

York House Centre Limited

The Gallery Dental Centre of Excellence

Inspection Report

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Overall summary

We carried out this announced inspection on 29 April 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

The Gallery Centre for Excellence is in Reading and provides NHS treatment to children and private treatment to patients of all ages.

Summary of findings

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders, are available in a public car park near the practice.

The dental team includes five dentists, two dental nurses, two dental hygienists, four receptionists and a practice manager. The practice has five treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

At the time of the inspection the practice did not have a registered manager in post. We were shown their registered manager application form which was posted to the CQC on the day of our visit.

On the day of our inspection we collected 18 CQC comment cards filled in by patients and obtained the views of 20 other patients.

During the inspection we spoke with three dentists, one dental nurse, one dental hygienist, one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

8.00am – 8.00pm Monday

8.00am – 8.00pm Tuesday

8.00am – 6.30pm Wednesday

8.00am – 8.00pm Thursday

8.00am – 3.00pm Friday

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance, but improvements were required.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The management of fire safety required improvement.
- The practice had thorough staff recruitment procedures.
- Improvements were needed to the management of medicines.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The practice did not complete radiography and antimicrobial audits.
- The appointment system met patients' needs.
- The practice had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had suitable information governance arrangements.
- All of the shortfalls we identified have very quickly been addressed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

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

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

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

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

Improvements were needed to the management of fire safety, radiography, antibiotic prescribing, infection control and medicines. All of these shortfalls have been addressed since our inspection.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as reassuring and staff were competent and explained treatment options.

We saw that staff treated patients in a welcoming and professional way. The dentists discussed treatment with patients, so they could give informed consent and recorded this in their records.

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

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

No action



Are services caring?

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

We received feedback about the practice from 28 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, welcoming and friendly.

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

No action



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?

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

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

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

The practice did not have arrangements in place to assist patients who experienced sight loss. This shortfall has been addressed since our inspection.

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 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 typed and stored securely.

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

Improvements were needed to radiography and antimicrobial auditing. Appraisals were overdue for dentists and hygienists. Both of these shortfalls have been addressed since our inspection.

No action



Are services safe?

Our findings

Safety systems and processes including staff recruitment, Equipment & premises and Radiography (X-rays)

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. We saw evidence which confirmed that 12 out of 13 staff received children and vulnerable adults safeguarding training. We have since received evidence to confirm this shortfall has been addressed.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

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

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had checks in

place for agency and locum staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the practice followed their recruitment procedure.

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

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

Improvements were needed to the management of gas safety. Evidence of servicing of the gas boilers in the previous 12 months was unavailable. We have since received evidence to confirm this shortfall has been addressed.

Records showed that fire detection equipment, such as smoke detectors were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. Evidence to confirm emergency lighting was tested and serviced was not available. We have since received evidence to confirm this shortfall has been addressed.

We saw evidence which confirmed that three out of 13 staff received fire safety training within the previous 12 months. We were told training had been booked to take place on 13 June 2019. We advised the practice to consider interim training during the weeks leading up to the formal face to face session. We have since received evidence to confirm this shortfall has been addressed.

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

We saw evidence that the dentists justified, graded and reported on the radiographs they took. Evidence to confirm Radiography audits had been carried out were unavailable. We have since received evidence to confirm this shortfall has been addressed.

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

Risks to patients

Are services safe?

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

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

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken. Dentists chose to disregard relevant safety regulation when using needles and other sharp dental items. We have since received evidence to confirm this shortfall has been addressed.

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. We saw evidence which confirmed that 12 out of 13 staff completed training in emergency resuscitation and basic life support (BLS) every year. We have since received evidence to confirm this shortfall has been addressed.

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

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. A risk assessment was in place for when the dental hygienist worked without chairside support.

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

The practice occasionally used agency staff. Staff received an induction to ensure that they were familiar with the practice's procedures.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training and received updates as required.

The practice had two decontamination rooms. One room used an ultrasonic bath as part of the sterilising process. Staff were seen manually cleaning instruments in the decontamination room on the first floor. Guidance states, the use of manual cleaning presents particular problems. Because the process is not automatic, it is not possible to fully validate the process. Manual cleaning is thus not the preferred method of cleaning. We have since received evidence to confirm this shortfall has been addressed.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05 but improvements were required. Dirty instruments waiting to be sterilised were stored in the recommended containers but were seen to be dry. HTM01-05 Guidance recommends instruments for decontamination should be transferred as soon as possible after use to the decontamination area in order to avoid the risk of drying. Prompt decontamination is appropriate. Potable water immersion or the use of commercial gels/sprays may be considered if a delay in reprocessing is unavoidable. We have since received evidence to confirm this shortfall has been addressed.

We found a number of pouched instruments in a surgery drawer which were date stamped 42 April 2020. The date does not exist which means staff could not satisfy themselves the instruments had not been stored past the recommended time. We have since received evidence to confirm this shortfall has been addressed.

The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The protective gloves used by staff carrying out instrument decontamination were not heavy duty. This shortfall was immediately addressed during our visit.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

Are services safe?

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

The practice 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. The latest audit, carried out on 10 April 2019, showed the practice was meeting the required standards. Records of the previous audit showed an interval of 11 months between audits. Audits should be undertaken every six months. We were told a lead infection control nurse had been appointed to address this shortfall.

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 accurate, complete, and legible and were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

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

Safe and appropriate use of medicines

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

The practice had systems for appropriate and safe handling of medicines, but improvements were required.

There was no stock control system of medicines which were held on site. Medicines were not supplied in containers that were labelled with the name and address of the supplying dentist. This shortfall indicated dispensing was not carried out in line with the Human Medicines Regulations 2012. We have since received evidence to confirm these shortfalls have been addressed.

Prescription management required improving. This shortfall was immediately addressed during our visit.

Antimicrobial prescribing audits were not carried out which meant the practice could not demonstrate the dentists were following current guidelines. We have since received evidence to confirm this shortfall has been addressed.

Track record on safety

The practice had a good safety record.

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

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

Lessons learned and improvements

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

There 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

Helping patients to live healthier lives

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

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

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

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

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

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment

options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

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

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

Monitoring care and treatment

The practice kept 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 that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

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

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

Staff told us they discussed training needs at annual appraisals and informal meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. We noted the dentists and hygienists' appraisals were overdue. We have since received evidence to confirm this shortfall has been addressed.

Co-ordinating care and treatment

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

Are services effective?

(for example, treatment is effective)

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

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

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

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

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion

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

Patients commented positively that staff were reassuring, competent and explained treatment options. We saw that staff treated patients in a welcoming but professional way and were friendly towards patients at the reception desk and over the telephone.

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

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

Information folders and thank you cards were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

The practice used a GDPR compliant accident record book and made entries when appropriate but completed pages were not removed to secure storage. We have since received evidence to confirm this shortfall has been addressed.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the requirements under the Equality Act

Interpretation services were available for patients who did not have English as a first language. Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

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

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included photographs, models, X-ray images and an intra-oral camera.

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.

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

Staff told us that they currently had some patients for whom they needed to adjust enable them to receive treatment.

The practice had made reasonable adjustments for disabled patients. This included step free access, a hearing loop and accessible toilet with hand rails and a call bell.

The practice did not have arrangements in place to support patients who experienced sight loss. We have since received evidence to confirm this shortfall has been addressed.

A Disability Access audit had been completed and an action plan formulated in order to continually improve access for patients.

Timely access to services

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

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day.

Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

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

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

Listening and learning from concerns and complaints

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

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

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

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received. Information for patients showed that a complaint would be acknowledged within three days and investigated within ten days.

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

Are services well-led?

Our findings

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care and 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. They understood the challenges and were addressing them.

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

Improvements were needed to ensure the principal dentist and practice manager had the capacity and skills to deliver high-quality, sustainable dental care and treatment

All of the shortfalls we identified have been since been addressed. We wish to note that the practice's clinical audit processes require constant attention to prevent shortfalls happening again in the future.

Vision and strategy

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

Culture

The practice had a culture of high-quality sustainable care.

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

The practice focused on the needs of patients.

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

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

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

Governance and management

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. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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

The practice manager was going through the recruitment process to become the registered manager at the practice.

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, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys, comment cards and verbal comments to obtain patients' views about the service. We were told the practice had not received and negative feedback from patients.

We noted the results of surveys were not made available to patients. This shortfall was addressed during our visit.

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

Are services well-led?

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. As a result of staff feedback, the practice replaced the chairs for the reception staff.

Continuous improvement and innovation

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

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

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

The nursing and administration staff had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. We noted the dentists and hygienists' appraisals were overdue. We have since received evidence to confirm this shortfall has been addressed.

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

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