

Pure Smiles

# Pure Smiles - Fulham Road

## Inspection Report

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### Overall summary

We carried out this announced inspection on 31 October 2018 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**

Pure Smiles – Fulham Road is Fulham in the London Borough of Hammersmith & Fulham. The practice provides NHS and private treatment to patients of all ages.

The practice is situated close to public transport bus and train services.

The dental team includes the two principal dentists who own the practice, one associate dentist, one dental hygienist and two dental nurses. The clinical team are supported by a receptionist and a treatment coordinator.

# 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 Pure Smiles – Fulham Road was one of the principal dentists.

On the day of inspection we received feedback from 10 patients.

During the inspection we spoke with the one of practice owners, one dental nurse, and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 9am to 7pm.

Friday from 9am to 5.30pm.

## **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. Improvements were needed to ensure that emergency medicines and equipment were available taking into account current guidance from the Resuscitation Council (UK).
- The practice had systems to help them manage risk. Improvements were needed so that the dentists used a rectangular collimator in accordance with taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice 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.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership.
- 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 and efficiently.
- The practice had suitable information governance arrangements.

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

- Review availability of medicines and equipment to manage medical emergencies taking into account guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the protocols and procedures for use of X-ray equipment taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment. This relates specifically to the use of rectangular collimation.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).
- Review the security of prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review the practice's protocols for referral of patients and ensure urgent referrals are monitored suitably.

# 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.

There were systems to use learning from incidents and complaints to help them improve. Improvements were needed to the practice arrangements for receiving and responding to patient safety alerts

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

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

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

The practice had arrangements for dealing with medical and other emergencies. Improvements were needed to ensure that emergency medicines and equipment were available taking into account current guidance from the Resuscitation Council (UK).

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 amazing, excellent and wonderful. A number of people commented that they had recommended the dental practice to family and friends.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. Patients told us that their dentist always explained their treatment in detail.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. Improvements were needed to the practice's protocols for referral of patients and ensure that routine and urgent referrals are monitored suitably.

The practice 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 10 people. Patients were positive about all aspects of the service the practice provided. They told us staff were professional, polite, thoughtful and friendly.

No action



# Summary of findings

Patients said that their dentist and dental hygienist listened to them and helped them to understand the treatment provided including any options available.

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 was efficient and met patients' needs. Patients could get an appointment quickly if in pain. Patients commented that they received treatment in a timely manner.

Staff considered patients' different needs and had made arrangements to support. The layout and design of the building did not afford the practice the means to provide accessible toilet facilities. Patients were advised of this when they contacted the practice and where appropriate they were referred to other the providers other dental practice or other local dental services.

The practice had arrangements to help patients whose first language was not English and those with sight or hearing loss should these be required.

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 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 patient dental care records which were, clearly written or typed and stored securely.

The practice had a range of policies and procedures to underpin the day to day management of the service.

The practice 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 & 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 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. The principal dentist was the practice safeguarding lead who had responsibility for overseeing the practice procedures.

We saw evidence that staff received safeguarding training to an appropriate level depending on their roles within the practice. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns to the local safeguarding team and the police as appropriate and notification to the CQC.

Staff demonstrated an understanding and awareness of issues which may render some people more vulnerable such as 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.

The practice had a business continuity plan and emergency procedures which described how the practice would deal with events that could disrupt the normal running of the practice.

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

Appropriate procedures and checks including employment references and Disclosure and Barring Services (DBS) checks and evidence of each candidate's skills and experience were carried out for relevant staff.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. There were systems in place to monitor this.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including sterilising and X-Ray equipment, electrical and mechanical appliances.

The practice had a fire safety procedure, which was reviewed regularly and a fire safety risk assessment was carried out and kept under review. Records showed that fire detection and firefighting equipment such as fire extinguishers, emergency lighting and the smoke alarm systems were regularly tested and serviced. There was a fire evacuation procedure in place and fire safety drills were carried out on a regular basis. Staff who we spoke with were aware of the fire safety and evacuation arrangements.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. Improvements were needed so that rectangular collimators were used taking into account the Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice monitored the quality of the dental radiographs through audits which were carried out and reviewed on a regular basis. The results of audits were used to maintain and improve safety and quality in relation to dental radiography.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

### **Risks to patients**

There were suitable 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 as

# Are services safe?

part of an annual plan to help manage potential risk. A number of audits and reviews were carried out periodically to ensure that risks to patients and staff were assessed, monitored and actions taken to mitigate these risks.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The practice had some arrangements to manage risks associated with dental sharps. Improvements were needed so that a sharps risk assessment was in place to identify and mitigate risks associated with the use of needles and other sharp dental items.

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. They completed training in emergency resuscitation and basic life support (BLS) and periodic in-house training and practice sessions. The practice had policies and procedures in place to assist staff to respond promptly and appropriately to medical emergencies and staff who we spoke with demonstrated that they understood and followed these procedures.

Improvements were needed to the arrangements in place to regularly check emergency medicines and to ensure that emergency medicines and equipment were available taking into account current guidance from The Resuscitation Council (UK).

Emergency medicines and equipment were available as described in recognised guidance with the exception of .dispersible Aspirin 300mg. The child size adhesive pads for use with the Automated External Defibrillator were past their use by date of July 2018. The Glucagon was stored at room temperature and the expiry date had not been adjusted in line with the manufacturer's instructions. These items were ordered on the day of our inspection and available for use the following day.

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 arrangements to minimise the risk that can be caused from substances that are hazardous to health. There were records maintained of all hazardous

materials used at the practice and there was a risk assessment in place. Staff had access to detailed information to guide them on how to act in the event of accidental exposure to hazardous substances.

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. Staff were aware of and followed these procedures. 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 HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were tested daily, validated, 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. A Legionella risk assessment had been carried out and all the recommended improvements had been addressed. We saw records of water testing and dental unit water line management were in place.

The practice was clean when we inspected and patients confirmed that this was usual.

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

The practice carried out infection prevention and control audits twice a year. The audits which we looked at from the previous 12 months 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 principal 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

# Are services safe?

and managed in a way that kept patients safe. Dental care records we saw were detailed, accurate, complete, and legible. Dental and other records and were kept securely. Information handling processes at the practice were in compliance with General Data Protection Regulations requirements (GDPR) (EU) 2016/679.

## **Safe and appropriate use of medicines**

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

The principal dentist who we spoke with was aware of current guidance with regards to prescribing medicines.

The practice stored of NHS prescriptions as described in current guidance. Improvements were needed so that there are systems in place to track and monitor their use.

## **Track record on safety**

The practice had a good safety record. There were systems in place for reporting and investigating accidents or other safety incidents.

There were comprehensive risk assessments in relation to safety issues. These were reviewed annually or more frequently if needed as part of an annual programme of monitoring safety within the practice. There were systems in place to monitor and review incidents. This helped the practice to understand risks and gave a clear, accurate and current picture that led to safety improvements. In the previous 12 months there had been no safety incidents.

## **Lessons learned and improvements**

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

Improvements were needed to the practice systems for receiving and acting on safety alerts such as those issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE)..



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that the dentists assessed 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 principal dentist who we spoke with told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They also 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 dentist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

The dental hygienist worked at the practice on a part time basis and provided dental treatments and advice on preventing dental disease and promoting oral health.

Information was available to support patients to maintain good oral health.

### Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist who we spoke with told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients were

provided with detailed information and explanations in relation to their proposed treatments. This included information in relation to the intended benefits, potential complications or risks and the cost of treatment.

Patients confirmed their dentist listened to them and gave them clear information about their treatment and time to consider any treatment options available.

The practice's consent policy included information about the Mental Capacity Act 2005. The dental team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The practice consent policy also referred to the 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.

### 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 programme to help familiarise themselves with the practice policies, procedures and protocols.

There were arrangements in place to discuss staffs' individual training and development needs. The practice offered staff access to a wide range of training and development opportunities and regular training days were arranged where the staff team could learn together. We saw evidence of completed staff reviews, appraisals and personal development plans.

### Co-ordinating care and treatment

The practice had procedures for when they referred patients to specialists within the practice, and in primary and secondary care if they needed treatment the practice did not provide.



# Are services effective?

(for example, treatment is effective)

There were 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.

Improvements were needed so that the practice monitored all referrals to make sure they were dealt with promptly.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

Staff had access to practice policies, undertook training and were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were thoughtful and friendly. We observed the receptionist offering assistance to patients with young children.

Patients commented that staff always treated them with the respect and dignity.

Patients confirmed that staff helped them to relax when they were anxious or in pain or discomfort.

### **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 area was open plan in design and staff were mindful of this when assisting patients in person and on the telephone. 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 Standards (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services could be made available for patients who did not have English as a first language.

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 and costs of treatment with them. The dentist who we spoke with described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the dental team, the range of range of treatments available at the practice, costs of treatment and arrangements for booking appointments.

A range of patient information leaflets and posters provided additional information.

The dentist who we spoke with described to us the methods they used to help patients understand treatment options discussed. These included for example X-ray images, an intra-oral camera and photographs which were 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. The practice had procedures in place to help them plan routine appointments and to manage appointments for emergency dental treatments. Patients said that they were able to access appointments that were convenient to them.

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. A Disability Access audit had been completed and this was kept under review so that the practice could provide support to patients as far as was practicable.

The practice is located in the basement and the layout and design of the building did not afford the practice the means to provide accessible facilities. All patients were advised of this when they contacted the practice and where appropriate they were referred to the providers other dental practice or one of the nearby local dental providers who had accessible facilities.

### Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. The practice displayed its opening hours in the practice and on the practice website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were where possible seen on 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.

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.

### 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 principal dentist was responsible for dealing with complaints. Staff told us they would tell the principal dentist 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 within the previous 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### **Leadership capacity and capability**

The practice had arrangements in place to help ensure that they had the capacity and skills to deliver high-quality, sustainable care. There were arrangements in place to review patient and service demands and plans to ensure that the practice had the capacity to meet these.

The practice owners shared responsibilities for the day to day management of the service.

The dental team worked together to review and monitor various aspect of how the service was managed and delivered. The team demonstrated a commitment to deliver high quality and patient focused care.

The principal dentists we were told by staff were supportive and approachable.

The practice had systems, policies and procedures in place which underpinned the management and the delivery of the service. These were reviewed and updated as required, accessible to staff and discussed periodically during practice meetings.

### **Vision and strategy**

The practice had a clear vision to deliver high quality dental care to patients with a patient focused approach. This was reflected in the way in which the practice reviewed and monitored the delivery of its service.

The practice had systems and business plans to achieve priorities and planned its services to meet the needs of the practice population.

### **Culture**

The practice had a culture of openness, transparency and candour. This was reflected in the practice range of policies and procedures.

Staff stated they felt involved, supported and valued. They told us that they were happy to work at the practice. The practice had arrangements to support staff and to ensure that behaviour and performance were consistent with the practice's 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 principal dentists were responsible for the clinical leadership and the day to day running of the service. There were clear and accessible systems in place to support staff at all levels. 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 identifying and managing risks, issues and performance.

### **Appropriate and accurate information**

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. The practice was aware of and had systems in relation to the General Data Protection Regulation (GDPR) requirements. Patients were told how information about them would be used and were assured of the measures in place to protect this information.

### **Engagement with patients, the public, staff and external partners**

The practice involved patients and staff to support high-quality sustainable and patient focused services.

The practice used patient surveys, comments and feedback to obtain patients' views about the service. The results of the patient surveys showed that patients who completed surveys were satisfied with all aspects of the service including dental care and treatment, access to appointments and the practice facilities.

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 monitored patient feedback to help improve the quality of services provided. We reviewed

## Are services well-led?

the most recent results and these showed that the majority of patients who participated in the survey were extremely likely or likely to recommend the practice to their family and friends. This was also reflected in the numerous comments and compliments received by the practice.

The practice gathered feedback from staff through regular meetings, reviews 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 practice had quality assurance processes that for example undertaking regular audits of dental radiographs, patient dental care records and infection control procedures. They had clear records of the results of these audits and the resulting action plans and improvements.

The practice had achieved the BDA Good Practice scheme.

There were arrangements to review staff and appraise staff performance and to support all members of staff to develop skills, knowledge and experience.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

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.