The Dental Care Partnership (Birmingham) Limited

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Inspection Report

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Overall summary

We carried out this announced inspection on 10 September 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

The Dental Care Partnership (Birmingham) Limited is in Sutton Coldfield and provides private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes eight dentists, seven dental nurses (one of whom is a trainee), three dental hygienists

Summary of findings

(one of whom is also a trainee dental therapist), two receptionists and a clinical dental technician. One dentist is a registered specialist in oral surgery and one dentist is a registered specialist in orthodontics. A third dentist is a registered specialist in both oral surgery and orthodontics. There is a practice manager who is also a qualified dental nurse. The practice has five treatment rooms and a separate room for carrying out decontamination.

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. The registered manager at The Dental Care Partnership (Birmingham) Limited is the principal dentist.

On the day of inspection, we collected 50 CQC comment cards that had been completed by patients. We spoke with two dentists, one dental nurse, two dental hygienists, one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday / Tuesday / Thursday: 8:30am to 5:30pm

Wednesday: 8:30am to 6:30pm

Friday: 8:30am to 1:00pm

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. Staff responded promptly to ensure complete immunisation records were available for all clinical staff members.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	**No action** ✓
Are services effective?	**No action** ✓
Are services caring?	**No action** ✓
Are services responsive to people's needs?	**No action** ✓
Are services well-led?	**No action** ✓

Are services safe?

Our findings

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

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

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. Safeguarding contact details and flow charts were clearly displayed in the office. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. We saw evidence that staff had received safeguarding training but not all staff were trained to the appropriate level. Staff took prompt action and we were sent evidence to show that all staff had completed the recommended training within two days of our visit.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

The registered manager also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation.

The practice had a whistleblowing policy which was easily accessible to all staff. It included both internal and external contact details for reporting any concerns. Staff felt confident they could raise concerns without fear of recrimination.

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

The registered manager had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The registered manager had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. The practice had a recruitment policy to help them employ suitable staff. This reflected the relevant legislation and they mostly carried out recruitment procedures in a consistent manner. We reviewed six staff recruitment records and noted that one staff member did not have evidence of photographic I.D. this was requested and seen during our visit. The practice had separate processes for obtaining Disclosure and Barring Service checks for their employed and self-employed staff; however, details of these were not reflected in their recruitment policy. Within 48 hours, the practice sent us evidence of an amended recruitment policy which included all relevant information.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Staff 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 and firefighting equipment were regularly tested and serviced. Fire drills were completed quarterly and staff had completed training in fire safety. Fire exit signage was displayed throughout the practice.

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

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

The practice had a cone beam computed tomography machine. Staff had received training and appropriate safeguards were in place for patients and staff. Current guidance suggests that this machine should be subject to monthly tests of image quality but staff were not carrying these out. The practice took prompt action and sent us evidence they had purchased the necessary items to carry out these tests.

Clinical staff completed continuing professional development in respect of dental radiography apart from one dentist who was overdue. The dentist took prompt action and we saw evidence that this was completed the day after our visit.

Are services safe?

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 staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually. It did not include a list of specific sharps items that were used within the practice. The practice took prompt action and sent us evidence of this within two working days of our visit.

We reviewed staff vaccination records and found that the registered manager had a system in place to check clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We saw evidence that the vast majority of staff had received the vaccination and the effectiveness of the vaccination had been checked. However, some of the records were missing and a few were incomplete for some clinical staff. Following the inspection, we were sent evidence that all clinical staff members were appropriately immunised.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Immediate Life Support training with airway management for sedation was also completed.

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 and the dental hygienists/hygiene therapists when they treated patients in line with GDC Standards for the Dental Team.

There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

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

The practice occasionally used locum staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

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 provider 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. There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

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

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations 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 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 showed the practice was meeting the required standards.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and

Are services safe?

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.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

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

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

Track record on safety and Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped them to understand risks and gave a clear, accurate and current picture that led to safety improvements.

The incidents had been investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

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

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

Are services effective?

(for example, treatment is effective)

Our findings

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

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

The orthodontist carried out an assessment in line with recognised guidance from the British Orthodontic Society (BOS). The patient's oral hygiene would also be assessed to determine if the patient was suitable for orthodontic treatment.

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

The clinical dental technician ensured that all patients had been referred appropriately by a dentist prior to completing examinations and assessments. They worked closely with the dentists and provided continuity of care to provide dental devices in a timely manner.

The practice had access to electronic tablets to enhance the delivery of care. Patients used these to read and sign documents related to their dental care. Three treatment rooms also had intra-oral cameras and a specialised operating microscope was present.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality 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 prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay.

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

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The practice was dedicated to supporting the local community by providing preventive oral hygiene advice in local schools. One dental nurse, one dental hygienist and a dentist visited a local school annually. One class also visited the practice together where they were educated on oral hygiene and toothbrushing techniques.

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.

Records showed 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

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

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

Written treatment plans with costs were given to all patients. Consent forms were given to patients who required more complex 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

Are services effective?

(for example, treatment is effective)

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

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

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

The practice carried out conscious sedation for patients who were nervous. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

The operator-sedationist was supported by a trained second individual. The name of this individual was recorded in the patients' dental care record.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, three dentists were specialists and many staff members had completed postgraduate education. The registered manager was supporting one trainee dental nurse to become qualified at the time of our visit.

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 three completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

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

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

The provider 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.

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

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were professional, amazing and wonderful. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist. Many of the staff were longstanding members of the team and told us they had built strong professional relationships with the patients over the years.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. Anxious patients commented that staff were caring and the practice had a calming atmosphere.

Thank you cards and patients' testimonials were available in the waiting room. Stress balls and music headphones were available in the treatment rooms to make the experience more relaxing and comfortable for patients.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. Private consultation rooms were available for patients to have confidential discussions. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

The practice had installed Closed Circuit Television (CCTV) at the practice to improve security for patients and staff. Cameras were not present in the treatment rooms. The CCTV Code of Practice (Information Commissioner's Office, 2008) states that signs should be prominently displayed to inform visitors that surveillance equipment has been installed and this signage was present throughout the practice.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the requirements under the Equality Act. We saw:

- Interpreter services were available for patients who did not speak or understand English. Patients were also told about multi-lingual staff that might be able to support them. Additional languages spoken by staff included Hindi.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available upon request.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included photographs, models, X-ray images and an intra-oral camera. The intra-oral cameras enabled images to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

Staff were clear on the importance of emotional support needed by patients when delivering care.

Staff shared examples of how the practice met the needs of more vulnerable members of society such as patients with a dental phobia.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Staff supported patients that had mobility issues and required assistance.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop and an illuminated magnifying glass. Toilet facilities were available on the ground floor but these did not accommodate wheelchairs. The registered manager told us they were hoping to convert the rear garden into a car park.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

The practice sent appointment reminders to all patients that had consented.

Tea, coffee and water was available to patients in the waiting room. A selection of magazines and children's toys were provided in the waiting room for patients. Information about free Wi-Fi for patients was also displayed.

Timely access to services

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

The practice included 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. Dedicated daily slots were incorporated into each dentist's appointment diary to allow them to treat patients requiring urgent dental care. Patients 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. Reception staff informed patients immediately if there were any delays beyond their scheduled appointment time. An audit had been carried out on waiting times and staff told us that no concerns had been identified.

The staff took part in an emergency on-call arrangement to patients registered at the practice.

The practice's 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. Some feedback from patients indicated they were kept waiting for their appointment without being informed of the delay.

Listening and learning from concerns and complaints

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

The provider had a policy providing guidance to staff on how to handle a complaint. Information was available in the waiting room which explained how patients could make a complaint.

The registered manager was responsible for dealing with these. Staff would tell the registered manager about any formal or informal comments or concerns straight away so patients received a quick response. Written and verbal comments from patients were logged.

The registered manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

Are services responsive to people's needs?

(for example, to feedback?)

We looked at comments, compliments and complaints the practice received in 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

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

Leadership capacity and capability

We found leaders had the capacity and skills to deliver high-quality, sustainable care. The principal dentist demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

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

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

We saw the registered manager had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

There was a clear vision and set of values.

The practice aims and objectives were to meet the routine and general dental care needs of patients and to achieve high levels of oral health through adopting a preventive approach.

Culture

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

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

The staff focused on the needs of patients and the focus was on the provision of high quality care.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The registered manager was aware of the Duty of Candour regulation and shared an example of when they had acted in accordance with this regulation.

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

The practice had built up a loyal and established patient base over the years. Staff told us they enjoyed their job and felt valued in their work.

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. They were also 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.

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

Practice meetings for all staff were held monthly where learning was disseminated. Clinical meetings were held every three months for the clinicians.

Appropriate and accurate information

Staff 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 registered manager 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

Staff involved patients, the public, staff and external partners to support high-quality sustainable services.

The registered manager used patient surveys, a suggestions book and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. These included changes to the waiting room such as music, a tea/coffee machine and magazines.

The registered manager gathered feedback from staff through meetings, surveys, and informal discussions. Staff

Are services well-led?

were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Examples of suggestions from staff the practice had acted on included a new kitchen and choice of uniform.

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.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The practice manager had enrolled on an educational business course and regularly attended this with the registered manager to further develop their knowledge and skills.

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