

Mr. Alastair Fee

A R Fee Dental Practice

Inspection Report

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Date of inspection visit: 04/12/2018
Date of publication: 24/01/2019

Overall summary

We carried out this announced inspection on 4 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 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

A R Fee Dental Practice is near the centre of Burslem and provides NHS and private dental care for adults and children.

The provider has installed a ramp to facilitate access to the practice for wheelchair users. Car parking is available near the practice.

The dental team includes a dentist, a dental hygiene therapist, a dental hygienist, and three dental nurses. The dental team is supported by a practice manager. The practice has three treatment rooms.

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.

We received feedback from 57 people during the inspection about the services provided. The feedback provided was positive.

During the inspection we spoke to the dentist, dental nurses, and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 8.00am to 4.00pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place which reflected published guidance.
- The provider had safeguarding procedures in place and staff knew their responsibilities for safeguarding adults and children.
- Staff knew how to deal with medical emergencies. Appropriate medicines and equipment were available.
- The provider had staff recruitment procedures in place. References and employment histories were requested for employed staff but not routinely requested for clinicians.
- Staff provided patients' care and treatment in line with current guidelines.
- The dental team provided preventive care and supported patients to achieve better oral health.
- The dental hygienist ran clinics providing oral health education and monitoring of oral health for children who were patients of the practice and for those who had been referred to the practice for orthodontic assessment, to reduce their risk of dental disease.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- The provider had a procedure in place for dealing with complaints. The practice dealt with complaints positively and efficiently.
- The practice had a leadership and management structure and a culture of continuous improvement.
- The provider had systems in place to manage risk.
- Staff felt involved and supported and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided.

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

- Review the practice's recruitment procedures to ensure that appropriate checks, including references and employment history, are completed prior to new staff commencing employment at the practice, and to ensure complete records are maintained for all staff.
- Review the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, review the fire risk assessment in conjunction with suitable fire safety advice in order to establish whether further reasonably practicable measures to reduce risk could be put in place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The provider had systems and processes in place to provide safe care and treatment.

Staff received training in safeguarding and knew how to report concerns.

Staff were qualified for their roles, where relevant.

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

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

The practice had systems in place for the safe use of X-rays.

The provider completed essential recruitment checks before employing staff. The provider did not routinely request references and employment histories when recruiting clinicians. The provider assured us this would be addressed.

The provider had a fire risk assessment in place which was regularly reviewed. The provider had put measures in place to reduce the risks associated with fire. We observed that further reasonably practicable measures could be put in place, for example, seeking expert fire safety advice as to whether an additional smoke detector was required for the compressor room. The provider assured us this would be addressed.

No action



Are services effective?

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as exceptional, tailored to their individual needs, and second to none.

The clinicians discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had a strong focus on preventive care.

The provider had set up an 'oral hygiene department' at the practice, as the practice was in an area where the decay rate is particularly high. The dental hygienist ran clinics providing oral health education and monitoring of oral health for children who were patients of the practice and for those who had been referred to the practice for orthodontic assessment.

The practice had clear arrangements for referring patients to other dental or health care professionals.

The provider supported staff to complete training relevant to their roles and had systems to monitor this.

No action



Summary of findings

Are services caring?

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

We received feedback about the practice from 57 people. Patients were extremely positive about all aspects of the service the practice provided. They told us staff inspired trust, and were attentive, re-assuring and dedicated.

Patients said they were given thorough, accurate and useful explanations about dental treatment, and said their dentist always listened to them.

Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

Staff protected patients' privacy and were aware of the importance of confidentiality.

Patients said staff treated them with dignity and respect.

No action



Are services responsive to people's needs?

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

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

Staff considered patients' differing needs and put measures in place to help all patients receive care and treatment. This included providing facilities for patients with disabilities and families with children.

The practice had access to interpreter services and had arrangements to assist patients who had sight or hearing loss.

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

No action



Are services well-led?

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

The provider had arrangements in place to ensure the smooth running of the service. These included systems for the practice team to monitor the quality and safety of the care and treatment provided.

The practice planned its services to meet the needs of the practice population, taking into account health and social priorities across the region.

There was a clearly defined management structure and staff felt supported and appreciated. The managers identified and utilised the strengths and skills of the staff to deliver the best care for the patients.

The provider subscribed to a dental practice compliance scheme to support good governance. The practice was also a member of a practice certification scheme which promoted good standards in dental care.

No action



Summary of findings

The team had shared goals and values, and were open to new ideas.

The practice team kept accurate, complete patient dental care records which were stored securely.

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

The practice had procedures in place to manage and reduce risks.

Are services safe?

Our findings

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

The provider had clear systems in place at the practice to keep patients safe.

The practice had safeguarding policies and procedures in place to provide staff with information about identifying and reporting suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who were at risk due to their circumstances. Staff received safeguarding training and knew the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a whistleblowing policy in place to guide staff should they wish to raise concerns. Staff told us they felt confident to raise concerns.

We reviewed the procedures the dentist followed when providing root canal treatment and found these were in accordance with recognised guidance.

The provider had staff recruitment procedures in place to help the practice employ suitable staff. These reflected the relevant legislation. Most staff had been employed for a number of years. We looked at three staff recruitment records. We saw that recruitment checks were carried out and the required documentation was available for two of these three staff. No references or employment history was available in the other recruitment record. The provider told us they did not request references and employment histories for clinicians but assured us this would be carried out in future.

We saw that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

The practice had arrangements in place to ensure that facilities and equipment were safe, and that equipment, including gas appliances and portable electrical equipment, was maintained according to manufacturers' instructions. The provider was unsure as to whether a fixed electrical installation test had been carried out.

Records showed that fire detection equipment, such as smoke detectors, was regularly tested, and firefighting equipment, such as fire extinguishers, was regularly serviced.

The provider had put arrangements in place at the practice to ensure X-ray procedures were carried out safely and had the required radiation protection information available.

We saw that the clinicians justified, graded and reported on the X-rays they took. Staff carried out radiography audits regularly following current guidance and legislation.

Where appropriate, clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The provider monitored and acted on risks to patients.

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace risks, for example, fire and control of hazardous substances, and specific dental practice risks. Staff reviewed risk assessments regularly. We saw that the practice had put in place measures to reduce the risks identified in the assessments.

The provider had current employer's liability insurance.

The provider had carried out a fire risk assessment at the practice. We saw that the provider had put measures in place to reduce the risks associated with fire at the practice, for example, smoke detectors, evacuation plans, fire drills and fire safety training for staff. We saw that the risk assessment was reviewed regularly by the practice manager. We observed that further reasonably practicable measures could be put in place, for example, seeking expert fire safety advice as to whether an additional smoke detector was required for the compressor room. The provider assured us this would be addressed.

Staff followed relevant safety regulations when using needles and other sharp dental items. A sharps risk assessment had been undertaken and this was reviewed regularly. Staff confirmed that only the clinicians were permitted to dismantle and dispose of needles, however no clear guidance was in place as to who was responsible for dismantling and disposing of other types of sharp items in order to minimise the risk of inoculation injuries to staff.

Are services safe?

The provider agreed to review this. Staff were aware of the importance of reporting inoculation injuries. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury.

The provider ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. Arrangements were in place to check the effectiveness of the vaccination.

Staff knew how to respond to medical emergencies and completed training in medical emergencies and life support every year. The practice had medical emergency equipment and medicines available as recommended in recognised guidance. Staff carried out, and kept records of, checks to make sure the medicines and equipment were available, within their expiry dates and in working order.

A dental nurse worked with the dentist, the dental hygienist and the dental hygiene therapist when they treated patients.

The practice had an infection prevention and control policy and associated procedures in place to guide staff. These took account of The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), guidance published by the Department of Health. Staff completed infection prevention and control training regularly and received updates as required.

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

The provider had had a Legionella risk assessment carried out at the practice in accordance with current guidance. We saw all the recommended actions had been completed or were in progress. We saw evidence of measures put in place by the provider to reduce the possibility of Legionella or other bacteria developing in the water systems, for example, water temperature testing and the management of dental unit water lines.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected and patients confirmed that this was usual.

Staff ensured clinical waste was segregated and stored securely in accordance with guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

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 several dental care records to confirm what was discussed and observed that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely.

Patients' medical histories were updated at every attendance.

We saw that when patients were referred to other healthcare providers information was shared appropriately and in a timely way.

Safe and appropriate use of medicines

The provider had implemented systems for the appropriate and safe handling of medicines at the practice.

The practice had a stock control system for medicines. This ensured that medicines did not exceed their expiry dates and enough medicines were available when required.

The practice had systems for prescribing, dispensing and storing medicines.

Staff stored and kept records of NHS prescriptions as recommended in current guidance.

The dentist was aware of current guidance with regards to prescribing medicines.

Track record on safety

We saw that the practice monitored incidents to minimise recurrence and improve systems.

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events. Staff knew about these and understood their role in the process. The provider told us there had been no safety incidents in the previous 12 months.

Are services safe?

We discussed examples of significant events which could occur in dental practices and we were assured that should one occur it would be reported and analysed in order to learn from it, and improvements would be put in place to prevent re-occurrence.

The provider had a system for receiving and acting on safety alerts, for example from the Medicines and Healthcare products Regulatory Agency. The practice learned from external safety events as well as from patient and medicine safety alerts.

Lessons learned and improvements

Staff confirmed that learning from accidents, safety alerts and complaints was shared with them to help improve systems at the practice, to promote good teamwork and to prevent recurrences.

There were systems for reviewing and investigating when things went wrong. Staff learned and shared lessons, identified patterns and acted to improve safety in the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The dentist assessed patients' care and treatment needs in line with recognised guidance. We saw that the clinicians delivered care and treatment in line with current legislation, standards and guidance.

The dentist used a specialised operating microscope to assist with carrying out root canal treatment and enhance treatment outcomes for patients.

Helping patients to live healthier lives

The practice had a strong focus on preventive care and supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentist told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The clinicians discussed smoking, alcohol consumption and provided dietary advice to 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 promoted national and local oral health campaigns to support patients to live healthier lives and directed patients to sources of help and advice where appropriate.

The provider had set up an 'oral hygiene department' at the practice, as the practice was in an area where the decay rate is particularly high. The dental hygienist ran clinics providing oral health education and monitoring of oral health for children who were patients of the practice and for those who had been referred to the practice for orthodontic assessment.

The children were given a score based on their current oral health and encouraged to improve their oral health and reduce the score. Where they had been referred to the practice they were given three chances to improve their oral hygiene to an acceptable level for orthodontic treatment. If this was not achieved they were referred back to their own dentist with a request for their dentist to work

with them further on this and re-refer them when improvements had been achieved. Detailed information on their oral hygiene scores was sent to the dentist also to assist in sharing information appropriately.

We saw evidence that the children were fully involved in this.

Consent to care and treatment

Staff 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. We saw the clinicians 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 in certain circumstances. 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 where appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The clinicians kept detailed dental care records containing information about patients' current dental needs, past treatment and medical histories.

Effective staffing

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

Staff new to the practice completed a period of induction based on a structured induction programme. We were told new clinicians did not receive a structured induction. The provider explained that they were made aware of essential information, for example, fire safety arrangements were explained to them.

Are services effective?

(for example, treatment is effective)

Staff told us the practice provided support, training opportunities and encouragement to assist them in meeting the requirements of their registration, and with their professional development. The practice monitored training to ensure essential training was completed.

Staff discussed training needs at annual appraisals and during one to one meetings.

Co-ordinating care and treatment

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

The dentist confirmed they referred patients to specialists in primary and secondary care where necessary or where a patient chose treatment options the practice did not provide. This included referring patients with suspected oral cancer under current guidelines to help make sure patients were seen quickly by a specialist.

The practice had systems and processes to identify, manage, follow up, and, where required, refer patients for specialist care where they presented with dental infections.

Staff tracked the progress of all referrals to ensure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

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

Patients commented positively that staff were welcoming, understanding and gentle. We saw that staff treated patients respectfully and kindly, and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

The practice team respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of the reception and waiting areas provided privacy when reception staff were dealing with patients. Staff described how they avoided discussing confidential information in front of other patients. Staff told us that if a patient requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where people 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.

They were aware of the Accessible Information Standards and the requirements of the Equality Act.

- Interpreter services were available for patients whose first language was not English.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them and did not rush them. The dentist described to us the conversations they had with patients to help them understand their treatment options.

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 take account of patients' needs and preferences.

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

The practice had considered the needs of different groups of people, for example, people with disabilities, wheelchair users and people with pushchairs, and put in place reasonable adjustments, for example, handrails to assist with mobility, step free access, and an accessible toilet.

One of the treatment rooms was located on the ground floor.

Staff had access to interpreter and translation services for people who required them. The practice had arrangements in place to assist patients who had hearing impairment, for example, appointments could be arranged by email or text message.

Larger print forms were available on request, for example, patient medical history forms.

Timely access to services

Patients could access care and treatment at the practice within an acceptable timescale for their needs.

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

The practice's appointment system took account of patients' needs. We saw that the clinicians tailored appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments. Staff made every effort to keep waiting times and cancellations to a minimum. Patients told us they had enough time during their appointment and did not feel rushed.

The dentist provided a 24 hour on-call service. The practice had appointments available for dental emergencies and staff made every effort to see patients experiencing pain or dental emergencies on the same day.

The practice's website and answerphone provided telephone numbers for patients who needed 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 appointments.

Listening and learning from concerns and complaints

The provider 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. Information on how to make a complaint was clearly displayed for patients.

The practice manager was responsible for dealing with complaints. 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 aimed to settle complaints in-house.

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

We looked at comments, compliments and complaints the practice received in the previous 12 months. 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

We found the practice leaders had the capacity and skills to deliver high-quality, sustainable care.

The practice had effective processes in place to develop leadership capacity and skills.

The practice had a business continuity plan describing how the practice would manage events which could disrupt the normal running of the practice.

Vision and strategy

The provider had a clear vision and had set out values for the practice.

The practice had a realistic strategy for delivering high-quality patient-centred care, and supporting business plans to achieve priorities. Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.

The provider had a strategy in place for delivering the service, which took account of health and social priorities across the region and the needs of the practice population. The practice planned its services to meet the needs of the practice population.

The provider's strategy included the implementation of a dental team approach to deliver care and treatment at the practice. They did this by using a skill mix of dental care professionals, including a dentist, a dental hygienist, a dental hygiene therapist and dental nurses to deliver care in the best possible way for patients. Members of the dental team described to us examples of working together to achieve the best results when treatment planning and providing care.

We saw that the provider had invested in the practice, for example, computerised systems had been installed.

Culture

The practice had a culture of learning and improvement.

Staff said they were respected, supported and valued. They were proud to work in the practice.

We saw the provider took effective action to deal with poor performance.

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff told us there was an open, transparent culture in the practice. The team had shared goals and values, and were open to new ideas, for example, all staff were given the opportunity to chair the practice meetings in their own style and to their own preferences. They said they were encouraged to raise issues and they were confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

Governance and management

The provider had put systems in place at the practice to support the management and delivery of the service. The provider subscribed to a dental practice compliance scheme to support good governance. The practice was also a member of a practice certification scheme which promoted good standards in dental care.

Systems in place included policies, procedures and risk assessments to support governance and to guide staff. These were regularly reviewed to ensure they were up to date with regulations and guidance.

We saw the provider had put in place effective governance processes for example, in relation to adequate staffing, patient consent and safeguarding.

Most of the staff had worked at the practice for a number of years and were familiar with the systems in operation at the practice.

The practice had systems in place to ensure risks were identified and managed, and had put measures in place to reduce risks.

The dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. The managers adopted an inclusive style in managing the practice. They identified and utilised the particular strengths and skills of the staff to deliver the best care for the patients.

Are services well-led?

Staff had additional roles and responsibilities, for example, a lead role for infection control. We observed that staff were empowered and had access to suitable supervision and support for their roles and responsibilities.

Appropriate and accurate information

The practice's staff acted appropriately on 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 to obtain the views of patients about the service.

A noticeboard was displayed in the waiting room containing information for patients about privacy, infection control, complaints, access, and fire safety. The name of the receptionist for the day was also displayed.

Patients were encouraged to complete the NHS Friends and Family Test. 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, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

The staff area contained extensive information and resources for help or advice for staff in relation to health or social issues.

Continuous improvement and innovation

The provider had systems and processes in place to encourage learning, continuous improvement and innovation.

We saw the practice had systems in place to monitor the quality of the service and make improvements where required. These included, for example, audits. We reviewed audits of X-rays and infection prevention and control. Staff kept records of the results of these and produced action plans where necessary. We saw auditing processes were working well and resulted in improvements.

The practice was committed to learning and improving and valued staff contributions. We saw that the team were open to learning from each other.

Staff had annual appraisals, which helped identify individual learning needs. The practice provided support and training opportunities for their on-going learning.

The clinical staff completed continuous professional development in accordance with General Dental Council professional standards. Staff told us the practice provided support and encouragement for them to do so.