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The Bournville Village Dental Practice

Inspection Report

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Date of inspection visit: 3 September 2019
Date of publication: 01/11/2019

Overall summary

We carried out this announced inspection on 3 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

The Bournville Village Dental Practice is in Birmingham and provides private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Public car parking spaces are available near the practice but there are no dedicated spaces for blue badge holders.

Summary of findings

The dental team includes one dentist, two dental nurses (one of whom is also the practice manager), two dental hygienists and one receptionist. There is also an additional dentist who only carries out facial aesthetic procedures at the practice. The practice has four treatment rooms and a separate room for carrying out decontamination.

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 52 CQC comment cards that had been completed by patients. We spoke with one dentist, two dental nurses (one of whom is the practice manager) and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open between 9am and 5.30pm from Monday to Friday.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available with the exception of clear face masks.
- The practice had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures. Improvements were needed to ensure the availability of complete immunisation records for all clinical staff members and the completion of essential pre-employment checks.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Implement an effective system for recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Take action to ensure all clinicians are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.
- Improve the practice's arrangements for ensuring good governance and leadership are sustained in the longer term.

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)

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. Safeguarding contact details were displayed in the reception area. 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 vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

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 practice had a whistleblowing policy. It included both internal and external contact details for reporting any concerns. Staff felt confident they could raise concerns without fear of recrimination.

The dentist mostly used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. There were instances where the dental dam was not used, such as refusal by the patient. The dentist described methods they used to protect the airway but the reason for not using dental dam was not documented in the dental care record. We saw dental dam kits and these were free of latex. The dentist told us they would use dental dams for all cases involving root canal treatment with immediate effect.

The practice had a recruitment policy to help them employ suitable staff. This was undated and did not include any details about obtaining Disclosure and Barring Service (DBS) checks for staff. The practice manager told us this policy was implemented in 2017 when they began to use a specific compliance system at that time.

We reviewed six staff recruitment records and we found they mostly reflected current legislation. However, one staff member did not have a DBS check and none of the staff had references or other evidence of previous satisfactory employment recorded on their files. We also found that the practice did not have written risk assessments for staff where they did not hold recent DBS checks. We saw evidence of photographic identity, registration certificates and indemnity insurance certificates for all staff. Only one staff member had been recruited in the previous seven years as the staff were mostly longstanding. Within two working days, the provider sent us an amended recruitment policy which included all the relevant information. We were also told that the provider had applied for DBS checks for all staff members after our visit.

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

Staff ensured that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. Evidence of gas safety checks and portable appliance tests were present. The provider was not aware of the requirement for a 5 yearly electrical safety certificate and told us they were making arrangements for this to be completed. Within two working days of our visit, we were sent evidence that this had been booked for the week after our visit.

Records showed that fire detection and firefighting equipment were regularly serviced. Staff told us that the smoke detectors, fire exits and extinguishers were checked weekly but this was not logged. A brief fire risk assessment had been recently completed by the provider but they had contacted an external specialist company to perform a comprehensive assessment and carry out fire safety training with staff. We saw evidence that this had been booked for 5 September 2019 and 27 September 2019 respectively. There were fire action plans and fire exit signage throughout the practice.

Are services safe?

Within two working days, we received a comprehensive log sheet that would be used to document all fire safety checks – the entries were separated into checks that were required weekly, monthly, 6-monthly and annually.

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

There was evidence that the provider had completed continuing professional development in respect of dental radiography for 2019 but they had not completed this in previous years.

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 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 but was limited in scope. It only identified risks in relation to the use of needles and did not include other instruments such as matrix bands, scalpels and scissors. Information about this was added to their risk assessment promptly.

We reviewed staff vaccination records and found that the provider had a limited system in place to check clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We saw evidence that most staff had received the vaccination and the effectiveness of the vaccination had been checked. However, records were incomplete for some clinical staff. We saw that action had been taken before our visit as the provider had contacted their occupational health team for further advice and booster doses where appropriate.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance with the exception of three sizes of face mask. Staff checked these to make sure these were available, within their expiry date, and in working order. However, these checks were inconsistently documented. Within two working days, the provider sent us evidence of a log sheet of all medicines and items of emergency equipment and the necessary weekly checks that would need to be performed. One medicine was refrigerated which was in line with the manufacturer's instructions. Staff monitored the fridge temperature but did not consistently log it. The log sheet did not include details of the fridge temperature to ensure the temperature remained within the recommended parameters.

Staff took immediate action and ordered a new face mask. They did have difficulty sourcing all three face masks as their supplier did not stock all three sizes. They informed us they would take action to source the other two face masks as soon as possible.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. However, the dental hygienists worked without chairside support. A dental nurse would carry out sterilisation procedures for the hygienists'' instruments. A risk assessment was in place for when the dental hygienists worked without chairside support. Staff informed us they were in the process of recruiting one more dental nurse. Once the recruitment process was complete, this would provide sufficient staff numbers for full chairside support.

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.

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

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in

Are services safe?

primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The 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 noted some minor damage to one treatment room but the provider explained they planned to refurbish this room in 2020. We noted that all treatment rooms were clean, tidy and uncluttered.

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. Staff had not completed training in the prevention of Legionella. Two staff members completed this training the day after our visit.

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 clinical waste bin was locked but was not secured to the wall. Staff took prompt action and we were sent a photograph which showed that it had been secured to the wall.

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

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at 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. However, the labels for the medicines did not include the practice name and address, which is mandatory.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

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

Antimicrobial prescribing audits were carried out annually. The most recent audit demonstrated the dentists were following current guidelines.

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 them 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 adverse safety events. We reviewed one event from 2016 and saw that the incident had been investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

There was a limited system for receiving and acting on safety alerts. we saw evidence that the provider had registered to receive safety alerts. however, they had not

Are services safe?

received some relevant alerts through this method. Within 48 hours of our visit, the provider informed us they had registered with an additional service to ensure they would receive all relevant alerts.

The dentist was not aware of the toolkit for Local Safety Standards for Invasive Procedures. They downloaded this information for reference promptly once we brought it to their attention.

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.

Helping patients to live healthier lives

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

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

The 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 some 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 dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

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. The patients' records could be more detailed around the options, risks and benefits of treatment. However, the practice did have consent forms with details of the procedure, risks, benefits and alternative options for items of treatment such as fillings, extractions and crowns. 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. Capacity assessment forms were also available. The team understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. Some staff members were unaware of Gillick competence guidance and its implications when treating young people. This was discussed in a practice meeting one day after our visit.

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 clinicians recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the practice manager was a qualified dental nurse.

We saw a structured induction programme for any staff new to the practice. Staff had not been recruited in the past few years and the provider assured us that all new staff members would be required to complete this induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Are services effective?

(for example, treatment is effective)

The dental nurses and receptionist discussed their training needs at annual appraisals. We saw evidence of 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 dentist 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 lovely, exceptional and professional. We saw that staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Most of the staff were longstanding members of the team and told us they had built strong professional relationships with the patients over the years. Many patients had visited this practice for decades and some travelled long distances to receive dental treatment there.

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

Thank you cards were available for patients to read.

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 limited 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.

The X-ray room had a computer screen which potentially could breach confidentiality if staff did not lock the screen and exit the patient's records once the X-ray(s) had been taken. Staff told us they would ensure that the screen was locked with immediate effect.

Staff protected patients' electronic care records with a password and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the requirements under the Equality Act. We saw:

- Interpreter services were not available for patients who did not speak or understand English. Staff told us they had not encountered any patients for whom language was a barrier. Within two working days, the provider sent us evidence of an interpreter service based locally that they would access if needed.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available upon request.

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. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included models, X-ray images and images within booklets and software.

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 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.

Staff shared examples of how the practice met the needs of more vulnerable members of society such as patients with dental phobia and people living with dementia.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. These included step free access and reading glasses in three different prescription strengths. There were no toilet facilities for wheelchair users. A hearing induction loop was not available but staff were able to communicate by writing information down and/or lip reading. Staff ordered a hearing induction loop immediately once we brought it to their attention.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

The practice sent appointment reminders via SMS to all patients that had consented.

Timely access to services

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

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting. It had been identified by the practice that appointments do occasionally run behind schedule.

Reception staff informed patients immediately if there were any delays beyond their scheduled appointment time.

The provider offered an emergency on-call arrangement to their patients and details were available on the practice answerphone.

The practice's 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.

Listening and learning from concerns and complaints

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

The provider had a policy providing guidance to staff on how to handle a complaint.

The provider was responsible for dealing with these. Staff would tell the provider about any formal or informal comments or concerns straight away so patients received a quick response. Written and verbal comments from patients were logged.

The provider aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was not available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. This was added to the complaints policy promptly once we brought it to the attention of staff and this was displayed in the waiting room for patients.

We looked at comments, compliments and complaints the practice received in the previous 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

We found the provider had the capacity and skills to deliver high-quality, sustainable care. The provider demonstrated that they had the experience, capacity and skills to deliver the practice strategy and address most of the risks to it. The practice acted quickly and effectively to address a number of shortfalls identified in our inspection. This demonstrated to us that they were committed to improving their service.

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.

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

Patients praised staff saying that they were excellent, professional and provided treatment of the highest standard.

Vision and strategy

The practice aims and objectives were to ensure that patients and staff were happy and to provide the service in a safe environment.

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. Staff ensured that patients were comfortable throughout their visit.

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. One example included the practice's response when staff incorrectly booked the wrong appointment time for a patient. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed by the practice owner.

The practice was small and friendly and had built up a loyal and established patient base over the years. Staff told us it felt like a family with full involvement and respect.

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.

We saw there were clear and effective processes for managing risks, issues and performance.

Practice meetings for all staff were held once every few months where learning was disseminated.

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.

Are services well-led?

The provider used comment cards, verbal comments, patient surveys, the practice website and social media to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. Examples included the addition of handles on the staircase and front door to assist with mobility.

The provider gathered feedback from staff through meetings, annual surveys and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. One example included being involved in the design of new treatment rooms at the practice.

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 showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. One example included the recent delegation of practice management duties to the dental nurse.

The dental nurses and the receptionist 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. Within 48 hours of our visit, we received copies of the appraisals for the provider and both hygienists. We were told that all staff would be appraised at the practice from herein.

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.