Attwall and Sadhra Dentists

# Attwall and Sadhra Dentists AKA Castle Donington Dental Care

## Inspection Report

8 Borough Street
Castle Donington
Derby
DE74 2LA
Tel:01332 810233
Website:www.castledoningtondental.co.uk

Date of inspection visit: 14 August 2019
Date of publication: 27/09/2019

## Overall summary

We carried out this announced inspection on 14 August 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**

# Summary of findings

The practice is in Castle Donington, a small market town in Leicestershire. It provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs by using an entrance at the rear of the premises. Public car parking spaces are available on the road outside the practice. There are also free parking spaces available in car parks within close proximity to the practice.

The dental team includes six dentists, three dental nurses, one trainee dental nurse, two receptionists and a practice manager. The practice has three treatment rooms; one is on the ground floor.

The practice is registered as a partnership. At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the delivery of services for which the practice is registered. One of the principal dentists has made an application to undertake the role.

On the day of inspection, we collected 41 CQC comment cards filled in by patients.

During the inspection we spoke with three dentists, three dental nurses (including the trainee dental nurse), two receptionists and the practice manager. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday and Thursday from 9am to 7pm, Tuesday, Wednesday and Friday from 9am to 5pm.

**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 exception of some sizes of oropharyngeal airways, a child size self-inflating bag with reservoir, clear face masks for self-inflating bag (only one adult size held) and a child oxygen face mask with reservoir and tubing. An order was placed for missing items the day after our inspection.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures, although they had not implemented a recruitment policy at the time of our inspection.
- The clinical staff provided patients' care and treatment in line with current guidelines. We also found examples where guidance was not followed, for example, the use of rubber dam and basic periodontal examination (BPE). We were informed that processes were being strengthened after our inspection.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- The provider had effective leadership and 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 dentists are aware of the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment .
- Take action to ensure the clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records.
- Take action to ensure the clinicians carry out patient assessments and ensure they are in compliance with current legislation and take into account relevant nationally recognised evidence-based guidance.

# 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 systems to keep patients safe; we also noted some areas for review.

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. One of the principal dentists was the lead for safeguarding.

We saw evidence that staff received safeguarding training. Safeguarding was also subject to discussion in practice meetings, we noted it was discussed in October 2018. Discussion included topics such as female genital mutilation. 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. Pop up notes could be added to patients' records.

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

We found that not all of the dentists used rubber dams which was not in line with guidance from the British Endodontic Society when providing root canal treatment. Other measures were used such as cotton wool and suction. We were not assured that this would provide adequate airway protection.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. The plan included details of another practice that patients could be referred to in the event of the premises becoming un-useable.

The provider did not have a recruitment policy to help them employ suitable staff, but they had checks in place for permanent staff working in the practice and agency staff. The checks undertaken reflected the relevant legislation. We looked at four staff recruitment records. These showed the provider followed legislative requirements. Following our visit, we were sent a newly implemented recruitment policy.

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 and gas appliances.

Records showed that fire detection and firefighting equipment were regularly tested and serviced. We saw records dated within the previous 12 months.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. We noted that digital X-ray sensors were scratched, and this required review.

The practice had the required information held in their radiation protection file. The practice would benefit from nominating an additional radiation protection supervisor (RPS) to ensure that sufficient cover was always in place.

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.

**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.

We looked at the practice's arrangements for safe dental care and treatment. The dentists used traditional needles rather than a safer sharps system. There were safeguards available for those who handled needles. A sharps risk assessment had been completed. This included a provision that dental nurses were not to handle used needles.

# Are services safe?

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. Where staff immunity was not yet known, for example, the trainee dental nurse, a risk assessment had been completed.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Training last took place in May 2019.

Emergency medicines were available as described in recognised guidance. We noted some items of equipment that were not held in the kit. For example, size 0 and 1 oropharyngeal airways, child size self-inflating bag with reservoir, clear face masks for self-inflating bag (only one adult size held) and a child oxygen face mask with reservoir and tubing. We also found incorrect size syringes for midazolam and adrenaline. We were sent order details for missing items after our inspection.

Staff kept records of their checks of medicines and equipment held to ensure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

There were suitable numbers of dental instruments available for the clinical staff. We found that the practice may benefit from an audit of its instruments as we noted that some contained signs of wear.

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

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

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care.

We found that surgery worktops were damaged and required sealing in two of the clinical treatment rooms.

Staff completed infection prevention and control training and received updates as required. The nominated lead for infection control had not undertaken additional training in their lead role.

The provider had mostly suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. We saw that instruments were not rinsed when manual cleaning was undertaken.

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

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 dated November 2017. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

The practice utilised an external contractor to maintain the general areas of the practice. 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 provider carried out infection prevention and control audits twice a year. We looked at an audit completed in June 2019. This showed the practice was meeting the required standards. Spot checks in surgeries were also undertaken.

**Information to deliver safe care and treatment**

Staff had most of the information they needed to deliver safe care and treatment to patients. Staff had not discussed sepsis management and a written protocol was not in place to prevent a wrong tooth extraction based on the Locssips (Local Safety Standard for Invasive Procedures) tool kit.

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

# Are services safe?

findings and noted that individual records were written and managed in a way that kept patients safe. We noted an exception when rubber dams had not been used, patients' records had not included detailed information regarding this.

Dental care records we saw were 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 records of NHS prescriptions as described in current guidance. We found that systems required review regarding the monitoring of individual prescription numbers, as current processes would not identify if a prescription was taken inappropriately. We were sent information after the day that showed monitoring arrangements had been put in place.

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

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

**Track record on safety and Lessons learned and improvements**

The practice had processes to record and investigate accidents when they occurred. We looked at accident reports completed since December 2018 to date. One related to a sharps injury involving a staff member. We saw that preventative action was taken in the form of refresher training to prevent such an occurrence in the future.

The practice had a policy for reporting untoward incidents and significant events and staff showed awareness of the type of incident they would report to managers. We looked at incident records dated within the previous 12 months. These showed they were investigated, and necessary action taken. Incidents were subject to discussion in practice meetings held.

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.

We received very positive comments from patients about treatment received. Patients described the treatment they received as excellent, exemplary and undertaken with care. One patient told us they had been attending the practice for many years and would not go anywhere else.

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

We noted some exceptions in relation to guidance not always followed. For example, guidance regarding basic periodontal examination (BPE) from the British Society of Periodontology and guidance from the British Endodontic Society when rubber dam was not routinely used. Following our inspection, we were informed of action being taken to address the issues identified.

**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 patients based on an assessment of the risk of tooth decay.

One patient told us that their dentist was proactive in promoting healthy teeth as well as treatment of existing issues.

The dentists 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 in supporting patients to live healthier lives. For example, smoking cessation. They directed patients to their local GP for further advice.

Two of the dentists we spoke with told us that they undertook basic periodontal examinations for young people from the age of 16 to 18 and not the age of seven, as recommended in guidance.

We did not see evidence of pocket probing depth charts where required, in a small sample of patients' records that we looked at in respect of one of the dentists and another dentist showed us a historical case example dated in 2012, but not after this time.

**Consent to care and treatment**

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

The practice team told us they understood the importance of obtaining patients' consent to treatment. We found that reception staff knowledge regarding whom was able to provide valid consent could be improved. For example, if a child presented with a temporary guardian or other family member.

The dentists told us they gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We found that further detail could be included regarding treatment options in the sample of records we looked at and we noted when verbal consent had been obtained, this was not always stated.

Patients confirmed their dentist listened to them and gave them clear information about their treatment. One patient said that everything was explained to them and information put to them, and others stated they always had the correct care and treatment provided.

The practice's consent policy included information about the Mental Capacity Act 2005. The dentists understood their responsibilities under the Act when treating adults who might not be able to make informed decisions. We saw practice meeting minutes that included training for staff in the Mental Capacity Act. This included video based training. We found that other staff may benefit from holding further discussions regarding the application of the Act.

The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for

# Are services effective?

## (for example, treatment is effective)

themselves. Dentists were aware of the need to consider this when treating young people under 16 years of age. A member of reception staff was not clear regarding Gillick competence, but we were told that a dentist would be consulted if a situation arose.

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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. We found there was scope to improve some of the detail recorded by two of the dentists. For example, risk assessment for caries, oral cancer, tooth wear and periodontal condition. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw the practice audited patients' dental care records.

**Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. For example, one of the dentists had completed an implant course and the practice were planning to offer this as a new service to patients who may benefit. Two of the dental nurses had undertaken radiography training. The trainee dental nurse was supported by one of the dental nurses and the practice manager, who was also qualified as a dental nurse.

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.

Staff discussed their training needs at annual appraisals and during one to one meetings. 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 dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The provider 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 had arrangements for monitoring of referrals.

# 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 caring, efficient and courteous. One patient told us that staff had gone out of their way to arrange appointments to suit their needs. Another patient stated they felt safe.

We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were understanding. Patients could choose whether they saw a male or female dentist when they first attended the practice.

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

An information folder was available in the waiting area for patients to read. This included information on policies including consent, complaints, health and safety and safeguarding.

A water machine was provided for patient use as well as a selection of magazines and some children's toys.

We looked at feedback left on the NHS Choices website. The practice had received five stars out of five stars based on one patient experience. The review referred to the patient's anxiety and how effectively this was managed by staff.

**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 the two waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff could 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.

**Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and were aware of the

Equality Act. We saw:

- Interpretation services were available for patients who did not speak or understand English. We were informed that the service had been used.
- Staff told us they communicated with patients in a way that they could understand, and easy read materials could be obtained, 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 satisfy themselves they understood their treatment options.

The practice's website 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, using the computer screen, X-ray images, verbal, pictorial and written information. These were shown to the patient/relative to help them better understand the diagnosis and treatment. Clinical staff asked patients to repeat information back to them and invited them to ask any questions.

# 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. We were provided with examples of how the practice met the needs of patients with a dental phobia and one with a learning disability. Longer appointment times were allocated to patients with additional requirements.

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. Patients with mobility problems had access to a ground floor treatment room.

The practice was in a listed building; this impacted on modifications that could be made.

The practice had made most reasonable adjustments for patients with disabilities. These included step free access by entering the premises at the rear of the building. They had a magnifying glass and large size pen for patient use at the reception desk. The practice did not have a hearing loop. There was a patient toilet, but this was on the first floor of the premises, so was unsuitable for those who used wheelchairs.

A disability access audit had been completed to continually improve access for patients.

Staff contacted patients in advance of their appointments, based on their preference, to remind them to attend.

**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. Time was set aside on a daily basis to enable dentists to respond to patient emergencies.

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 unduly waiting. We noted patient feedback in three CQC comment cards that referred to appointments that had run beyond schedule.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. NHS patients were advised to contact NHS 111 and private patients had access to contact one of the partners who would respond to their urgent needs.

Patients confirmed they could make routine and emergency appointments easily.

**Listening and learning from concerns and complaints**

The 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 displayed information to patients that explained how to make a complaint.

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

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

We looked at comments, compliments and complaints the practice received within 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.

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the management of services for which the practice is registered. One of the principal dentists had made an application to undertake the role.

**Leadership capacity and capability**

We found that leaders had the capacity and skills to deliver high-quality, sustainable care. The dentists, who were supported by the wider team demonstrated they had the experience, capacity and skills to deliver the practice strategy and address most of the risks to it. We identified areas for improvement in aspects of dental record keeping and ensuring that national guidance was followed. The partners demonstrated a responsive approach in addressing the issues raised.

The leaders were knowledgeable about issues and priorities relating to the quality and future of services.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them and others to make sure they prioritised inclusive leadership.

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

**Vision and strategy**

There was a vision and set of values. The practice's statement of purpose included the promotion of good oral health amongst their patients ensuring their understanding and involvement. They aimed to provide high quality exams and treatment procedures where required.

**Culture**

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

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

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, an incident involving the X-ray arm resulted in a detailed investigation and preventative measures put in place to minimise the risk of a further incident occurring.

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, 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. Staff were assigned with lead areas of responsibility, for example in infection control, first aid, safeguarding and whistleblowing.

The partners 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 processes for managing risks, issues and performance.

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

The provider used patient surveys, written and verbal feedback to obtain staff and patients' views about the service.

# Are services well-led?

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 and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

**Continuous improvement and innovation**

There were systems and processes for learning and continuous improvement.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, antimicrobial, disability access and infection prevention and control. They had records of the results of audits, although we noted that an X-ray audit undertaken in April 2019 could be strengthened to ensure outcomes were clearly evident.

Staff employed by the practice 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.

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.