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Timperley Village Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 17 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

Timperley Village Dental Practice is in Timperley, Cheshire and provides NHS and private treatment for adults and children.

The premises are accessed by a set of stairs and is therefore not accessible to wheelchair users. A small car park which includes spaces for blue badge holders is provided and additional on-street parking is available.

Summary of findings

The dental team includes five dentists (including one locum dentist), six dental nurses (two of which are trainees), one dental hygienist, two dental hygiene therapists, two receptionists and a practice manager. The practice has four treatment rooms. The practice also hosts a chiropody service.

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 32 CQC comment cards filled in by patients. These provided a positive view of the dental team and care provided by the practice.

During the inspection we spoke with two dentists, three dental nurses, a dental hygiene therapist, receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday: 8:30am to 5:30pm

Friday 8:30am to 1pm

Our key findings were:

- The premises had been renovated to a high standard. The practice appeared clean, tidy 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.
- The provider 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 thorough staff recruitment procedures.
- The clinical staff provided and documented 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 supporting patients to ensure better oral health.
- 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:

- Implement an effective system for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.
- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Are services safe?

Our findings

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

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

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had a safeguarding policy, procedures, flowcharts and toolkits to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. We discussed the requirement to notify the CQC of any safeguarding referrals where the concerns occurred on the premises, as staff were not aware.

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 vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation. Information was provided to staff about child sexual exploitation.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination. We highlighted with the principal dentist how local contacts could also be included and discussed with staff to allow early resolution of any concerns.

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

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

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at staff recruitment records. These showed the provider followed their recruitment procedure. We noted that agency and locum staff received an induction to ensure that they were familiar with the practice's procedures.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had appropriate 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.

A fire risk assessment was carried out in line with the Regulatory Reform (Fire Safety) Order 2005 requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Records showed that fire detection and firefighting equipment were regularly tested and serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file.

We 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 staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken but we noted this focused on the safety of needles. We discussed the need to review procedures for all sharp

Are services safe?

items. Staff confirmed that only the dentists were permitted to assemble, re-sheath and dispose of needles and dental matrices where necessary to minimise the risk of inoculation injuries to staff. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries. The principal dentist told us that this would be reviewed and risk assessed more thoroughly.

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. We noted that evidence of the effectiveness of the vaccination was not in place for three clinical members of staff. The provider assured us that immunity would be checked for these staff. Risk assessments were in place for them and a known non-responder to prevent accidental exposure.

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

Emergency equipment and medicines were available as described in recognised guidance. We noted that the practice did not have oropharyngeal airways. These were ordered during the inspection. Staff kept records of monthly checks of these to make sure these were available, within their expiry date, and in working order. We highlighted that checks of the emergency kit should be carried out weekly.

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

The provider had comprehensive risk assessments to minimise the risk that can be caused from substances that are hazardous to health. These were reviewed annually.

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. Staff completed infection prevention and control training and received updates as required.

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 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.

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

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water temperature and quality testing and dental unit water line management were in place. Staff followed processes to clean the reverse osmosis (RO) water supply. RO is a water purification process that uses a partially permeable membrane to remove ions, unwanted molecules and larger particles from drinking water.

We saw cleaning schedules for the premises. The practice was visibly clean and tidy when we inspected. Patients also commented on the high standards of cleanliness and hygiene they observed.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The infection control lead carried out infection prevention and control audits twice a year. 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 dentists 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

Are services safe?

managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

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

Safe and appropriate use of medicines

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

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

We saw staff stored and kept records of NHS prescriptions as described in current guidance. Staff were not aware of the process to follow if they identified any missing prescriptions. We signposted them to guidance on the management and control of prescription forms from the NHS Counter Fraud Authority. The provider confirmed this would be reviewed and discussed with staff.

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

Track record on safety and Lessons learned and improvements

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

Staff were clear on the importance of reporting incidents and untoward occurrences, and the methods to report these. Where there had been safety incidents we saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned, and shared lessons identified themes and acted to improve safety in the practice.

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required. The practice manager showed us a range of recent relevant alerts received and reviewed by the practice. We noted that they had not received an alert in July 2019 relating to adrenaline autoinjectors which were included in the medical emergency kit. Checks identified that all three of these devices were affected by the alert. We discussed this with the provider who had sufficient supplies of adrenaline available for use.

We highlighted alternative ways to ensure they received all relevant patient and medicine safety alerts. The principal dentist confirmed they would review these routinely and act on any relevant alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. The dentists held monthly clinical meetings where they discussed the results of audits, clinical cases and scenarios.

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.

The dentists/clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. They directed patients to local stop smoking services when necessary.

Staff participated in national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, the Greater Manchester Healthy Living Dentistry (HLD) project. This project is focused on improving the health and wellbeing of the local population by helping to reduce health inequalities. The practice made a commitment to deliver the health promotion lifestyle campaigns, such as stop smoking, alcohol awareness and diet together with oral screening and oral health assessments including fluoride varnish. Staff had received

training to deliver the programme effectively. They created eye-catching displays about sugar content in foods, obesity and smoking. Staff had attended a local festival to provide oral health advice to members of the public.

The dentists and dental hygiene therapist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved co-ordinating care, providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in-patient records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

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

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

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

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

Are services effective?

(for example, treatment is effective)

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, a dental nurse had undertaken additional skills training to apply fluoride varnish and another was completing an oral health education course.

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 informally, at annual appraisals and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. The practice was involved in training programmes for prospective dental nurses. Evidence of the support and supervision provided to trainees was apparent on the inspection day.

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 practice monitored referrals through an electronic referral and tracking system to make sure they were dealt with promptly.

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

Patients described how staff made them feel comfortable and were compassionate, understanding and kind when they were in pain, distress or discomfort. Staff booked longer appointments where necessary to allow extra time to put them at ease. Patients could choose whether they saw a male or female dentist.

Practice and oral health information, price lists, magazines and patient survey results were available for patients to read. The practice used social media and produced a quarterly newsletter for patients. A welcome video had been made and was available on social media to introduce new patients to the services and facilities available.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

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

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

A CCTV system was in operation and appropriate signs were displayed to notify people of this. A CCTV policy and data protection impact assessment had been completed in line with the General Data Protection Regulation (GDPR) requirements.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the principals of the Accessible Information Standard and the requirements under the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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 dentists 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 dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, study models and X-ray images of the tooth being examined or treated and shown to the patient or relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences. The premises had undergone major renovation to improve facilities for patients and staff. Patients commented positively on the improvements made by the provider.

Staff were clear on the importance of emotional support needed by patients when delivering care.

The dentists conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, patient notes were flagged if they were unable to access the first-floor surgeries or if they required a translator. We were told that staff assisted some patients with the outside stairs if necessary.

Staff had completed dementia awareness training and the practice was dementia friendly. Signs in contrasting colours were displayed in the practice, using contrasting colours helps people with dementia differentiate between different objects.

The practice had been awarded gold level accreditation in Pride in Practice. Staff had received training to enable them to better meet the needs of the LGBTQ+ community by understanding how to provide appropriate services to LGBTQ+ people, and confidence building with staff around terminology and appropriate language.

The premises prevented the provider from being able to make the practice accessible to wheelchair users. They had made reasonable adjustments for patients with disabilities in line with a disability access audit. These included a

hearing loop, the use of electronic tablets which allowed documents to be made larger and grab rails at the front entrance. Additional grab rails had been installed in response to feedback from patients.

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 in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients could choose to receive text message, email or telephone call reminders for forthcoming appointments. Patients who requested urgent advice or care were offered an appointment 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.

The staff took part in an emergency on-call arrangement with some other local practices for patients on a private payment plan and had information for NHS patients about out of hour's services.

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

Listening and learning from concerns and complaints

The 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 practice information leaflet explained how to make a complaint.

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

Are services responsive to people's needs?

(for example, to feedback?)

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

We looked at comments, compliments and complaints the practice received in the last 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 principal dentist had the capacity and skills to deliver high-quality, sustainable care. They demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

The principal dentist was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

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

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

Vision and strategy

The practice strategy was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population and participated in national and local oral health improvement programmes.

Culture

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

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

The staff focused on the needs of patients.

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

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

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service with support from staff who were assigned lead roles. 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. A clinical governance package was in place to facilitate this. For example, self-assessment checklists were completed and calendar alerts used to remind staff of tasks and when processes for due for review.

We saw there were clear and effective processes for identifying and 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, the public, staff and external partners to support high-quality sustainable services.

The provider used patient surveys, online reviews and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, additional grab rails.

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. Recent results showed that 100% of patients who responded would recommend it to family and friends.

Are services well-led?

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

Continuous improvement and innovation

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

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

The principal dentist showed a commitment to learning and improvement and valued the contributions made to

the team by individual members of staff. The practice celebrated when excellent patient feedback was received and recognised individual staff members' contribution to this. Staff told us they were rewarded in response to positive reviews and feedback from patients.

The dental nurses 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. The practice funded online training resources for staff.