

York Dental Care

York Dental Care

Inspection Report

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Overall summary

We carried out a comprehensive inspection at York Dental Care on 12 May 2015.

The practice provides mainly primary dental services to NHS patients (adults and children). In addition a range of private treatments are available. The practice is open Tuesday to Friday between the hours of 9am and 5pm. On Monday the opening hours are 9am to 6pm.

York Dental Care has two dentists one of whom is the registered provider and manager for the service. The registered manager and provider is the person who is registered with the Care Quality Commission (CQC) and who is legally responsible for making sure the practice meets the requirements of the Health and Social Care Act and associated Regulations about how the practice is run.

The two dentists are supported by a registered dental nurse and three trainee dental nurses one of whom is also the receptionist. At the time of our inspection there was one dentist on duty.

We spoke with two patients who used the service on the day of our inspection and reviewed 11 CQC comment cards that had been completed by patients prior to the inspection. The patients we spoke with were very complimentary about the service. They told us they found the staff to be professional and welcoming and felt they were treated with respect. The comments on the CQC comment cards were very positive about the staff, the facilities and services provided. Patients were

particularly complimentary about the extensive upgrading of the ground floor which had recently been undertaken and had improved the waiting and reception area.

During the inspection we toured the premises and spoke with staff. This included the dentist on duty and two trainee dental nurses. To assess the quality of care provided by the practice, we looked at practice policies and protocols and other records.

The provider was providing care which was safe, effective, caring, responsive and well led and the regulations were being met.

Our key findings were as follows:

- There were systems in place for staff to report accidents and incidents. There were sufficient staff on duty to deliver the service. There was enough equipment available for staff to undertake their duties and we saw the premises were maintained to a good standard and clean and tidy.
- Patient's needs were assessed and care was planned and delivered in line with current guidance. We were told that this included the promotion of good oral health. We saw evidence staff had received training appropriate to their roles and training needs were identified and planned through the appraisal process. Staff had been trained to handle emergencies and appropriate medicines were available.

Summary of findings

- The patients we spoke with and all the comment cards we reviewed indicated that patients were consistently treated with kindness and respect by staff. It was reported that communication with patients and their families was very good with clear explanations being given about proposed treatments, benefits, options, risks involved and costs. Patients reported good access to the practice with emergency appointments available the same day.
- The practice actively sought feedback from staff and patients about the service they provided and implemented actions to improve the practice. There was a range of clinical and non-clinical audits to monitor the quality of the service.
- The practice was well led and staff on duty told us they felt supported by the dentists and that they felt involved

and worked as a team. Staff reported that patients were at the heart of the practice. This included the promotion of good oral health. Staff had received training appropriate to their roles and there was an effective appraisal system in place.

There were also areas where the provider could make improvements and should:

- Consider providing all staff with training and guidance in relation to the Mental Capacity Act 2005.
- Ensure all audits are clearly dated and consider carrying out a second cycle of audits to demonstrate improvement.
- Ensure that all policies are clearly dated to show the date of completion and review.

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.

Staff were aware of their responsibilities to raise concerns and report incidents and accidents. There were regular practice meetings that had items on the agenda regarding patient care, appointments, new practices/dental products and equipment that demonstrated the practice was committed to providing a safe service for its patient population. All information about safety was recorded, monitored, appropriately reviewed and addressed. The practice assessed risks to patients and managed these well. There were also safe systems in place for infection prevention and control, management of medical emergencies, both in the dental chair and in the practice in general, and dental radiography. We found that all the equipment used in the dental practice was well maintained

Are services effective?

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

The dentists carried out consultation in line with current guidelines such as those from the National Institute for Health and Care Excellence (NICE). Health education for patients was provided by the dentist and information leaflets were available within the practice waiting area

Are services caring?

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

The patients we spoke with told us they were treated with compassion, dignity and respect and they were involved in all their care and treatment decisions. The CQC comment cards we reviewed all demonstrated that patients and their families felt well supported, treated with dignity and respect and were given good explanations regarding their treatment plans. They said that staff were friendly, polite and courteous. There was sufficient information available for patients to help them understand the dental care available. We observed that staff treated patients with kindness and respect and were aware of the importance of confidentiality

Are services responsive to people's needs?

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

We saw evidence patients had good access to appointments at the practice and those patients with urgent dental needs or in pain were responded to in a timely manner usually on the same day. There were good dental facilities in the practice and sufficient well maintained equipment, to meet the dental needs of their patient population. There was a clear complaints system with evidence that demonstrated the practice had measures in place to respond quickly if an issue was raised. The practice had not received any complaints in the last two years

The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility.

The practice is currently improving its web site to ensure ease of access to accurate information for patients regarding the practice and treatments available. The practice also makes use of social media to further improve communication and the information available for patients.

Are services well-led?

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

Summary of findings

The practice had an ethos of continuing improvement of the service they provided. There was a leadership structure and staff felt supported. The practice had an organised management system and staff met monthly to review aspects of the delivery of dental care and the management of the practice. Relevant information was cascaded at these meetings. There were systems in place to monitor and improve quality and identify. However all audits should be clearly dated and a 2nd cycle of audits carried out to demonstrate improvement. In addition all policies should be clearly dated to show the date of completion and review.

York Dental Care

Detailed findings

Background to this inspection

We carried out an announced inspection on 12 May 2015 and this was carried out by a CQC inspector.

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

We reviewed the information we had about this provider from the previous inspection. The practice informed us they had not received any complaints in the last two years and we saw the current statement of purpose. We also reviewed further information on the day of the inspection.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Learning and improvement from incidents

Staff we spoke with were aware of, and had access to, the incident reporting system. This allowed staff

to report all incidents where patient safety may have been compromised. We saw evidence there were systems and processes in place to manage accidents and incidents if they occurred. This was through policies and procedures, and the incident reporting system. We reviewed the accident record book and saw that there had been no accidents within the last two years. The practice accident policy stated that all accidents would be investigated, reviewed and subsequent action taken to prevent recurrence as appropriate.

Reliable safety systems and processes (including safeguarding)

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

The lead for safeguarding in the practice was the registered provider and manager. Both dentists and the registered dental nurse were trained to the level required relating to vulnerable adults and children and attended annual refresher training. We looked at training records which demonstrated that staff had received relevant role specific training on safeguarding. Staff were aware who the practice's safeguarding lead was and knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew what to do if they encountered safeguarding concerns. Contact details for local authority safeguarding personnel were available and accessible to all staff.

Infection control

During our visit we noted that the practice was clean and well maintained. Recent refurbishment had been

undertaken on the ground floor of the practice (excluding the decontamination room) and we were told by patients that this had significantly improved the entrance, reception and waiting areas. There was not a cleaning plan, schedule or checklist, however we were told how cleaning of the practice was carried out and that action would be taken to introduce a recording system. The registered provider/manager had overall responsibility for decontamination however a dental nurse was the lead for infection prevention and control in the practice. We saw evidence that all staff in the practice had received training in infection prevention and control. However we saw that the lids of the waste bins in the decontamination room were open. These should be maintained in a closed position in between use to reduce the possibility of cross infection. We saw that there were two small areas of damp penetration/blistering of the surface to two of the walls in the decontamination room. We were told that these would be addressed as a matter of urgency in order that all wall areas could be effectively cleaned.

We saw evidence that the practice was meeting the essential quality requirements of Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). HTM01-05 is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination. At the last inspection it was noted that an audit had not been carried out against HTM 01-05. At this inspection we saw evidence the practice had undertaken an Infection Control Audit in January 2015 and that this demonstrated compliance with HTM01-05 standards.

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

When instruments had been sterilised they were pouched and stored until required. All pouches were dated with an

Are services safe?

appropriate expiry date. The dental nurse told us and we saw that the practice operated systems to ensure that the autoclave (equipment used to sterilise instruments) used in the decontamination process was working effectively. We noted that data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were complete. We also looked at the records of six monthly maintenance schedules, ensuring that equipment was maintained to the standards set out in current guidelines.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. The treatment of sharps waste was in accordance with current guidelines. We observed that sharps containers were well maintained and correctly labelled. We saw that the practice had a sharps policy which indicated that staff were protected against contamination by blood borne viruses. The practice used an appropriate contractor for the safe collection and disposal of dental waste from the practice.

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

There were hand washing facilities in each treatment room with liquid soap, hand lotion and hand towels available. Posters were displayed showing the required hand washing technique. Staff had access to good supplies of personal protective equipment (PPE) for patients and staff members. Staff and patients we spoke with confirmed that staff wore protective aprons, gloves and masks during assessment and treatment in accordance with infection control procedures.

Equipment and medicines

We found that all of the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments. There was a method in place that ensured tests of equipment were carried out at the right time and there were records of service histories for

each of the units and equipment tested. Portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process which electrical appliances are routinely checked for safety.

The practice had a recording system for the prescribing and recording of the medicines used in dentistry. These medicines were stored safely for the protection of patients. All prescriptions and the prescription log were stored securely in a safe.

Monitoring health & safety and responding to risks

We were shown a comprehensive file of risk assessments covering clinical health and safety and general health and safety. These were maintained and up to date and highlighted significant hazards, those at risk, existing controls and/or action required. Risk assessments also included those for staff such as for new and expectant mothers.

There was a fire risk assessment that had been reviewed annually. Fire extinguishers were also serviced annually, fire alarms checked regularly and fire drills were held at regular intervals.

The practice had an emergency and business continuity plan in place to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan included arrangements for staffing, records/electronic systems, clinical and environmental events. There were mutual aid arrangements for patients in co-operation with other local practices.

National patient safety alerts were available and there was a safety alert policy in place.

Medical emergencies

There were arrangements in place to deal with foreseeable emergencies. We checked that the practice had the necessary emergency medicines and equipment as listed in the British National Formulary (BNF) and in the Resuscitation Council (UK) guidelines and saw there was a range of suitable equipment available for dealing with medical emergencies should one occur. This included an Automated External Defibrillator (AED), emergency medicines and oxygen. An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.

Are services safe?

The emergency medicines were all in date and securely stored along with emergency oxygen in a central location known to all staff. The expiry dates of medicines and equipment were monitored using a checklist which enabled the staff to replace out of date items and equipment in a timely manner. This demonstrated that the risk to patients during dental procedures was reduced and patients were treated in a safe and secure way. There were staff on duty who were qualified in first aid. Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support.

Staff recruitment

The practice had a range of human resources and practice recruitment and selection policies in place. These included the principles of The Equality Act 2010, Employment Rights Act 1996 and Human Rights Act 1998. These set out the standards it followed when recruiting staff.

No trained staff had been recruited since the last inspection in 2011. The recruitment policy outlined the appropriate recruitment checks that would be undertaken

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

Radiography (X-rays)

One of the dentists was the named radiation protection supervisor. An external company covered the role of radiation protection adviser. The practice had a radiation protection file which we reviewed. This file contained all the necessary documentation pertaining to the maintenance of the x-ray equipment. We saw evidence that audits of X-rays were carried out and that radiological protection rules were on display. A copy of the local rules was displayed with each x-ray set. We also saw a copy of the most recent radiological audit and that this met the criteria of the clinical audit cycle and used to improve clinical dental practice.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patient's needs were assessed and dental care and treatment was planned and delivered in line with their individual treatment plans. We looked at a sample of three computerised dental care records. The records contained details of the condition of the gums and soft tissues lining the mouth. These examinations were carried out at each dental health assessment. Patients were aware of changes in their oral condition following these assessments. Patients' dental recall intervals were determined by the dentist using a risk based approach based on current National Institute for Health and Care Excellence (NICE) guidelines. The recall interval for each patient was set following discussion of these risks with them.

Health promotion & prevention

The practice had a focus on preventative care and supporting people to ensure better oral health. Information and leaflets regarding oral health promotion, general health and treatments were made available at consultations and following discussion with individual patients. A range of visual aids and short videos were available to assist with discussions regarding treatments. Patients said they were given advice appropriate to their individual needs such as smoking cessation.

The practice used a variety of methods for providing patients with information. These included a practice website which is in the process of being upgraded by the end of May 2015. Social media such as facebook and twitter were also used to communicate with and make information available to patients about the practice. There was information displayed in the waiting area regarding costs of treatment.

Staffing

The practice employed one registered dental nurse and three trainee nurses, one of whom will complete their training in September 2015. One of the nurses worked in reception. The practice maintained information about training and professional development to ensure that staff were up to date and this would ensure that patients received high quality care as a result. This included training in safeguarding, cardiopulmonary resuscitation (CPR) and emergency first aid at work.

We reviewed the system in place for recording training that had been attended by staff working within the practice. We also reviewed information about continuing professional development (CPD), current criminal records bureau (CRB) certificates (now known as disclosure and barring service (DBS) checks), current General Dental Council (GDC) registration and immunisation status and found them all to be in order.

The practice used a variety of ways to ensure development and learning was undertaken including face to face, formal and informal group sessions and external courses. The practice maintained records of training that had been attended by staff.

The practice had procedures in place for appraising staff performance and records we reviewed showed that appraisals had taken place and staff confirmed this. However the records did not contain the date of when the most recent appraisal had been undertaken. We were told that this would be remedied immediately. Staff we spoke with said they felt supported and involved in their professional development. They told us that both dentists were supportive and always available for support and guidance.

Working with other services

The practice involved other professionals and therapists in the care of their patients where this was in the best interest of the patient. Patients were referred to other dental and hospital services appropriately. There was a patient referral form which included urgent two week referrals for mouth cancer. There were also for referrals to an orthodontic specialist if required.

Consent to care and treatment

Patients who used the service were given appropriate information and support regarding their dental care and treatment. We spoke with two patients who used the service. They were given clear treatment options which were discussed in an easy to understand language by the dentists. This was also confirmed when we spoke to the dentist. The patients we spoke with also confirmed that they understood and consented to treatment. We saw consent was consistently recorded when we reviewed dental care records. Although we did not see any evidence of formal training of staff in relation to the Mental Capacity Act 2005 (MCA), staff clearly understood the principles of the MCA

Are services effective?

(for example, treatment is effective)

The dentist and nurses we spoke with were aware of how they would manage a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient and carers to ensure that the best interests of the patient were met. Where patients did not have the capacity to consent, the dentist acted in accordance with legal requirements and that vulnerable patients were treated with dignity and respect.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed that staff treated patients with dignity and respect. The patients we spoke with were positive about the care and treatment they had received from the practice. They told us they were given choices and options with respect to their dental treatment in language they could understand. They said they were treated with respect and dignity at all times.

Staff were sensitive to the needs of their patients and there was a focus on reducing anxiety and supporting people to feel comfortable in the surroundings.

We observed that all consultations and treatments were carried out in the privacy of a surgery and that the door was closed during consultations. Conversations taking place in these rooms could not be overheard. Patients we spoke with and those who completed comment cards said that they felt the practice staff were caring and helpful and that they were treated with dignity and respect. A comment on one card commended the way that staff had dealt with a relative who had a learning disability.

A data protection and confidentiality policy was in place. We observed interaction between staff and patients and found that confidentiality was being maintained. We saw that paper and electronic records were maintained securely.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area that gave details of NHS dental charges. We also saw that the practice had a website that included information about dental care and treatments. There was also information and contact details displayed regarding how patients could access emergency dental care if required.

The dentist and dental nursing staff we spoke with confirmed treatment options, risks and benefits were discussed with each patient to ensure the patient understood what treatment was available so they were able to make an informed choice. During appointments the dentist asked questions about each patient's current oral hygiene practice and gave suggestions how this could be improved to prevent oral health problems. Where a patient's carer attended an appointment with the patient, they ensured the carer was involved in the discussion. Patients who had received treatment were given explanations about what to do to minimise any discomfort and prevent problems.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

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

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

Each patient contact with a dentist was recorded in the patient's computerised dental care record. New patients were asked to complete a comprehensive medical history and a dental questionnaire. This questionnaire enabled the practice to gather important information about their previous dental, medical and relevant social history.

The practice ensured that there were arrangements in place to enable patients who needed emergency treatment to be seen each day.

Tackling inequity and promoting equality

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

The practice had made reasonable adjustments to meet the needs of people with disabilities. The building had

access for people in wheelchairs and the waiting area was large enough to accommodate patients with wheelchairs and prams. These arrangements allowed for easy access to the ground floor surgery.

The practice had equal opportunities and disability policies in place.

Access to the service

Information was available to patients about appointments in the practice. Information about how to arrange emergency appointments through the NHS out of hour's emergency dental service was detailed on the practice out of hour's message at weekends (when the practice was closed).

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

- Monday 09.00 – 13.00; 14.00 - 18:00
- Tuesday, Wednesday, Thursday, Friday 09.00 – 13.00; 14.00 - 17:00

Patients could book appointments in person or via the phone.

Concerns & complaints

The practice had a system in place for handling complaints and concerns. Any verbal complaints were handled in the practice by the staff on duty at the time and escalated to the dentists if necessary. The patients we spoke with knew how to raise concerns or make a complaint. Although patients were made aware how to complain, the patients we spoke with never felt the need to complain.

Are services well-led?

Our findings

Leadership, openness and transparency

We saw the practice had a statement of purpose which gave the aims and objectives of the service, types of service provided, details of registered manager, contact details and detail of the location which the services provided for the purposes of carrying on the regulated activity.

The practice statement of purpose indicated the overall ethos of the practice was to provide a friendly and professional service to their patients. The practice aimed to establish an individually-developed personal dental health regime for each patient to meet their dental care needs and aim for a high level of oral health. The practice also ensured all patients were fully involved in any decisions about dental treatment.

We reviewed minutes from practice meetings, which were held monthly. There was an agenda and minutes for the meetings that included updates about policies and updates in clinical practice. Staff we spoke with confirmed this. Staff told us there was an open culture within the practice and they had the opportunity and were confident to raise issues at any time.

We reviewed a number of policies which were in place to support staff. This included a whistleblowing policy. However all policies should be clearly dated to show the date of completion and review.

Governance arrangements

Quality checks were undertaken at the practice in accordance with the practice quality assurance policy. This included checks on health and safety, risk assessments and staffing. The information we reviewed demonstrated the practice was performing at a satisfactory level in these areas. We reviewed information from a recent clinical notes audit. This included checking patient's personal details, medical history, X-rays and whether consent was consistently applied. This audit was undertaken by the registered dental nurse. This highlighted the importance of good record keeping and identified one area where improvement actions were to be taken.

Practice staff were clear about what decisions they were required to make, knew what they were responsible for as well as being clear about the limits of their authority. It was clear who was responsible for making specific decisions,

especially decisions about the provision, safety and adequacy of the dental care provided at the practice and this was aligned to risk. Staff told us they felt valued, well supported and knew who to go to in the practice with any concerns.

We reviewed information on risk assessments covering all aspects of health and safety and clinical governance. These were well maintained and up to date.

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

Patients expressed their views and were involved in making decisions about their care and treatment. The practice used a patient feedback questionnaire to capture information about how the patients viewed the quality of dental care they received. It included sections on the waiting times, communication between staff and patients, staff, premises and comments. We saw that the results obtained showed a high level of satisfaction with the quality of service provided. In April 2015 the practice implemented the 'NHS Family and Friends Test' patient questionnaire and the results will be collated on a monthly basis.

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

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

Management lead through learning and improvement

Staff told us the practice supported them to maintain and develop through training and mentoring. We saw, and staff told us, that annual appraisals took place and were recorded on a one to one form and personal development plan. We saw the records of the most recent appraisals for

Are services well-led?

staff and were told these had been carried out during April 2015. However these forms were not dated at the time of completion and we were told this would be addressed immediately. The one to one form included information about timekeeping, training and other general matters. The personal development plan included a review of objectives, training and development needs, actions required and expected outcomes.

Both dentists and the registered nurse who worked at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent

to work in the United Kingdom. Staff were encouraged and supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

Staff we spoke with told us the practice was very supportive of training and provided them with learning opportunities. The practice offered a range of on-site, hands-on learning and development opportunities for dentists and all other staff. Staff told us that a recent informal learning session had been held about gum disease and new mouthwashes that were available.