Portman Healthcare Limited

Portman Healthcare - Courtrai House

Inspection Report

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Overall summary

We carried out this announced inspection on 16 January 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

Portman Healthcare – Courtrai House is in Henley on Thames and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs via a ramp at the front of the

Summary of findings

practice. Car parking spaces, including space for blue badge holders, are available near the practice. We noted bays for disabled patients parking spaces were not marked.

The dental team includes five dentists, one orthodontist, one oral surgeon, four nurses, one decontamination assistant, three dental hygienists, two receptionists, one treatment coordinator and a practice manager from another practice who is supporting the practice while the provider recruits a practice manager. The practice has four treatment rooms.

The practice is owned by a company 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.

At the time of the inspection the practice did not have a registered manager in post. We were advised the provider is in the process of recruiting a manager.

On the day of our inspection we collected eight CQC comment cards filled in by patients and obtained the views of 15 other patients.

During the inspection we spoke with two dentists, a hygienist, decontamination assistant treatment coordinator, nurse, receptionist, the caretaker practice manager and compliance facilitator. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday, and Wednesday 8am to 8pm, Tuesday, Thursday and Friday 8am to 5pm and alternate Saturdays 9am to 1pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk but improvements were required.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures but improvements were required.
- 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.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice did not have effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively but records were not effectively maintained.
- The practice had suitable information governance arrangements.
- Improvements were required to many areas of the practice.

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

- Review the practice's 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.
- Review the practice's current performance review systems and have an effective process established for the on-going assessment and supervision of all staff.
- Review the practice's responsibilities to take into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010. Namely the availability of a hearing loop for hearing aid wearers.
- Review the practice's protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development.

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.

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

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

Are services effective?

No action

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 superb and gentle. The dentists 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 management of clinical audits was not effective. We have since received evidence to confirm his shortfall has been addressed.

Improvements were needed to the management of staff training.

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 23 people. Patients were positive about all aspects of the service the practice provided. They told us staff were professional, welcoming and friendly.

They said that they were made to feel at ease and were involved in decisions about their 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.

Summary of findings

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with sight loss. We noted the charge for language interpreting services was passed onto the patient. We have since been provided evidence to confirm this charge has been removed.

The practice did not have a hearing loop available to support patients who wore hearing aids.

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

Are services well-led?

No action

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

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

The practice generally 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.

It was apparent that the lack of effective governance management by the previous management at Courtrai House had resulted in many shortfalls. Improvements were required to the management of staff recruitment and training, clinical audits, risk assessment action plan completion, sedation, management of significant and notifiable events and frequency of audits of emergency medicines. Following our visit, the provider supplied us with a comprehensive action plan which they have been working through. As a result, most of the shortfalls identified have since been addressed.

Are services safe?

Our findings

Safety systems and processes including staff recruitment, Equipment & 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 to confirm that 15 of 20 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. We noted that contact details for external safeguarding bodies was missing from the policy available to staff in the staff room. We have since received evidence which confirms this shortfall has been addressed.

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

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 had a staff 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. Records missing included full employment history, health assessment and reason for leaving previous employment for one member of staff. Health assessment and reason for leaving for a second member of staff and one reference missing for a third. We have since received evidence which confirms this shortfall has been addressed.

These showed the practice did not 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 and gas appliances.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. A fire drill had not been carried out. Not all actions from the fire risk assessment had been carried out. We have since received evidence which confirms this shortfall has been addressed.

Staff had not received fire safety training in the previous 12 months.

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

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits but did not document learning points which meant any resulting improvements could not be demonstrated. We have since received evidence which confirms this shortfall has been addressed.

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 up to date and reviewed regularly to help manage potential risk. Not all actions from the health and safety risk assessment had been carried out. We have since received evidence which confirms this shortfall has been addressed.

Are services safe?

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.

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.

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

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We noted the emergency medicines and equipment was stored in a secluded area of the practice. We have since received evidence which confirms this shortfall has been addressed.

Records examined showed medicines were checked monthly when this should be weekly. We have since received evidence which confirms this shortfall has been addressed.

A dental nurse worked with the dentists. A risk assessment was in place for when the dental hygienist worked without chairside support.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. We noted COSHH products were not stored securely in the stock cupboard, kitchen and cleaner's cupboard. We have since received evidence which confirms this shortfall has been addressed.

The practice occasionally used agency staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures. Induction record templates were not specific to agency staff. We have since received evidence which confirms this shortfall has been addressed.

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. We saw evidence to confirm that 15 of 20 staff received infection control training.

The practice had suitable procedures for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. We noted used instruments being stored in containers while waiting to be decontaminated were not sprayed or soaked in line with current guidance. We have since received evidence which confirms this shortfall has been addressed.

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

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual.

The practice had 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 up to June 2017. There were no records available of audits between June 2017 and the most recent audit carried out two days before our inspection which did not document learning points this meant any resulting improvements could not be demonstrated. An annual infection control statement was not available. We have since received evidence which confirms these shortfalls have been addressed.

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

Are services safe?

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) requirements.

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

Safe and appropriate use of medicines

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

There was not a suitable stock control system of medicines which were held on site.

Dispensed medicines that were not in their original packaging and did not include a patient information leaflet (PIL) in line with The Human Medicines Regulation 2012 which states Unless all the information is on the pack, all medicines must include a PIL, regardless of how patients get them. The practice stored and kept records of NHS prescriptions as described in current guidance. The prescription log showed there was no entry for three prescriptions. We have since received evidence which confirms these shortfalls have been addressed.

Antimicrobial prescribing audits were not available. We have since received evidence which confirms this shortfall has been addressed.

Track record on safety

There were comprehensive risk assessments in relation to safety issues. Action plans from risk assessment were not completed to demonstrate improvement in safety. We have since received evidence which confirms this shortfall has been addressed.

We noted the practice had not monitored or reviewed incidents. We were given examples of incidents that had occurred at the practice but could not find any supporting evidence in the form of accident report forms, notifications to CQC or significant event records.

Lessons learned and improvements

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.

The practice could not evidence whether they learnt from incidents as the process to record and report was not effective.

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

Dental implants

The practice offered dental implants. These were placed by the one of the dentists at the practice who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

The practice had access to an intra-oral camera 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 dentists 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 based on an assessment of the risk of tooth decay.

The dentists 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.

We spoke with the hygienist who 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 to review their compliance 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 dentists 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 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 can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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

We saw that the practice audited patients' dental care records but did not document learning points which meant any resulting improvements could not be demonstrated. We have since received evidence which confirms this shortfall has been addressed.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The most recent treatment was carried out in September 2018.

The practice staff who supported the visiting sedationist did not have evidence of training available to verify they were trained for this role. We were assured by the Compliance Facilitator that the provider would audit the current arrangements at Courtrai House and would not carry out sedation until robust systems were set up to ensure safe treatment. We have since received evidence which confirms this shortfall has been addressed.

Are services effective?

(for example, treatment is effective)

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed most clinical staff completed the continuing professional development required for their registration with the General Dental Council.

We noted the system for monitoring staff training required improvement to ensure staff could evidence competency in core CPD recommended subjects which include, infection control, oral cancer detection, legal and ethical issues and complaints handling. Fire safety and Safeguarding training evidence was also not monitored.

Staff told us they discussed training needs at annual appraisals/one to one meetings/ during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. We noted hygienists did not receive appraisals.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

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

The practice was a referral clinic for implants and they monitored and ensured the clinicians were aware of all incoming referrals daily.

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 superb, excellent and welcoming.

We saw that staff treated patients in a gentle way and were made to feel at ease and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they could choose whether they saw a male or female dentist.

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

Information folders, patient survey results and thank-you cards were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

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

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 the Accessible Information Standard (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 have English as a first language. We saw notices in the reception areas advertising this. We noted a charge of £1.40 per minute for this service would be passed to the patient. We have since received evidence which confirms this charge has been removed.

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 leaflet provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, X-ray images and an intra-oral camera which enabled photographs to be taken of the tooth being examined or treated and shown to the patient 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

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.

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. This included step free access and reading glasses. The practice layout did not permit a wheelchair accessible toilet.

The practice did not have a hearing loop available for patients who wore hearing aids.

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.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. 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 waiting.

They took part in an emergency on-call arrangement with other dentists working there for private patients. NHS patients were referred to the 111 out of hour's dental service.

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

Listening and learning from concerns and complaints

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

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

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

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. Information for patients showed that a complaint would be acknowledged within three days and investigated within 15 days.

We noted the management of the complaints log was effective. We have since received evidence which confirms this shortfall has been addressed.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The position of practice manager had been vacant for many months. A neighbouring practice manager was brought in to care take the practice during the time a new manager was recruited.

This manager had the skills to deliver high-quality, sustainable care and 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.

We felt that the extended management team needed to support this caretaker manager to improve Courtrai House due to the number of shortfalls found on our inspection.

Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

Culture

The practice had a culture of high-quality treatment. The practice focused on the needs of patients.

Staff were proud to work in the practice but felt the lack of effective management resulted in poor practice efficiency which lead to low staff morale.

The provider acted on behaviour and performance inconsistent with the vision and values.

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

Staff we spoke with told us they were able to 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 practice manager was responsible for the day to day running of the service.

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 but these were not followed which resulted in poor risk management at Courtrai House. We have since received evidence which confirms most of the shortfalls identified have been addressed.

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 used surveys, feedback cards and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, the practice improved the stairs between the ground and first floor.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. For example, the practice employed a decontamination assistant.

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.

Are services well-led?

All staff except the hygienists received annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

We noted the system for monitoring staff training required improvement to ensure staff could evidence competency in core CPD recommended subjects which include safeguarding, fire safety, basic life support and infection control.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.