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Dentality @ Hoddesdon

Inspection Report

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Overall summary

We carried out this announced inspection on 26 September 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

Dentality @ Hoddesdon is in Hoddesdon, Hertfordshire and provides 30% NHS and 70% private dental treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. There are two car parking spaces for blue badge holders, directly outside the practice. Other car parking spaces are available near the practice.

Summary of findings

The dental team includes six dentists, one head dental nurse, one dental nurse, seven trainee dental nurses, one dental therapist, one foundation hygienist, two receptionists, a head receptionist and a practice manager. The practice has five treatment rooms.

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 94 CQC comment cards filled in by patients all wholly positive.

During the inspection we spoke with three dentists, two dental nurses, 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: Monday to Thursday from 9am to 7.30pm, Friday from 9am to 6pm and Saturday from 9am to 2pm. The practice closes between 1pm to 2pm Monday to Friday.

Our key findings were:

- Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received, and of the staff who delivered it.
- Staff knew how to deal with emergencies. We noted the practice was missing some essential medical emergency equipment such as clear face masks. Following the inspection, the practice sent confirmation that these had been replaced.
- Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Patients' care and treatment was provided in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their personal information.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Staff felt supported and valued and told us they enjoyed their work.
- The practice proactively sought feedback from staff and patients, which it acted upon.

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** 
Are services effective?	**No action** 
Are services caring?	**No action** 
Are services responsive to people's needs?	**No action** 
Are services well-led?	**No action** 

Are services safe?

Our findings

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

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

Staff 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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight within dental care records vulnerable patients and patients who required other support such as with mobility or communication.

The provider 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 provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination. Staff gave examples of where concerns had been identified and they had raised these with the provider. We were told they had been listened to and the provider had taken immediate action.

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

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

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

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

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. We noted five yearly fixed wiring testing was overdue with the previous test completed on 23 March 2014. The practice manager provided CQC with confirmation that this had been scheduled. The practice were unable to provide confirmation of the date for the previous air conditioning service. However, we saw confirmation that this had been scheduled for November 2019.

Records showed that fire detection and firefighting equipment were regularly tested and serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file. We noted work to complete the recommendations from the March 2019 full survey report had been scheduled for completion in October 2019.

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

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

The practice had a cone beam computed tomography machine. Staff had received training and appropriate safeguards were in place for patients and staff.

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 regularly to help manage potential risk. The provider had current employer's liability insurance.

Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year, the most recent training had been completed by all the staff on 29 July 2019. We noted the practice undertook scenario practice for medical emergencies and had a resuscitation dummy available for staff to practice on.

Emergency equipment and medicines were mostly available as described in recognised guidance. We noted four sizes of clear facemasks were missing and all the airways were compromised by not being stored in airtight packaging. These were ordered during our inspection. We found staff kept records of their checks of these to make sure these were within their expiry date, and in working order.

A dental nurse worked with the dentists, dental therapist and the dental hygienist when they treated patients in line with General Dental Council (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 provider had an infection prevention and control policy and procedures. This was overseen by the lead nurse. 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. We noted all the nurses undertook decontamination of instruments and each treatment room had a designated autoclave with colour coded instruments specifically for that room. Staff completed infection prevention and control training and received updates as required. We noted the next annual infection prevention and control training had been scheduled for 14 November 2019.

The provider 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. There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff 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.

We saw cleaning schedules for the premises. 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 infection control lead carried out infection prevention and control audits twice a year with interim audits undertaken every three months. A monthly decontamination audit report identified areas of improvement and what action had been taken as a result. These included daily checks for environmental cleaning, the introduction of long handled autoclave brushes and heavy duty gloves for decontamination cleaning and update training for hand hygiene. The latest audits showed the practice was meeting the required standards.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored in a locked container at the front of the building, there was scope to ensure this was secured to the premises. We discussed this with the management team who took immediate action to secure the bin.

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

Are services safe?

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.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines.

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.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

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

Antimicrobial prescribing audits were carried out bi-annually. The most recent audit indicated the dentists were following current guidelines. We noted that guidance on sepsis (a serious complication of an infection) was displayed and staff had a clear understanding of the implications of sepsis and the common signs and symptoms.

Track record on safety, and lessons learned and improvements

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

Where there had been safety incidents we saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

There were systems for reviewing and investigating when things went wrong. We discussed with the practice management team one recent incident which had been widely publicised and were shown evidence to demonstrate that the practice had followed their reporting systems and acted appropriately to improve. The practice learned, shared lessons, identified themes and acted to improve safety in the practice.

There was a system for receiving and acting on safety alerts. Staff 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

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

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 patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in the provision of dental implants which was in accordance with national guidance.

Staff had access to intra-oral cameras to enhance the delivery of care.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. They were also a member of a 'good practice' certification scheme and had been finalists and winners in several dental awards schemes including Best Practice South East 2018 and Best Patient Care South East 2018. The principal dentist had been presented an award in February 2018 for an interactive lecture on posterior dental restoration.

Helping patients to live healthier lives

The practice was providing preventive care and supported 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 patients based on an assessment of the risk of tooth decay.

The dentists/clinicians 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.

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

The dentists 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

Records showed 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

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. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. 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 might 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 may give consent for themselves. 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 the practice audited patients' dental care records to check that the dentists/clinicians recorded the necessary information.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

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.

The practice manager was new in place and confirmed that appraisals were overdue for some staff but provided the schedule for future staff annual appraisals. Staff described how they had previously discussed their training needs at annual appraisals, one to one meetings and during clinical supervision. We saw evidence of some completed appraisals and how the practice addressed the training requirements of staff.

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.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider 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.

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

Are services caring?

Our findings

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

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 fantastic, professional and helpful. We saw that staff treated patients respectfully, appropriately and with dignity and were friendly towards patients at the reception desk and over the telephone. We noted clinical staff came out to the reception area to invite patients into their treatment rooms,reception staff were observed chatting to patients about their family and friends and their well-being. We noted this put several patients at ease before their treatment.

Patients said staff were compassionate and understanding. Patients 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.

TV screens were available in both the reception area and in treatment rooms. These were used to display both oral health information and other information to relax patients when waiting for their appointment.

Information folders, thank you cards and comments were available for patients to read. There was a comments book in reception with patient comments dating back to May 2019. We noted these were wholly positive and very supportive of the practice team. The provider also had two other comments books which were full of positive patient feedback from 2019 dating back to 2015.

Privacy and dignity

Staff 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. If a patient asked for more privacy, staff 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. They stored paper records securely.

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy. However, we noted treatment room doors had clear glass panels to one side of the top half of each door, this meant that patients or visitors to the practice could see into treatment rooms when passing the doors. We discussed this with the practice and were assured that masking would be applied to the lower half of the glass panels to ensure patients' privacy.

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 and Accessible Information Standards. (A requirement to make sure that patients and their carers can access and understand the information they are given):

- The practice were in the process of introducing interpretation services for patients who did not speak or understand English. Several members of staff were multi-lingual with some staff learning other languages
- Staff communicated with patients in a way that they could understand. We noted clinicians left their treatment rooms and came out into the reception area to invite patients through for their treatment. They engaged with patients in friendly and reassuring discussion prior to their treatments.
- Icons on the practice computer system notified staff if patients had specific requirements or a disability.
- Information about the practice, oral health or treatment was available in other formats and languages if required.

Staff 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. A dentist described the conversations they had with patients to

Are services caring?

satisfy themselves they understood their treatment options. Dental records we reviewed showed that treatment options had been discussed with patients. Patients stated in CQC comment cards that staff had given them clear information and answered all their questions.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, videos, X-ray images and intra-oral cameras. The intra-oral cameras enabled photographs to be taken of the tooth being examined or treated and 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

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

Responding to and meeting people's needs.

The practice had a website that gave patients information about its services and the dental clinicians. In addition to general dentistry, the practice offered dental implants and some cosmetic procedures to patients.

Staff were clear on the importance of emotional support needed by patients when delivering care. Staff described examples of patients who found it unsettling or difficult to wait in the waiting room, we were told patients were kept informed of any delays and were offered tea, coffee or water if required. Staff described how they could offer patients the privacy of a separate room and would support them with paperwork if required.

The practice had made reasonable adjustments for patients with disabilities, including level access entry, level access to all treatment rooms, and a fully enabled toilet. There was a portable hearing loop for patients who wore hearing aids and reading glasses available if required. Although the dentists and staff spoke a range of languages between them, we noted that there was no information in relation to translation services for patients who did not speak English, the practice manager told us the practice were in the process of introducing a translation service for patients and would display information when available.

Staff told us that they used text messaging and e-mails to remind patients they had an appointment.

Timely access to services.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. Patients told us that short notice appointments were available and that getting through on the phone was not a problem. Staff told us that emergency appointments were available each day and late night appointments were available on Monday to Thursday from 9am to 7.30pm, Friday from 9am to 6pm and on Saturdays from 9am to 2pm. 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 displayed its opening hours in the premises and included it in their information leaflet and on their website.

When the practice was closed the telephone answer machine referred patients to the emergency on-call arrangements with the NHS 111 out of hour's service.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Listening and learning from concerns and complaints.

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

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

The registered principal dentist and practice manager were responsible for dealing with these. Staff would tell the principal dentist and practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist and practice manager 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 had dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the previous twelve months. Following an incident, the practice had received a number of complaints and were in the process of responding to these on an individual basis. In response to the incident, we noted the provider had held three open days throughout July 2019. These were to provide patients with more information to ensure they were aware of what the current situation was, what action the practice had taken and what would happen next in response to the situation. The practice had minuted these meetings and comments from patients included that they would like to 'thank the practice for addressing the issues and not sweeping it under the carpet.'

Are services responsive to people's needs?

(for example, to feedback?)

We noted minutes of staff meetings where concerns were discussed with staff and training that had been undertaken in response to concerns.

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

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

Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care and demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

The principal dentist and management team 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. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.

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

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 staff focused on the needs of patients. We were told the dentists were learning other languages to support patients who did not speak or understand English.

We saw the provider had systems in place to deal with staff poor performance.

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. The practice demonstrated how it responded to poor performance, we noted in response to an issue identified with one member of staff the practice had taken prompt action which was widely documented.

Staff could raise concerns and were encouraged to do so, and 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 lead nurse and practice manager were 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.

Appropriate and accurate information

Staff 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 provider 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

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

The provider used comment book, social media sites and verbal comments to obtain patients' views about the service. We noted a majority of positive comments on social media which the practice had responded to. In addition, the practice had held open days in response to concerns raised to provide patients with the opportunity to voice and discuss their concerns.

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

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

There had been a large turnover of staff at the practice following a recent incident. The practice manager had

Are services well-led?

been in post one week at the time of our inspection with several other staff also new in post including the trainee nurses. Staff described how the team were bonding and rebuilding after the recent issues. We noted how supportive they were of the provider, CQC comment cards and the three practice comment books we reviewed demonstrated that patients were also supportive. We observed several positive and supportive discussions with patients and the provider.

Continuous improvement and innovation

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

The provider 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 showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The practice held regular lunch and learn sessions and carried out scenario practice for medical emergencies. One receptionist described the support they had received since joining the practice, how they were learning about dentistry and how supportive the principal dentist had been. They described their appraisal and how they had a plan of action for where they wanted to be in two years. We were told they were working with a great team.

The practice manager told us they planned to ensure regular annual appraisals were completed for the whole staff team. Where learning needs, general wellbeing and aims for future professional development would be discussed. We saw evidence of some 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.