other clinical staff had not received formal appraisal but open and informal discussions were held. They discussed learning needs, general wellbeing and aims for future professional development. We saw 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. The provider supported and encouraged staff to complete CPD.