Lavenham Dental Practice Limited

Lavenham Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 4 June 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

Lavenham Dental Practice is in Lavenham, Suffolk and provides private treatment to adults and children.

Lavenham Dental Practice is accessed by two steps from the street level and provides dental services on the first floor of the practice. There is a single flight of stairs and this floor is not accessible for people who use wheelchairs and those with pushchairs. There is a local car park facility and parking spaces in the street.

Summary of findings

The dental team includes one dentist, one dental nurse, a dental hygienist and the practice manager who is also a dental nurse/receptionist. The practice has one treatment room.

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 42 CQC comment cards filled in by patients and spoke with five other patients.

During the inspection we spoke with the dentist, the dental nurse 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 from 8am to 6pm

Tuesday from 8am to 6pm

Wednesday from 8am to 6pm

Thursday from 8.30am to 4.30pm

Friday from 8am to 1pm

Our key findings were:

- Patients received their care and treatment from well-supported staff, who enjoyed their work.
- The practice staff had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. The practice was missing some essential medical emergency equipment such as some clear face masks and an automated external defibrillator (AED). The practice had a minimum supply of adrenaline and the expiry date of one medicine had not been shortened to reflect the shorter shelf life due to storage conditions. Following the inspection, the practice manager confirmed that additional adrenaline had been ordered and the missing clear face masks had been ordered.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- Not all staff recruitment procedures were in place.
- Members of the dental team were up-to-date with their continuing professional development and were supported to meet the requirements of their professional registration.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice had effective leadership and a culture of continuous audit and improvement.

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

- Review the availability of an automated external defibrillator (AED), in the practice to manage medical emergencies, taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council, and undertake a risk assessment if a decision is made not to have an AED on site.
- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice. In addition, review the practice's protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Review the practice's systems for environmental cleaning taking into account the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Review the practice's current performance review systems and have an effective process established for the on-going assessment and supervision of all staff.

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

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed some recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

Some emergency equipment and medicines were available. The practice was missing some essential medical emergency equipment such as some clear face masks. In addition, the practice had minimum supply of adrenaline. Following the inspection, the practice manager confirmed that additional adrenaline had been ordered and the missing medical emergency equipment had been ordered.

The expiry date had not been amended on the glucagon stored at room temperature to reflect the shorter shelf life when stored in this way. We discussed this with the practice manager who confirmed this would be rectified.

The practice did not have an automated external defibrillator(AED) on site.

Are services effective?

No action

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as an excellent service, very professional and very caring. The dentist discussed treatment with patients, so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

Are services caring?

No action

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

We received feedback about the practice from 47 people. Patients were positive about all aspects of the service the practice provided. They told us staff were simply the best dentist I have ever had, brilliant in all ways, extremely caring, conscientious and thoughtful.

Summary of findings

They said that they were given clear explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

No action

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. Staff told us they supported some patients with limited mobility to access the first-floor treatment room. Staff ensured patients were aware of the limited access to the practice when they first contacted the practice and where necessary staff referred patients to a sister or alternative practice for treatment. However, a disability access audit had not been completed in order to continually assess and improve access for patients.

The practice took patients views seriously. They valued compliments from patients.

Are services well-led?

No action

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided.

The principal dentist worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff spoke highly of the dentist, telling us they were approachable and responsive to their ideas. Although the staff team was small, it was clear they worked and communicated well together.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. We found staff had an open approach to their work and shared a commitment to improving the service they provided. Where required staff took immediate action to address some of the minor issues we had identified during our inspection, demonstrating their commitment to providing a good service

Are services safe?

Our findings

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. 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 practice manager understood the formal reporting pathways required following serious untoward incidents as detailed in the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

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

The dentist told us they always used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice. The practice worked with the sister practice in Needham Market to ensure continuity of service, they also liaised with another local practice where required.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the practice did not fully follow their recruitment procedure. References were not on file for the new dental nurse and the hygienist. The principal dentist told us they had worked with the hygienist previously but there was nothing recorded in the staff records to confirm this. There was no photographic identification for any member of staff. We discussed these points with the practice manager who confirmed they would review their procedures. We noted that disclosure and barring checks had been undertaken and clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice 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 equipment, such as smoke were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentist justified, graded and reported on the radiographs they took. The practice 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 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 and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We noted there were no records in place for one member of staff to confirm their immunity. We discussed this with the practice manager who confirmed this would be checked.

Are services safe?

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year, although they did not undertake regular medical emergency simulations to keep their knowledge and skills up to date.

Some emergency equipment and medicines were available. The practice was missing some essential medical emergency equipment such as some clear face masks. In addition, the practice had minimum supply of adrenaline, a medicine used in emergencies to treat very serious allergic reactions to insect stings/bites, foods, drugs, or other substances. We discussed these issues with the principal dentist and practice manager. Following the inspection, the practice manager confirmed that additional adrenaline had been ordered and the missing medical emergency equipment had been ordered.

The practice did not have an automated external defibrillator(AED) on site. This is a portable electronic device that automatically diagnoses the life-threatening cardiac arrhythmias of ventricular fibrillation and pulseless ventricular tachycardia. We were told there was a community AED available to the practice which was positioned across the street, in addition a branch GP surgery was in the same street. However, there was no risk assessment in place to assess the risks of not having an AED available at the practice. Following discussion with the principal dentist they confirmed they would be reviewing their policy on this.

A dental nurse worked with the dentist and the dental hygienist when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. We noted that all areas of the practice were visibly clean, including the waiting area, toilet and reception area. We checked the treatment room and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. We noted that mops head were stored touching one another, which compromised good infection control. There were no systems in place to ensure the fabric chairs in the waiting room were regularly cleaned. We discussed these points with the practice team who confirmed they would review their procedures.

The practice 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 (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice 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.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. However, the practice had not undertaken sentinel temperature testing, there was no nominated lead for legionella and neither the principal dentist or practice manager had undertaken legionella training.

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

The practice 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 accurate, complete, and legible and were kept securely and complied with General Data Protection Regulation (GDPR) protection requirements.

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

Are services safe?

Safe and appropriate use of medicines

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

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

The expiry date had not been amended on the glucagon stored at room temperature to reflect the shorter shelf life when stored in this way. We discussed this with the principal dentist who confirmed following the inspection that the Glucagon would be replaced and stored with the emergency kit with a reduced shelf life recorded.

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 dentist was following current guidelines.

Track record on safety and Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it 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 safety incidents.

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. The practice learned from external safety events as well as patient and medicine safety alerts. Staff described working within a small team and regular huddles each day to discuss any complaints, complex procedures or patients with special needs.

Are services effective?

(for example, treatment is effective)

Our findings

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 the dentist assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Dental care records we reviewed clearly detailed patients' assessments and treatments.

We received 42 comments cards that had been completed by patients prior to our inspection and spoke with another five patients during our visit. All the comments reflected high patient satisfaction with the results of their treatment and their overall experience of it. One patient stated, 'I am listened to and the dentist will tackle dental problems with success. I have to travel here and it is worth the journey'. Another commented, 'Everything has always been explained clearly and handled efficiently'. Other comments described the dentist's assessment and review of other health issues identified and where required referred to other health services for further treatment.

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

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 dentist told us they 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 dentist told us that where applicable they 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.

The practice was aware of national oral health campaigns and local schemes available 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 outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition.

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

The practice 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 dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. 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 policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age. Responsibilities under the act when treating adults who may not be able to make informed decisions.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. The practice had processes in place to establish and confirm parental/legal responsibility when seeking consent for children and young people.

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 dentist assessed patients' treatment needs in line with recognised guidance.

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

Effective staffing

The practice manager told us staff new to the practice had a period of induction, however this was informal and had not been documented for the new dental nurse. When we

Are services effective?

(for example, treatment is effective)

discussed this with the practice manager they told us the dental nurse was very experienced when they joined them. There was no evidence that any induction had covered protocols specific to the practice such as infection control, medical emergencies, radiation, fire and clinical arrangements.

Annual appraisals had not been undertaken. The practice manager told us they were a very small team and until they had recently employed a dental nurse any discussion had been informal and not recorded. We were told they often discussed learning needs, general wellbeing and aims for future professional development with the dentist and were always supported to further extend their learning and training. We saw evidence of a recently completed appraisal for the new dental nurse.

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

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.

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

The practice also had systems and processes 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.

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

Are services caring?

Our findings

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 professional and efficient. We saw that staff treated patients respectfully, kindly and were friendly towards patients at the reception desk and over the telephone. One patient told us they felt they were given a service that was tailor made for their needs, another described how the practice were very quick to see them when the crown on their tooth needed repairing. One CQC comment card stated that the dentist had taken care and treatment at the practice to a new level.

Patients said staff were compassionate and understanding and were kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

The practice did not have a separate waiting room, so the reception area was not particularly private. However, staff did not leave patients' personal information where other patients might see it and the reception computer screen was not overlooked.

Staff told us that if a patient asked for more privacy they would take them into another room.

All consultations were carried out in the privacy of the treatment room and we noted that the door was closed during procedures. Patients' paper notes were stored in locked, fire proof filing cabinets.

Involving people in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. 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 and social media pages 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 photographs, leaflets, models, websites, X-ray images and an intra-oral camera. The intra-oral camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

In addition to general dentistry the dentist also provided a hygienist service.

The practice offered its own payment plan to help patients spread the cost of their dental treatment.

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

There was no induction loop available for patients with hearing aids, and no translation facilities for patients who did not speak English, although staff told us there had been no demand for these facilities. The dentist was fluent in both Russian and German, however there was no information available for patients to advise them of this.

The practice had made reasonable adjustments for patients with disabilities. Although there was no accessible toilet facility, and the treatment room was on the first floor. We noted there were grip rails by the front door and yellow hazard tape to highlight steep steps. Due to the listed status of the building exterior and the limited layout inside, access for patients who used a wheelchair was restricted. Staff told us they supported some patients with limited mobility to access the first-floor treatment room. Staff ensured patients were aware of the limited access to the practice when they first contacted the practice and where necessary staff referred patients to a sister or alternative practice for treatment. However, a disability access audit had not been completed in order to continually assess and improve access for patients.

Three patients we spoke with described how particularly nervous they were when visiting the dentist and how the practice team and dentist had continually supported them and made adjustments to enable them to receive treatment.

Timely access to services

Patients were able to 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.

Patients told us they were satisfied with the appointments system and said that getting through on the phone was easy.

Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

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

The practice had a policy providing guidance to staff on how to handle a complaint. Information was available for patients in the reception area which explained how to make a complaint.

It was not possible for us to assess how the practice managed patient complaints as none had been received since the provider had taken over the service.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had overall responsibility for the management and clinical leadership of the practice. They were supported by the practice manager who took on a number of administrative and managerial tasks. It was clear they worked closely together and were committed to delivering a high standard patient care.

Culture

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. The practice had a culture of high-quality sustainable care. The practice manager told us they had worked with the practice for over ten years. They enjoyed their work and felt valued and supported by the dentist. They felt involved in the development of the practice and stated they were actively consulted about any changes. This became apparent during our observations where the practice manager maintained a local knowledge of the practice population and gave clear examples on the needs of patients and their families. We observed the reception staff entering general conversations with patients whilst they were waiting to see the dentist. Patients consistently commented that the dentist listened to them and they enjoyed talking with them and the practice manager.

Many patients told us that they were happy with the care and treatment received and that they would highly recommend this practice.

The principal dentist worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff spoke highly of the dentist, telling us they were approachable and responsive to their ideas. Although the staff team was small, it was clear they worked and communicated well together.

Governance and management

There were clear and effective processes for managing risks, issues and performance. The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. Where required staff took immediate action to address some of the minor issues we had identified during our inspection, demonstrating their commitment to providing a good service.

Appropriate and accurate information

The practice 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 practice 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

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

The practice used verbal comments and social media sites to obtain patients' views about the service. We noted that all the reviews posted on these sites were wholly positive. In addition, the feedback we received from patients during the inspection was very positive. The practice manager told us they were in the process of creating a patient survey.

The practice team were very small and feedback was gathered through frequent daily huddles and informal discussion. The practice had recently begun to minute their discussions and we saw minutes of a recent team meeting. 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 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.

Are services well-led?

Annual appraisals had not been undertaken. The practice manager told us they were a very small team and until they had recently employed a dental nurse any discussion had been informal and not recorded. We were told they often discussed learning needs, general well-being and aims for future professional development with the dentist and were always supported to further extend their learning and training. We saw evidence of a recent completed appraisal for the newly recruited dental nurse.

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.