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The Family Dental Practice

Inspection Report

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Overall summary

We carried out a comprehensive inspection of The Family Dental Practice on 23 January 2015.

CQC inspected the practice in 2013 and asked the provider to make improvements regarding infection prevention and control and quality monitoring. We judged these had a minor impact on patient care. We checked these areas as part of this comprehensive inspection and found these have been resolved.

The Family Dental Practice is situated near Burscough town centre. It offers both NHS and private dental care services to patients of all ages. The services provided include preventative advice and treatment and routine and restorative dental care. The principal dentist carries out conscious intravenous (IV) sedation both for patients who attend this practice and for patients who have been referred by other local dental practices.

The Family Dental Practice has one full time dentist and four part time dentists, seven dental nurses, a dental nurse trainee and a dental therapist. One of the dental nurses is currently covering the role of practice manager in addition to their clinical duties. Two dental nurses carry out extended duties in dental sedation and one in dental radiology (X-rays)

We spoke with three patients who used the service on the day of our inspection and reviewed 12 completed CQC comment cards. Patients we spoke with and those who completed comments cards were positive about the care they received from the practice. They commented staff were caring, helpful and respectful.

Our key findings were:

- The practice had systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies.
- The practice carried out oral health assessments and planned treatment in line with current best practice guidance or example from the Faculty of General Dental Practice (FGDP). Staff received training appropriate to their roles and told us they felt well supported to carry out their work.
- Patients told us they were treated with kindness and respect by staff. The practice provided conscious IV sedation to patients and staff were very knowledgeable about how to support patients who were nervous.
- Patients were able to make routine and emergency appointments when needed. There were clear instructions for patients regarding out of hours care.

Summary of findings

- There were clearly defined leadership roles within the practice and staff told us they felt well supported and comfortable to raise concerns or make suggestions.

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?

There were systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies. There were clear procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely. For example the practice carried out conscious intravenous (IV) sedation. Staff monitored patients' blood pressure, heart rate and oxygen levels during the procedure. They stored the required medicines, including the reversal agent (medicine used to reverse the effects of sedation), securely. There was the required staff to patient ratio during sessions used for conscious IV sedation and staff were trained to carry out this procedure.

In the event of an incident or accident occurring; the practice documented, investigated and learnt from it.

Are services effective?

The practice followed guidance issued by the Faculty of General Dental Practice (FGDP); for example, regarding taking X-rays at appropriate intervals. Patients were given appropriate information to support them to make decisions about the treatment they received. The practice kept detailed dental care records of oral health assessments, treatment carried out and monitored any changes in the patient's oral health. The practice had systems in place to ensure patients who were referred to them to be assessed for conscious intravenous (IV) sedation were treated safely and essential information was shared between dental practices.

Records showed patients were given health promotion advice appropriate to their individual needs. For example, patients attending for an initial appointment to discuss their suitability for conscious sedation had an assessment of their blood pressure. This routine check resulted in patients being advised to see their GP if required.

Are services caring?

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. The practice provided conscious intravenous (IV) sedation to patients and staff were very knowledgeable about how to support patients who were nervous.

Staff recognised the importance of explaining the assessment and options for treatment to patients. Before treatment commenced patients signed their treatment plan to confirm they understood and agreed to the treatment. Staff told us they involved relatives and carers to support patients when required.

Are services responsive to people's needs?

There was a procedure in place for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. Staff were knowledgeable about the process.

The practice was accessible for patients with a disability or limited mobility. There were clear instructions for patients requiring urgent care when the practice was closed. Patients could access treatment for urgent and emergency care when required.

Are services well-led?

There were clearly defined leadership roles within the practice and staff told us they felt well supported and comfortable to raise concerns or make suggestions. The practice manager and principal dentist ensured policies and procedures were in place to support the safe running of the service.

Summary of findings

There were systems to monitor the quality of the service. The practice manager and principal dentist took lead roles relating to aspects of governance such as handling complaints and seeking feedback from patients and staff, risk management, audits and staff development.

The Family Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by the CQC.

This announced inspection was carried out on the 23 January 2015 by an inspector from the Care Quality Commission (CQC).

Prior to the inspection we reviewed information we held about the practice and from other organisations. We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and their objectives and a record of any complaints received in the last 12 months.

During the inspection we toured the premises and spoke with the principal dentist, four dental nurses and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

We spoke with three patients who were using the service on the day of the inspection and obtained views of 12 patients who had filled in CQC comment cards.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Learning and improvement from incidents

Incidents and accidents were documented, investigated and reflected upon by the dental practice. Staff told us they were confident about reporting incidents and accidents. We reviewed an incident which had taken place in the last 12 months which showed the practice had responded appropriately. The practice manager understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and had a file of supporting documentation to provide guidance to staff. No RIDDOR reports had been made in the last 12 months.

Reliable safety systems and processes (including safeguarding)

The practice had up to date child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The principal dentist was the safeguarding lead professional for the practice. Safeguarding was identified as essential training for all staff to undertake every 12 months and records showed staff had completed their annual update.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice used Dental Safety Syringes which had a needle guard in place to support staff use and to dispose of needles safely. There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments.

Infection control

The principal dentist was the infection control lead professional and they worked with the practice manager to ensure there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, health and safety, safe handling of instruments, managing waste products and decontamination guidance**.** These were reviewed and updated in October 2014. We observed waste was separated into safe containers for disposal by a registered waste carrier and documentation was detailed and up to date.

The practice had followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to staff. Posters about good hand hygiene, safe handling of sharps and the decontamination procedures were laminated and clearly displayed to support staff in following practice procedures.

We looked around the premises during the inspection and found the four treatment rooms and the decontamination room appeared clean and hygienic. They had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection control. We looked at the environmental cleaning schedules for the practice and saw records to evidence these had been carried out. The treatment rooms were free from clutter, with surfaces that could be cleaned and disinfected between patients. Staff we spoke with told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There were hand washing facilities in each treatment room and staff had access to sufficient supplies of protective equipment for patients and staff members.

Decontamination procedures were carried out in a dedicated decontamination room. In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

One of the dental nurses showed us the procedures involved in manually cleaning, rinsing, inspecting and decontaminating dirty instruments; packaging and storing clean instruments. The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place.

Are services safe?

There were sufficient instruments available to ensure the services provided to patients were uninterrupted. The practice demonstrated they had followed HTM 01-05 guidance in maintaining the level of cleanliness required.

Records showed a risk assessment process for Legionella had been carried out. (Legionella is a germ found in the environment which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients and monitoring cold and hot water temperatures each month.

The practice manager helped to ensure staff had the right knowledge and skills to maintain hygiene standards by providing annual training. Training records showed all staff had received Infection prevention and control training in the last 12 months. The infection control lead professional carried out the self- assessment audit relating to the Department of Health's guidance about decontamination in dental services (HTM01-05) every six months. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The most recent audit was completed in January 2015 and achieved a score of 98% which showed the practice was meeting the required standards. The infection control lead professional described the actions the practice was taking to continually improve their infection control procedures. However these were not recorded in an action plan which would support the practice to monitor progress. The practice manager confirmed an action plan would be shared with staff at the next scheduled staff meeting in February 2015.

Equipment and medicines

There were systems in place to check and record that all equipment was in working order. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. This helped ensure equipment was safe to use and there was no disruption in the delivery of care and treatment to patients.

The practice had clear guidance and procedures in place regarding the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice. The batch numbers and expiry dates for local anaesthetics were recorded. Staff we spoke with were knowledgeable about the procedures and we saw comprehensive and up to date daily checks of medicines stock and usage. Prescription pads were securely stored and we saw an up to date log of all prescriptions used, including the medicine prescribed and the patient concerned. This provided a clear audit trail to ensure safe use and prescribing.

Monitoring health & safety and responding to risks

The practice had arrangements in place to deal with foreseeable emergencies. A Health and Safety Policy was in place and we saw a risk management process which was continually being updated and reviewed to ensure the safety of patients and staff members. For example, we saw risk assessments for fire and electrical faults, exposure to hazardous substances and handling sharps. The assessments were reviewed annually and included the controls and actions to manage risks. The practice had a detailed file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations. The log included substances such as X-ray developer, blood and saliva and disinfectants. They identified the controls they had in place for each one. We saw this was reviewed annually.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan covered staffing, records, environmental events and included key contact numbers. Copies of the plan were held in the practice, by the practice manager and by the principal dentist.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. These were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). An emergency resuscitation kit and an Automated External Defibrillator (AED) were available. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). The practice had oxygen and emergency medicines which were stored in individual packs with clear instructions about how to manage specific emergencies for example epilepsy.

Records showed daily checks were done to ensure the equipment and emergency medicine was safe to use. Staff

Are services safe?

were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support. Two staff were qualified in first aid and had received training to carry out the role.

The practice carried out conscious intravenous (IV) sedation. In accordance with the Standards for Conscious Sedation in Dentistry: Alternative techniques 2007 the practice had procedures in place to monitor patient's blood pressure, heart rate, breathing rate and oxygen levels in the blood. They stored the required medicines including the reversal agent (medicine used to reverse the effects of sedation), securely and kept detailed records of stock and usage. There was the appropriate staff to patient ratio during sessions used for conscious sedation and staff were trained to carry out this procedure.

Staff recruitment

The practice had a policy and documentation in place for the safe recruitment of staff which included seeking references, checking qualifications and professional registration. The practice manager confirmed the practice carried out Disclosure and Barring service (DBS) checks for all staff. These checks provide employers with an individual's full criminal record and other information to assess the individual's suitability for the post. DBS and professional registration checks were in place for all staff. Copies of qualifications and occupational health checks were evident.

We spoke with a member of staff who was recruited in the last four years. We saw evidence qualifications and identity had been checked, DBS and occupational health checks completed and an induction programme arranged. The member of staff confirmed they had applied for the job by submitting a curriculum vitae (CV is an outline of a person's educational and professional history), attended an interview, been given a job description and a contract of employment. Following the inspection the principal dentist confirmed these documents were now together in the staff file.

Newly employed staff had a period of induction to familiarise themselves with the way the practice ran, before being allowed to work unsupervised. This was evident in the records of a new member of staff.

The practice manager checked the professional registration for newly employed clinical staff and each year to ensure that professional registrations were up to date.

Radiography (X-rays)

We checked the service's radiation protection file as X-rays were taken and developed at the practice. This was detailed and up to date about the maintenance of x-ray equipment and copies of critical examination reports and certificates of conformity. We also looked at X-ray equipment at the practice and talked with staff about its use. One of the dental nurses had received enhanced training in radiography to help ensure good practice guidance was followed.

We found there were suitable arrangements in place to ensure the safety of the equipment and we saw local rules relating to each X-ray machine was displayed in accordance with guidance**.** We saw X ray audits were carried out every six months. The most recent audit from January 2015 achieved a good result. Information shared with staff reminding them for example about legibility of writing and making sure the orientation of the mount was correct.

Are services effective?

(for example, treatment is effective)

Our findings

Consent to care and treatment

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. The practice's consent policy provided staff with guidance and information about when consent was required and how it should be recorded. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent.

The clinical staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to dental treatment. They described how they involved relatives and carers to help patients who required support with making decisions to ensure the best interests of the patient were met.

Staff ensured patients gave their consent to care and treatment before treatment began. Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they wanted. This was reflected in comments patients made on CQC comment cards and in patient records.

The practice carried out conscious intravenous (IV) sedation both for patients at the practice and when referred by other practices. As part of the initial assessment appointment the dentist provided information about the procedure verbally and the patient signed the pre-operative instructions sheet to confirm they understood the procedure and instructions. The practice had a detailed consent form which the patient signed at the appointment for the sedation.

Monitoring and improving outcomes for people using best practice

The practice kept up to date detailed electronic and paper records of the care given to patients. Electronics record provided comprehensive information about the patient's current dental needs and past treatment. We reviewed the information recorded in two patient records about the oral health assessments, treatment and advice given to patients. Dental care records were comprehensive and included assessments of the condition of the teeth, soft tissues lining the mouth and gums. These were repeated at each examination in order to monitor any changes in the patient's oral health. Medical history checks were updated at every visit and patients were requested to bring a copy of their list of prescribed medicines.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review. X-rays were undertaken at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP).

The practice had a strong focus on preventative care and supporting patients to achieve better oral health. Fluoride applications for children, high concentrated fluoride toothpaste and oral health advice were available. A selection of dental products were on sale in the practice to assist patients with their oral health.

Patients were given a copy of their treatment plan, including any fees involved. This gave patients clear information about the different elements of their treatment and the costs relating to them. Treatment plans were signed before treatment began.

Working with other services

The practice worked with other services to meet the needs of patients. For example referrals were made to hospitals and specialist dental services for further investigations and orthodontic treatment. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required.

The practice had systems in place to ensure patients who were referred to the practice to be assessed for conscious IV sedation were treated safely and information was shared with the patient's own dentist. The practice required the referring dentist to complete a referral form which provided them with essential information. A full medical history and assessment was carried out by the practice before discussing treatment options with the patient. Following treatment a follow up letter was sent to the patient's dentist with the details of the treatment provided and the outcome of the procedures.

Are services effective?

(for example, treatment is effective)

Health promotion & prevention

There were health promotion leaflets available in the practice to support patients in looking after their oral health. They included information about good oral hygiene, healthy eating especially for children and the early detection of oral cancer. Patients were asked if they wished to receive advice regarding smoking cessation each time they completed the medical questionnaire.

Records showed patients were given advice from dentists and the dental therapist appropriate to their individual needs such as smoking cessation or dietary advice. Patients attending for an initial appointment to discuss their suitability for conscious sedation had an assessment of their blood pressure. This routine check resulted in patients being advised to see their GP if required.

Staffing

The practice manager confirmed that a period of induction was arranged for new staff to support them in the first few weeks of working at the practice. Staff told us they had easy access to a range of policies and procedures to support them in their work.

The practice had systems in place to support staff to be suitably skilled to meet patients' needs. The practice kept a record of all training attended to ensure staff had the right skills to carry out their work. Mandatory training included basic life support, safeguarding and infection control. Records showed staff were up to date with this learning.

Dentists and dental nurses told us they had good access to training to maintain their professional registration. All clinical staff were required to maintain an on-going programme of continuous professional development as part of their registration with the General Dental Council. Records showed professional registration was up to date for all staff and we saw evidence of on-going continuous professional development. The practice had extended roles, for example two dental nurses had qualifications in dental sedation and one in dental radiology. A dental therapist provided treatments and care such as simple extractions and fluoride varnish applications and health promotion advice.

Staffing levels were monitored and staff absences planned for to ensure the service was uninterrupted. The practice ensured there were two appropriately trained and experienced members of the conscious sedation team as required by the Standards for Conscious Sedation in Dentistry: Alternative Techniques 2007.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Staff were sensitive to the needs of their patients and there was a strong focus on reducing patients' anxieties. The practice provided conscious intravenous (IV) sedation to patients and staff were very knowledgeable about how to support patients who were nervous. From the records we saw it was evident the practice provided patients with time and information about the treatment and sedation procedures before they returned for the procedure. Dedicated sedation clinics were arranged to ensure there was sufficient time available for each patient.

We looked at 12 CQC comment cards patients had completed prior to the inspection and spoke with three patients on the day of the inspection. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. Patients' clinical records were stored electronically; password protected and regularly backed up to secure storage. Paper records were kept securely in a locked cabinet. Staff we spoke with were aware of the importance of providing patients with privacy.

Sufficient treatment rooms were available and used for all discussions with patients. We observed staff were helpful, discreet and respectful to patients.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients told us they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Patients were given a copy of their treatment plan and associated costs and allowed time to consider options before returning to have their treatment. Before treatment commenced patients signed the plan to confirm they understood and agreed to the treatment. Staff told us they involved relatives and carers to support patients when required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice provided patients with information about the services they offered in their practice leaflet. This included routine dental care, bridges, crowns and conscious intravenous (IV) sedation. We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us the majority of patients who requested an urgent appointment would be seen within 24 hours. Patients we spoke with confirmed this.

Staff told us the appointment system gave them sufficient time to meet patient needs. Patients commented they had sufficient time during their appointment and they were seen promptly. Patients booked their next routine appointment either following their check-up or when their next appointment was due. Patients could opt for a reminder from the practice if they booked several months ahead. Patients we spoke with told us this gave them flexibility and choice to arrange appointments in line with other commitments.

Tackling inequity and promoting equality

The practice had an equality and diversity policy to support staff in understanding and meeting the needs of patients. The practice made adjustments to meet the needs of patients, including having an audio loop system displayed on the reception counter for patients with a hearing impairment. Staff were knowledgeable about interpreter services for patients where English was their second language.

Patients with pushchairs or wheelchair users had good access into and around the practice. All treatment rooms were on the ground floor and were sufficiently spacious to accommodate a pushchair or wheelchair. There were disabled toilet facilities on the ground floor.

Access to the service

The practice displayed its opening hours in their premises and in the practice leaflet. Opening hours were Monday to Friday from 9.30am to 5.00pm. The practice had clear instructions in the practice and via the practice's answer machine for patients requiring urgent dental care when the practice was closed. Staff told us patients were seen as soon as possible for emergency care and this was normally within 24 hours. CQC comment cards reflected patients felt they had good access to routine and urgent dental care.

Concerns & complaints

The practice had a Complaints Policy which provided staff with clear guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which ensured a timely response. Information for patients about how to raise a concern or offer suggestions was available in the waiting room and in the practice leaflet. The practice had received one complaint in the last 12 months. It concerned the waiting time for specialist dental hospital appointments. We found the practice responded promptly and reviewed their referral process, including the advice given to patients about possible waiting times. Records showed this was shared with staff at a practice meeting.

Are services well-led?

Our findings

Leadership, openness and transparency

There were clearly defined leadership roles within the practice. The practice manager and principal dentist ensured human resource and clinical policies and procedures were reviewed and updated to support the safe running of the service. These included guidance about confidentiality, record keeping, incident reporting and consent to treatment.

Staff told us there was an open culture at the practice and they felt valued and well supported. They reported the practice manager and dentists were very approachable. There were informal and formal arrangements for sharing information across the practice including lunchtime meetings and practice meetings. We saw the minutes of the most recent practice meeting in January 2015 which included an infection control update and a reminder to ensure medical histories were up to date. Staff told us this helped them keep up to date with new developments to make suggestions and provide feedback to the practice manager and principal dentist.

Governance arrangements

The practice manager and principal dentist shared the day to day running of the service. We saw they had systems in place to monitor the quality of the service. These were used to make improvements to the service. They took lead roles relating to the individual aspects of governance such as complaints, risk management and audits within the practice.

We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw detailed risk assessments and the control measures in place to manage those risks. There was a log of the risks identified and evidence they had been reviewed annually. Risk assessments were in place for manual handling, use of equipment in the dental practice and electrical installations. Identified professionals taking lead roles, for example in infection control and safeguarding supported the practice to identify, manage risks and help ensure information was shared with all team members.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had systems in place to seek and act upon feedback from patients using the service and staff, including carrying out annual surveys. The most recent patient survey in December 2014 showed a high level of satisfaction with the quality of service provided. The staff survey indicated staff were happy working in the practice. Suggestions regarding for example new staff uniforms and resources were acted upon immediately.

Management lead through learning and improvement

Staff told us they had good access to training and the practice manager monitored staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

The dentists, dental nurses and dental therapist working at the practice were registered with the GDC. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. The practice manager kept a record to evidence staff were up to date with their professional registration.

The practice audited areas of their practice each year as part of a system of continuous improvement and learning. These included audits of patient records, infection control procedures, providing estimates and obtaining consent, medical histories and X-rays. The audits included the outcome and actions arising from them to ensure improvements were made.