

Nationwide Healthcare

Tollgate Family Dental Centre

Inspection Report

39 Barton Road
Barlestone
Osbaston
Warwickshire
CV13 0EU
Tel: 01455 291067
Website: www.tollgatedental.co.uk

Date of inspection visit: 18 January 2019
Date of publication: 04/03/2019

Overall summary

We carried out this announced inspection on 18 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

Tollgate Family Dental Centre is in Osbaston, a small village in the Hinckley and Bosworth district of Leicestershire. It provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available in the practice's own car park.

Summary of findings

The dental team includes two dentists, two dental nurses (including one who is a trainee), two receptionists and a practice manager. The practice has three treatment rooms, one of which is not currently in use and a separate decontamination facility, all on ground floor level.

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 Tollgate Family Dental Centre is one of the partners.

On the day of inspection, we collected 16 CQC comment cards filled in by patients.

During the inspection we spoke with one dentist, one dental nurse, one receptionist, the practice manager and the clinical quality and care manager who was based at the provider's head office.

We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday to Friday from 9am to 6pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider 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 to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures that reflected legislative requirements. We found that references for one of the dentists were not held on their file.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- We saw evidence that the dentists justified and graded on the radiographs they took, although we found that they were not always reported on.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement. The practice had been awarded with the Investors in People gold accreditation and had held this for five years.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had systems to deal with complaints, although none had been received within the previous 12 months.
- The provider had suitable information governance arrangements.

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

- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

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

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

Staff were qualified for their roles and the practice completed essential recruitment checks; although we noted that references were not held on record for one of the dentists.

We saw evidence that the dentists justified and graded on the radiographs they took, although we found that they were not always reported on.

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.

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 excellent, good and effective. 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 practice was accredited with being Investors in People to reflect their commitment to staff training and staff investment. The provider supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

We received feedback about the practice from 16 people. Patients were positive about all aspects of the service the practice provided. They told us staff were courteous, respectful and friendly.

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

No action



Summary of findings

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. The practice was paper free. Patients said staff treated them with dignity and respect; some told us that they had been receiving treatment at the practice for many years.

Are services responsive to people's needs?

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

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

The practice had made some reasonable adjustments for patients with disabilities. The practice had access to interpreter services and had arrangements to help patients with hearing loss. The patient toilet facility was not suitable for those with wheelchairs.

The staff told us they took patients views seriously. They valued compliments from patients and stated they would respond to concerns and complaints quickly and constructively, if any were to be received.

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

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The lead for safeguarding was one of the dentists. We saw evidence that staff received safeguarding training. This included training about modern-day slavery and female genital mutilation. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a system to highlight vulnerable patients on records e.g. 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. An alert or note could be created to convey this on patients' electronic records.

The practice had a whistleblowing policy. This included both internal and external contacts for reporting. Staff 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 provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. The plan was last reviewed in December 2018. It included details of another practice's premises that could be used in the unlikely event of the site becoming unfit for use.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at four staff recruitment records to ensure they met with legal requirements. All information required was present although we noted that references for one of the dentists were not held on their record.

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 extinguishers were regularly serviced.

The practice had mostly suitable arrangements to ensure the safety of the X-ray equipment; we noted that one of the X-ray units had not been fitted with a rectangular collimator to reduce radiation dose to patients. The practice did not have correct ionising radiation signage to notify people who were inside the premises. The clinical quality and care manager told us they would obtain the correct signage immediately.

The practice had the required information in their radiation protection file.

We saw evidence that the dentists justified and graded on the radiographs they took, although we found that they were not always reported on. The practice carried out radiography audits every year following current guidance and legislation.

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

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The practice had not implemented the safer sharps system, as described in EU Directive. They had however, taken measures to manage the risks of sharps injuries by using a needle guard when handling needles. We saw that needle guards were available in surgeries. The practice used disposable matrix bands to mitigate the risk of injuries occurring.

Are services safe?

A sharps risk assessment had been undertaken. The assessment included a provision that dental nurses were not to handle used needles.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

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

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

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

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment, dated October 2017. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

Staff shared cleaning duties in the practice. We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

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

The practice carried out infection prevention and control audits twice a year. The latest audit undertaken in November 2018 showed the practice was meeting the required standards. We noted that there was a gap between the floor and wall in one of the surgeries that required sealing. This had not been identified in the latest infection prevention and control audit. The practice told us that there were plans for updating the surgeries.

Information to deliver safe care and treatment

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

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

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

Safe and appropriate use of medicines

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

The practice stored and kept records of NHS prescriptions as described in current guidance. We found that recording systems could be further strengthened as the practice may not identify quickly if an individual prescription was taken inappropriately.

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

Track record on safety and Lessons learned and improvements

Are services safe?

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

The practice had processes to record accidents when they occurred. An accident book was available for completion by staff. We noted that the last accident reported was in June 2017.

The practice learned and made improvements when things went wrong. This included when incidents occurred at

other practices owned by the provider. For example, when a needle stick injury had occurred some time ago at another practice, staff were informed that only dentists should handle used needles and information was posted on the surgery wall regarding this.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received positive comments from patients about the effectiveness of treatment; some patients told us they had been coming to the practice for many years.

The practice provided general dentistry and cosmetic procedures.

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

Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay. The practice's website included information for children on looking after their teeth and having a healthy diet.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns in supporting patients to live healthier lives. For example, smoking cessation. They directed patients to local services when necessary.

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

We were told that patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The dentist understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. We found that knowledge could be improved or refreshed in relation to understanding of the Act in relation to other staff we spoke with. For example, one team member was unclear that the Act related to people who may not be able to make decisions for themselves.

The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

We looked at a small sample of patient dental care records and noted that record keeping was of a satisfactory standard. The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

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

Effective staffing

The practice was accredited with being Investors in People to reflect their commitment to staff training and staff investment. They had held this award for five years.

Staff had the skills, knowledge and experience to carry out their roles. For example, the practice manager had recently achieved level five in Chartered Management Institute Award in Management and Leadership. One of the dental nurses had been trained in cannulation and was planning

Are services effective?

(for example, treatment is effective)

to do training in sedation, as they also worked with an oral surgeon at another of the provider's practices. A trainee dental nurse worked in the practice and they received ongoing support in their role.

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

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

Staff had received training in sepsis management. This had also been discussed in a practice meeting.

The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

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

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were courteous, respectful and friendly. We saw that staff treated patients respectfully and appropriately and were polite towards patients at the reception desk.

Patients said staff were understanding. Patients were advised that they could see the dentist of their choice and this was included in the practice information leaflet.

One patient told us that their dentist demonstrated a caring nature towards them.

We looked at feedback left on the NHS Choices website. We noted that the practice had received 4.5 / 5 stars overall based on patient experience on 25 occasions. Reviews left included that good and caring treatment was provided, that friendly faces greeted the patient and the team was helpful and welcoming. A nervous patient stated that their dentist was reassuring which minimised stress.

A selection of magazines was provided for patients in the waiting room.

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 the waiting area provided limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff told us they could 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. The practice was paper free.

We were told that patients' medical histories were only discussed when they were in the surgery room.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the

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

- Interpretation services were available for patients who did not have English as a first language. Staff also spoke other languages including Polish, Arabic and Urdu. Information about this was included in the practice information leaflet.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials could be obtained if required.
- The practice information leaflet had been designed with different background colours to make the print easier to read.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The 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.

Methods used to help patients understand treatment options discussed included models and X-ray images that could be displayed on a large screen in the surgery room.

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. For example, staff told us how they met the needs of patients with dental phobia. Longer appointments could be allocated based on patients' needs and requirements.

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

The practice had undertaken a patient survey; the results in October 2018 showed that 100% of those respondents strongly agreed or agreed that it was easy to make an appointment.

The practice currently had a small number of patients for whom they needed to make adjustments to enable them to receive treatment. Surgery rooms were all located on ground floor level; this made easy access for those with mobility problems.

The practice had made some reasonable adjustments for patients with disabilities. This included step free access and a hearing loop. The practice had a patient toilet facility, although this was not suitable for those who used wheelchairs due to its narrow access. The website and practice information leaflet advised patients with disabilities to contact staff prior to their appointment so efforts could be made to accommodate their needs.

Staff contacted patients by text message or telephone call (if requested) a day before their appointment to remind them to attend.

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 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 seen the same day. Patients were invited to sit and wait to be seen for a dental emergency.

Patients had enough time during their appointment and did not feel rushed. Appointments appeared to run smoothly on the day of the inspection and patients were not kept waiting.

The practice's answerphone provided information for patients needing emergency dental treatment when the practice was closed. Patients were advised to contact NHS 111.

Patients confirmed to us that they could make appointments easily and were not often kept waiting for their appointment.

Listening and learning from concerns and complaints

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

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

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

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

The practice had not received any complaints within the previous 12 months. We looked at comments and compliments the practice had received; these reflected the levels of patient satisfaction.

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

We found that the clinical staff had the capacity and skills to deliver high-quality, sustainable care. The partners, supported by the team 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.

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

The practice had effective processes to develop leadership capacity and skills.

Vision and strategy if applicable

There was a clear vision and set of values. The practice's statement of purpose included their objectives. These were for the practice to promote good oral health to all patients and the provision of high quality dental care including examinations and treatment where required, with full patient engagement.

The General Dental Council (GDC) standards of conduct were included in the practice information leaflet for patients.

The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were happy to work in the practice.

The practice focused on the needs of patients. Modernisation plans included an update of the surgery rooms.

Openness, honesty and transparency were demonstrated when responding to incidents. The practice had not received any complaints within the past 12 months.

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

Staff worked in a small team and they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

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

The registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager, supported by the clinical quality and care 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 policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Staff attended regular practice meetings. They were invited to submit their feedback scores on how useful they found the contents of each meeting and any training session held.

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

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

The practice used patient surveys and verbal and written comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients that the practice had acted on. For example, a further selection

Are services well-led?

of patient information leaflets about various treatments and oral health were provided for them to read. Staff feedback resulted in a regular monthly shopping delivery of cleaning products and hot drink supplies.

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

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

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 where required.

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

The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of some completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.