

BJS Dental Care

Parkview Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 14 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

Parkview Dental Practice is in the city of Leicester and provides mostly NHS as well as some private treatment to adults and children.

Services provided included general dentistry.

There is level access for people who use wheelchairs and those with pushchairs with use of a portable ramp. There are some car parking spaces on the driveway in front of the premises. There is also public car parking available on the street within close proximity to the practice.

The dental team includes three dentists, one dental nurse, one trainee dental nurse, one dental hygienist and one receptionist. The practice has one treatment room which is on the ground floor.

Summary of findings

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Parkview Dental Practice is one of the practice partners.

On the day of inspection, we collected 24 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, the trainee dental nurse and a receptionist. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

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

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- We found that results from water temperature testing for legionella required further investigation.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing 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:

- Review the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. In particular ensuring intra-oral X-ray machines are fitted with rectangular collimators to reduce the radiation exposure.
- Review the practice's arrangements for legionella, taking appropriate action in relation to water temperature test results.
- Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

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 people and knew how to recognise the signs of abuse and how to report concerns.

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

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

We found that results from water temperature testing for legionella required further investigation as temperatures did not always exceed 50C.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, excellent and completed with a high standard of care. The dentists discussed treatment with patients, so they could give informed consent and recorded this in their records.

The practice was participating in the 'Healthy Teeth, Happy Smiles' early intervention programme, an initiative led by Leicester City Council. The scheme's aims involved improving the oral health of children and adults in Leicester, and the reduction of tooth decay and associated health issues.

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

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

No action



Are services caring?

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

We received feedback about the practice from 24 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, responsive and efficient.

No action



Summary of findings

They said that they were given helpful, detailed and honest explanations about dental treatment and said their dentist listened to them. Patients commented that staff made them feel at ease.

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?

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 most patients' different needs. This included providing facilities for patients with a disability and families with children. The patient toilet facility may not be suitable for wheelchair users due to its size. A magnifying glass was held at the reception desk. The practice did not have a hearing loop, but we were informed that there were plans to purchase one.

The practice had access to telephone interpreter services.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

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

The practice was led by an individual prior to May 2019. At the time of our inspection, they had entered into a partnership with one other partner, who was nominated as the registered manager.

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. There was a clearly defined management structure and staff felt supported and appreciated.

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. This included asking for and listening to the views of patients and staff.

No action



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 had a system to highlight vulnerable patients on records e.g. safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication. A note could be included in patients' clinical records.

The practice had a whistleblowing policy. This included contact details of an external organisation for reporting concerns. Staff felt confident they could raise concerns without fear of reprimand.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. The practice could refer patients to their other practice in Leicester in the event of the premises becoming unusable.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the practice followed their recruitment procedure.

We noted that 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 appliances.

Records showed that fire detection equipment, such as smoke detectors were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. We saw records dated within the previous 12 months.

The practice had suitable arrangements to ensure the safety of the X-ray equipment, although we noted that a rectangular collimator had not been fitted on the X-ray unit. The practice had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits 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 dentists chose to use either traditional needles or a safer sharps system. Those who used traditional needles had access to a safeguard when handling the sharps. A risk assessment had been completed, although this did not include a list of specific sharps items that were used within the practice.

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.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Training was last completed in October 2018.

Are services safe?

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their regular checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists 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.

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

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. We looked in the dental treatment room and saw that certain items such as cotton wool rolls and local anaesthetic cartridges were not stored appropriately.

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 last undertaken in November 2018.

Records of water testing were held. We noted that temperatures recorded had not always exceeded 50C and that further investigation was required. Dental unit water line management was in place.

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 practice carried out infection prevention and control audits twice a year. The latest audit in January 2019 showed the practice was meeting the required standards.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate referrals in line with practice protocols and current guidance. We noted that referrals were not formally tracked.

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.

The practice stored NHS prescriptions as described in current guidance. We noted that individual prescriptions were not monitored therefore there was no process in place to identify if one was taken inappropriately. The provider told us they would take action to improve their process.

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

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

Track record on safety and Lessons learned and improvements

The practice had a positive safety record. There were comprehensive risk assessments in relation to safety issues.

Are services safe?

The practice had processes to record and investigate accidents when they occurred. We looked at an accident report dated in October 2018. We saw that proportionate action was taken following a staff member slipping.

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 management. We

looked at incident records dated within the previous 12 months. We saw that appropriate action was taken following the incidents and learning points shared amongst staff, when relevant.

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. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice provided care and treatment to a diverse range of the local population. For example, families and students who attended a nearby university. These included patients of different ethnicities.

Patients described in CQC comment cards the treatment they received as professional, excellent and completed with a high standard of care. Some of the comment cards made reference to patients having attended the practice for many years.

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

Helping patients to live healthier lives

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

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

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. They signposted patients for further help such as smoking cessation support. The practice provided health promotion information to help patients with their oral health.

The practice was participating in the 'Healthy Teeth, Happy Smiles' early intervention programme, an initiative led by Leicester City Council. The aim of the scheme is improving the oral health of children and adults in Leicester, and the reduction of tooth decay and associated health issues.

Their commitment to the initiative included the provision of health promotional material. This included information on the 'Smile4Life Initiative'. This programme is intended to complement existing local NHS England and local

authority led initiatives to improve oral health. The practice offered items such as free cups in exchange for babies' bottles and free toothbrushes and toothpaste to those identified as requiring help.

The practice had also built effective relationships within the local community. For example, visits had been made to schools and a temple; a stall was held to promote oral health during Diwali celebrations in the city.

One of the partners had attended a regional health visitor meeting and had established contacts with local pharmacies and GP practices to ensure effective sign posting to the practice for children with higher dental care needs. They told us that they valued being part of the community.

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

Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice. A dental hygienist was working within the practice; if required, referrals to them were made.

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 dentists 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 team understood their responsibilities under the Act when treating adults who may 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. The staff were aware of the need to consider this when treating young people under 16 years of age.

Are services effective?

(for example, treatment is effective)

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

Monitoring care and treatment

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

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, one member of the team was nominated as the oral health champion. They had also completed a leadership training programme. A trainee dental nurse was working in the practice and they told us they received full support in undertaking their role.

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 practice 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.

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 caring, responsive and efficient. They told us they felt 'welcomed and valued'. 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 compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. One patient told us that they were 'seen promptly' when they had urgent needs.

There was a television in the waiting area and information for patients was displayed on a noticeboard.

We looked at feedback left on the NHS Choices website. We noted that the practice had received five out of five stars overall based on patient experience on two occasions. One review included reference to a first-class professional service provided to a patient who was nervous, and another reviewer stated that a difficult procedure was undertaken swiftly and painlessly.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity. We were given examples of how privacy and dignity were provided to patients. For example, soundproofing of the treatment room and how staff took care in not mentioning patients' details in earshot of other patients in the premises.

The layout of reception and the waiting area provided limited privacy when reception staff were dealing with

patients. If a patient asked for more privacy, staff told us they would take them to a private area. The reception computer screen was 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 be involved in decisions about their care and were aware of the

requirements under the Equality Act and Accessible Information Standards. (A requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not use English as a first language. Staff also spoke other languages such as Punjabi which may assist patients.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read /large print materials were available, if required.

The practice 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. One patient told us that their dentist 'explained everything in plain English' and another said that they received 'regular constructive advice'.

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

The practice's information leaflet provided patients with information about treatment available at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 individuals with specific needs, such as longer appointment times allocated if required. Appointment times were also offered to suit individual patient needs such as earlier in the day for elderly patients.

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

The practice currently had a small number of patients for whom they needed to make adjustments to enable them to receive treatment. Patients with mobility problems had access to the treatment room which was on ground floor level.

The practice had made some reasonable adjustments for patients with disabilities. These included step free access with use of a portable ramp and a magnifying glass at the reception desk. There was a patient toilet, although this may not be suitable for wheelchair users due to the size of the facility. The practice did not have a hearing loop installed. One of the partners told us that they were intending to purchase a loop.

Timely access to services

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

The practice information leaflet stated that early and late appointments were available for patients who would benefit from these and invited them to make contact with the practice. Staff noted school holiday dates in the dentists' diaries, so appointments could be freely allocated for school age children.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent

appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments appeared to run smoothly on the day of the inspection and patients were not kept unduly waiting. We noted that the next available routine appointment was within two working days.

The practice's information leaflet and 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 call NHS 111 and private patients were given a separate telephone number to call.

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. The practice information leaflet explained how to make a complaint.

One of the practice partners was responsible for dealing with complaints. Staff told us they would tell the partners about any formal or informal comments or concerns straight away to enable patients to receive a quick response.

The partners aimed to settle complaints in-house and invited patients to speak with them to discuss any issues or concerns. Information was available about organisations patients could contact if not satisfied with the way the practice 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, where appropriate, to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The practice was led by an individual prior to May 2019. At the time of our inspection, they had entered into a partnership with one other partner, who had become nominated as the registered manager.

We found leaders had the capacity and skills to deliver high-quality, sustainable care. Leaders, supported by the team, demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

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

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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

Vision and strategy

There was a clear vision and set of values.

The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

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 trainee dental nurse told us that the leaders were extremely supportive and continually encouraged them in the progression of their career and to fulfil their aspirations.

The practice focused on the needs of patients.

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

Openness, honesty and transparency were demonstrated when responding to incidents and complaints.

For example, an incident recorded involved a patient information data breach. We saw that robust action was taken to ensure that the incident could not be repeated, and lessons learned were shared with staff.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

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

Governance and management

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

The registered manager had overall responsibility for the management and clinical leadership of the practice. The partners were 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.

There were clear and effective processes for managing risks, issues and performance.

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

The practice used patient surveys to obtain their views about the service. We looked at patient survey results

Are services well-led?

collated in December 2018; 27 patients had submitted feedback about the service. We noted 100% levels of patient satisfaction in relation to the overall service provided.

We saw examples of suggestions from patients the practice had acted on. For example, refurbishment of the reception area.

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 practice 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. For example, more training on specific topics and changes made to patient ring and remind services.

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, antimicrobial and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The partners showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development.

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.