

Earls Barton Dental Limited

TG's Dental Suite - Earls Barton

Inspection Report

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Overall summary

We carried out this announced inspection on 10 December 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 Care Quality Commission, (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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

TG's Dental Suite – Earls Barton is in a village in Northamptonshire. It provides mostly private dental care and has an NHS contract to provide treatment for children. Services include general dentistry and dental implants. It is one of four dental practices run by the provider.

Summary of findings

There is no level access to the practice for people who use wheelchairs and those with pushchairs.

Car parking spaces are available on the street, close to the premises.

The dental team includes two dentists, four dental nurses, two dental hygienists, one receptionist and a trainee practice manager. The practice has three treatment rooms, one on ground floor level.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC 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 TG's Dental Suite – Earls Barton is the principal dentist.

On the day of inspection, we collected 20 CQC comment cards filled in by patients.

During the inspection we spoke with the practice owner, two dentists, three dental nurses, one dental hygienist, the receptionist and the practice manager. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday, Tuesday and Wednesday from 9am to 5pm, Thursday from 9am to 7.45pm and Friday from 9am to 12.30pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. We found that some of the appropriate medicines and life-saving equipment were available on the day but noted exceptions. Missing items were ordered immediately after our visit.

- The provider had systems to help them manage most risks to patients and staff. We noted some areas for review such as ensuring all staff complete training in sepsis management and strengthening processes for incident reporting.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had systems in place to deal with complaints.
- The provider had information governance arrangements.

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

- Implement an effective system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Take action to ensure the clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records.
- Improve and develop staff awareness of Gillick competency guidelines and ensure all staff are aware of their responsibilities in relation to this.

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 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 lead for safeguarding was the trainee practice manager.

The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that most staff had received safeguarding training. We were sent copies of certificates for four staff members following our inspection.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

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 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 provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. We noted that a foaming solution was used when undertaking manual cleaning; this presented a potential risk of sharps injury. We also noted that wire brushes were used in the process which could result in surface abrasion to the instruments. The practice manager told us after the inspection that they were seeking alternative solutions.

The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for

the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately. The staff had systems in place to ensure that patient-specific dental appliances were 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 in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

The practice utilised a cleaner to maintain the general areas of the premises. We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

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

The provider carried out infection prevention and control audits annually and not twice a year as recommended in guidance. The latest audit showed the practice was meeting the required standards. The trainee practice manager assured us that these would be completed every six months in the future.

The provider had a whistleblowing policy. This included contact details for external organisations for reporting concerns. Staff felt confident they could raise concerns without fear of recrimination.

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

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 four staff recruitment records. These showed the provider followed their recruitment procedure. All staff, including contracted staff, were supplied with a handbook that included policies and HR information when they started working for the practice.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Are services safe?

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We saw records dated within the previous 12 months to our inspection.

A fire risk assessment dated January 2019 had been carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

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

We saw evidence 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 in respect of dental radiography.

Risks to patients

The provider had implemented 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 the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken, although we noted it required some update. Following our visit, we were sent a copy of the newly reviewed assessment. This referred to the safer sharp and disposable matrix band systems used.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus. We found that the effectiveness of the vaccination was checked for most staff. We noted an exception in relation to one of the dental nurses. Whilst a risk assessment had not been undertaken, this was completed immediately after our visit and a copy sent to us.

We noted that staff had not completed sepsis awareness training. This would enhance staff knowledge in relation to

the recognition, diagnosis and early management of sepsis if a patient affected presented at the practice. The practice contacted us after our inspection and informed us that training had been scheduled for all staff.

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

We found that some emergency equipment and medicines were available as described in recognised guidance. However, there was an insufficient quantity of adrenaline available, no portable suction and only one size of clear face mask was held for the adult self-inflating bag. Following our visit, we were sent order confirmation details for the missing items we had identified on the day of our visit.

We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

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

The provider had risk assessments to minimise the risk that could be caused from substances that were hazardous to health. We noted an exception in relation to the cleaning products used within the premises; these were required to be completed and made accessible to the cleaner when they were working. We were assured that these additional assessments would be completed.

The practice occasionally used locum and/or agency staff. We observed that these staff received an induction to ensure they were familiar with the practice's procedures.

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 dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were legible, kept securely and complied with General Data Protection Regulation requirements.

Are services safe?

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

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

There was a 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.

Not all the dentists were aware of current guidance with regards to prescribing medicines. We were assured that a peer review would take place amongst clinicians to ensure that they were all aware of latest guidelines.

Track record on safety, and lessons learned and improvements

The provider had some systems for reviewing and investigating when things went wrong. The practice did not have a formalised policy or procedure framework in place to guide them to report, investigate and respond to incidents. We looked at documentation regarding an accident that had occurred in August 2019. Our discussions held with staff demonstrated that the incident had been investigated. We noted there was lack of documentation to show that issues were always discussed amongst the whole staff team or to record any learning outcomes.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

We received positive comments from patients about treatment received. Patients described the treatment they received as 'very thorough', 'professional' and that they had 'confidence' in clinicians.

The practice had some systems to keep dental professionals up to date with current evidence-based practice. We saw 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 practice offered dental implants. These were placed by one of the dentists at the practice who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

Staff were aware of national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to their own GP when appropriate.

Staff told us about local initiatives undertaken to help promote oral health care in the community. For example, children who attended a nearby nursery visited the practice, so they could be familiarised with the environment. They met with staff and were provided with a goody bag to take away.

Two dental hygienists worked in the practice; when required referrals were made. The clinicians described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with 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.

We noted that staff had different levels of understanding in relation to the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after.

The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We noted that this was not always recorded in sufficient detail in a small sample of patients' record we looked at.

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 in certain circumstances. Whilst staff we spoke with showed awareness of the principle, we found from one discussion held that this would not always be applied in practice.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. One patient told us that their 'view on treatment is always sought and acted on and questions or points raised are responded to satisfactorily.'

Are services effective?

(for example, treatment is effective)

Monitoring care and treatment

The practice kept adequate dental care records containing information about the patients' current dental needs, past treatment and medical histories. We noted that risk assessment for caries, oral cancer, tooth wear and periodontal disease were not always recorded in a small sample of patients' records that we looked at however.

The dentists assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements, if required.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the trainee practice manager was

undertaking a formal leadership qualification; they as well as another dental nurse, had completed radiography training. One of the dentists was skilled to provide dental implants to those patients who would benefit.

Staff new to the practice including locum or agency staff had a structured induction programme. 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 dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

We found 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', 'courteous' and 'helpful'.

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

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. One patient told us 'if an urgent appointment is required, the receptionist always gets an appointment arranged as soon as possible'. Another patient said, 'it's reassuring to know you are being cared for by people who care'.

There was a patient comments and suggestion box, a television screen that displayed information about treatments available and health information, an information board, magazines, colouring and pens to occupy patients and their children, and a water machine available in the waiting area.

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 area provided limited privacy when reception staff were dealing with patients. There was a notice in the waiting area that informed patients that if they wanted to discuss any sensitive issues, a private room would be made available.

The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it. Clini-pads

were provided to patients for use in completing their information. Staff told us how they tried to ensure patient confidentiality when speaking with patients, including over the telephone.

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the requirements of the Equality Act.

We saw:

- Interpreter services were available for patients who did not speak or understand English. There were multi-lingual staff that might also be able to support them.
- Staff told us they communicated with patients in a way they could understand, and communication aids were available. Staff told us that new patients were always asked about any mobility problems.
- A note was placed on patients' records to highlight any requirements.

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. One patient told us that appointments were 'very thorough with lots of time and options to discuss treatment.'

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

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, study models and X-ray images. These were 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

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. For example, we were told that a child with autism would be booked an appointment at a less busy time of the day, this meant they were more likely to be seen quickly. Longer appointments were booked for patients if they would benefit.

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

20 cards were completed, giving a patient response rate of 40%

98% of views expressed by patients were positive. Common themes within the positive feedback were the friendliness and professionalism of staff, efficient treatment received and the clean and hygienic environment.

2% less favourable feedback referred to treatment being rushed and appointments did not always start on time.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. A member of staff provided us with an example of how they met an elderly patient at the bottom of the steps outside the premises and helped them into the practice.

Access to the premises was by step access only. The pathway outside was owned by the local council and it was

not possible to make modifications to this to create step free access. Staff told us they directed patients who used wheelchairs and those with pushchairs to another practice owned by the provider in Higham Ferrers.

The practice had a hearing loop and reading glasses at the reception desk. A patient toilet facility was available on the first floor.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients, where this was possible.

Staff contacted patients two days prior to their booked appointment to remind them to attend. Contact made included text message, email or telephone call based on patients' preference.

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 who requested an urgent appointment were offered an appointment the same day. On the day of our inspection, we saw an example whereby a patient requesting an emergency appointment was allocated one on the same day.

Most patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept unduly waiting.

The staff took part in an emergency on-call arrangement with some other local practices for their private patients. NHS patients were directed to NHS 111 and Bupa in Wellingborough that were open from 8am to 8pm daily.

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 closed. Patients confirmed they could make routine and emergency appointments easily.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

Staff told us 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 about how to handle a complaint. Information was displayed on a notice board in the reception area that explained how to make a complaint.

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

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

The practice had not had any complaints within the previous 12 months. We looked at comments, compliments and one historic complaint the practice received in 2017.

This showed the practice responded to concerns appropriately.

Are services well-led?

Our findings

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

The provider demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions. The information and evidence presented during the inspection process was clear and well documented. They could show how they sustain high-quality sustainable services and demonstrate improvements over time.

Leadership capacity and capability

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care. The trainee practice manager was new to the role. We saw they had been completing appropriate training. They told us they also received ongoing support from the principal dentist.

The provider had ongoing plans to make improvements to the premises. This included new sinks in surgeries. One of the surgeries was being updated with antibacterial paint and this was planned for all surgeries as well as the decontamination room.

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

Leaders at all levels were visible and approachable. Staff told us they worked closely with them 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.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the 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.

Staff discussed their training needs at regular appraisals for directly employed staff and one to one meetings. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The systems and processes for incident reporting required some review as documentation made available to us did not support that these were always identified, fully investigated and discussed amongst the team for learning purposes. This meant it was difficult for the practice to show how openness, honesty and transparency were always demonstrated.

The provider was aware of 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.

During our visit, staff made us aware of their involvement in the local community. This included donations made to a local foodbank to help those most in need.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist was the registered manager and had overall responsibility for the management and clinical leadership of the practice. The trainee practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included most policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We viewed a section of practice meeting minutes and noted that these were undertaken regularly and involved all staff.

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

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Are services well-led?

Quality and operational information, for example, NHS BSA performance information, surveys and audits were 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

The provider used patient surveys, comment cards and encouraged verbal comments to obtain staff and patients' views about the service.

We saw examples of suggestions from staff the practice had acted on. For example, more support was provided to staff within the reception area.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

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

Continuous improvement and innovation

The provider had systems and processes for learning and continuous improvement.

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

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The provider sought views from staff in relation to their morale.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.