

Xeon Smiles UK Limited

# Smiles Dental Epsom General & Specialist Dental Centre

## Inspection Report

12 Church Street  
Epsom  
Surrey  
KT17 4PP  
Tel: 01372 741801

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### Overall summary

We carried out an announced comprehensive inspection on 06 June 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

#### **Background**

Smiles Dental Epsom General & Specialist Dental Centre is a dental practice that is part of Oasis Dental Care. Oasis Dental Care Limited is a large corporate provider of dental services across England. The practice resides on one level giving access for patients using a wheelchair or mobility scooter. The services provided are NHS and private and fees are displayed on the practice website and in the information handbook available in the practice for patients. The practice has six treatment rooms, a waiting area, an x-ray room and a decontamination room.

The practice staffing consists of five general dentists and two specialist dentists that are registered as specialists with the General Dental Council (GDC). The team also included a dental hygienist, a qualified dental nurse, two trainee dental nurses and a team of four admin staff (including the practice manager). There is a larger support network that is located at headquarters in Bristol that provides support as part of the wider corporate management structure.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

# Summary of findings

Registered persons 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 practice opening hours are Monday and Wednesday 8am to 8pm, Tuesday and Thursday 8am to 7pm, Friday 8am to 5.30pm and Saturday 9am to 2pm. For emergency and out of hour's assistance contact information is available from the practice telephone answering service.

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

Before the inspection we sent Care Quality Commission (CQC) comments cards to the practice for patients to complete to tell us about their experience of the practice. Nine patients provided feedback about the service. All patients comments were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

## **Our key findings were:**

- 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.
- The dental practice had effective clinical governance and risk management processes in place; including health and safety and the management of medical emergencies.
- The practice had a comprehensive system to monitor and continually improve the quality of the service; including through a detailed programme of clinical and non-clinical audits.
- There were systems in place to check all equipment had been serviced regularly, including the air compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- There were sufficient numbers of suitably qualified staff who maintained the necessary skills and competence to support the needs of patients.
- Staff were up to date with current guidelines and the practice was led by a practice manager.
- Most patients commented they felt involved in their treatment and that it was fully explained to them; some had commented they felt the dentist had not spent enough time with them.
- Information about how to complain was available and easy to understand.

# 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 this practice was providing safe care in accordance with the relevant regulations.

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. The practice carried out and reviewed risk assessments to identify and manage risks.

There were procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely. In the event of an incident or accident occurring; the practice documented, investigated and learnt from it.

No action



### Are services effective?

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

The practice kept detailed electronic records of the care given to patients including comprehensive information about patients' oral health assessments, treatment and advice given. They monitored any changes in the patient's oral health and made referrals to hospital specialist services for further investigations or treatment if required.

The practice was proactive in providing patients with advice about preventative care and supported patients to ensure better oral health.

Staff we spoke with told us they had accessed specific training in the last 12 months in line with their professional development plan.

No action



### Are services caring?

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

We reviewed nine completed CQC comments about the care and treatment patients received at the practice. The feedback was overall positive with patients commenting on the staff being professional and caring. Patients commented they felt involved in their treatment and that it was fully explained to them.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

No action



### Are services responsive to people's needs?

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

The practice offered routine and emergency appointments each day. There were clear instructions for patients requiring urgent care when the practice was closed.

No action



# Summary of findings

There was level access into the building for patients with limited mobility and prams and pushchairs. All services were on the ground floor with level access throughout and the area was spacious enough to manoeuvre a wheelchair. We observed the reception desk was compliant with the Disability Discrimination Act 1995 and the Equality Act 2010.

There was a procedure in place for acknowledging, recording, investigating and responding to complaints and concerns made by patients or their carers.

## Are services well-led?

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

The practice assessed risks to patients and staff and carried out a programme of audits as part of a system of continuous improvement and learning. There were clearly defined leadership roles within the practice and staff told us they felt well supported.

The practice had accessible and visible leadership with structured arrangements for sharing information across the team, including holding regular meetings which were documented for those staff unable to attend. Staff told us that they felt well supported and could raise any concerns with the practice manager.

The practice had systems in place to seek and act upon feedback from patients using the service.

No action



# Smiles Dental Epsom General & Specialist Dental Centre

## Detailed findings

### Background to this inspection

This inspection took place on the 06 June 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider. 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 objectives, a record of any complaints received in the last 12 months and details of their staff members together with their qualifications and proof of registration with the appropriate professional body.

During the inspection we toured the premises and spoke with practice staff including, the practice manager, a

dentist, the dental hygienist, dental nurses' treatment co-ordinator and a receptionist. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

### Reporting, learning and improvement from incidents

The practice had systems in place to learn from and make improvements following any accidents or incidents. The practice had accident and significant event reporting policies which included information and guidance about the Reporting of Injuries and Dangerous Occurrences

Regulations 2013 (RIDDOR).

The practice maintained a significant event log. There had been one recent incident in which a member of staff had released a water bottle under pressure. This had been appropriately documented and reported and treated according to the practice policy. We saw the documentation included a detailed description, the learning that had taken place and the actions taken by the practice as a result. Records seen showed accidents and significant events were discussed and learning shared at practice meetings.

Staff told us if there was an incident or accident that affected a patient they would give an apology and inform them of any actions taken to prevent a reoccurrence. Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty.

The practice responded to national patient safety and medicines alerts that affected the dental profession. The practice manager told us they reviewed any relevant alerts and spoke with staff to ensure they were acted upon. A record of the alerts was maintained and accessible to staff.

### Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team, social services and other agencies including the Care Quality Commission. Staff had completed safeguarding training and were able to demonstrate to us their knowledge of how to recognise the signs and symptoms of abuse and neglect.

Staff understood the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

The practice followed national guidelines on patient safety. For example, the dentists told us they used rubber dam for root canal treatments in line with guidance from the British Endodontic Society. (A rubber dam is a thin, rectangular sheet, usually non latex rubber, used in dentistry to isolate the operative site from the rest of the mouth).

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, the practice used a 'safer sharps' system to minimise needle stick injuries. Following administration of a local anaesthetic to a patient, needles were not re-sheathed using the hands but instead a device was used to prevent injury which was in line with recommended national guidance. The staff we spoke with demonstrated a clear understanding of the practice policy and protocol with respect to handling sharps and needle stick injuries.

Staff recruitment records contained evidence of immunisation against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva) and there were adequate supplies of personal protective equipment such as face visors, gloves and aprons to ensure the safety of patients and staff.

### Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). The practice held emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. Medical oxygen and other related items, such as manual breathing aids and portable suction, were available in line with the Resuscitation Council UK guidelines. The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff.

Staff received annual training in using the emergency equipment. The practice manager monitored individual staff and reminded them when they were next due to complete the course. We noted that the training included responding to different scenarios, such as epileptic seizures and anaphylaxis, using role-playing drills.

### Staff recruitment

# Are services safe?

The practice had systems in place for the safe recruitment of staff which included seeking references, proof of identity and checking qualifications, immunisation status and professional registration. It was the practice policy to carry out Disclosure and Barring service (DBS) checks for all newly appointed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Records confirmed these checks were in place. We looked at a random sample of the recruitment records for members of staff and found they contained appropriate recruitment documentation.

The practice had a system in place for monitoring staff were up to date professional indemnity insurance and registration with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date.

## **Monitoring health & safety and responding to risks**

The practice had systems to monitor health and safety and deal with foreseeable emergencies. There were comprehensive health and safety policies and procedures in place to support staff, including for the risk of fire and patient safety. Records showed that fire safety equipment such as smoke detectors and fire extinguishers were regularly tested.

The practice had a comprehensive risk management process, including a detailed log of all risks identified, to ensure the safety of patients and staff members. For example, we saw a fire risk assessment and a practice risk assessment had been completed. They identified significant hazards and the controls or actions taken to manage the risks. The practice manager told us the risk assessments are reviewed annually. The practice had a comprehensive file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva.

The practice had a detailed business continuity plan to support staff to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan included staffing, electronic systems and environmental events.

## **Infection control**

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste.

The practice had followed the guidance about decontamination and infection control issued by the Department of Health, the 'Health Technical Memorandum 01-05 decontamination in primary care dental practices (HTM01-05)'. This document and the service's policy and procedures for infection prevention and control were accessible to staff.

There was a dedicated decontamination room in the practice which was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas in the treatment room and the decontamination room with signage to reinforce this. These arrangements met the HTM01-05 essential requirements for decontamination in dental practices.

We observed the decontamination process and noted suitable containers were used to transport dirty and clean instruments between the treatment rooms and decontamination room. The practice used an ultra-sonic cleaning bath for the initial cleaning process; then following inspection with an illuminated magnifier the instruments were then placed into an autoclave (a device for sterilising dental instruments). When the instruments had been sterilised, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines.

We saw that the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were always complete and up to date. All recommended tests utilised as part of the validation of the ultrasonic cleaning bath were carried out in accordance with current guidelines, the results of which were recorded in an appropriate log book and demonstrated the effectiveness of the equipment.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of

# Are services safe?

waste were appropriately segregated and stored at the practice. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of according to the guidance.

We looked at the treatment rooms where patients were examined and treated and observed the rooms and all equipment appeared clean, uncluttered and safely stored. Staff told us the importance of good hand hygiene was included in their infection control training. A hand washing poster was displayed near to the sink to ensure effective decontamination. There were good supplies of protective equipment for patients and staff members.

We noted the practice had a legionella risk assessment report. The practice had appropriate processes in place to prevent legionella contamination such as flushing of dental unit water lines and regularly testing the water quality used in treatment rooms. These processes ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

The premises were clean and tidy. There was a good supply of cleaning equipment which was stored appropriately. The practice had a cleaning schedule that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spread.

## Equipment and medicines

There were systems in place to check all equipment had been serviced regularly, including the compressor, autoclaves, X-ray equipment and fire extinguishers. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. A portable appliance test (PAT – this shows electrical appliances are routinely checked for safety) had been carried out by an appropriately qualified person to ensure the equipment was safe to use.

The expiry dates of medicines, oxygen and equipment were monitored using a weekly and monthly check sheet which enabled the staff to replace out-of-date drugs and equipment promptly.

## Radiography (X-rays)

The practice radiation protection file was maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IR(ME)R). This was detailed and up to date with an inventory of all X-ray equipment and maintenance records. We found there were suitable arrangements in place to ensure the safety of the equipment and were shown how the practice monitors the quality of radiographs so patients did not receive unnecessary exposure to radiation.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines. The justification for taking X-rays the quality of the X-rays and findings were all recorded in dental care records to evidence the potential benefit and risks of the exposure had been considered. Staff authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended appropriate training.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed electronic records of the care given to patients. We reviewed the information recorded in a random sample of ten patient dental care records to verify information received from the dentist and dental hygienist. We found they provided comprehensive information about patient's oral health assessments, treatment and advice given. They included details about the condition of the teeth, soft tissues lining the mouth and gums and an extra oral assessment. For example we saw details of the condition of patients gums were recorded using the basic periodontal examination (BPE) scores. (BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums). These were reviewed at each examination in order to monitor any changes in the patient's oral health.

Medical history checks were updated at every visit and patient care records we looked at confirmed this. This included an update about patient's health conditions, current medicines being taken and whether they had any allergies.

### Health promotion & prevention

The practice promoted preventative care and supported patients to ensure improving oral health in line with 'The Delivering Better Oral Health toolkit' (Delivering better oral health' is an evidence based toolkit to support dental teams in improving their patient's oral and general health published by Public Health England). The initial consultations with patients included questions about smoking and alcohol consumption. Patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice.

The practice provided health promotion information to support patients in looking after their general health using leaflets, posters, a patient information file and via their noticeboard situated in the reception area.

### Staffing

The practice manager was responsible for staffing and planned a rota to ensure there was sufficient staff to run the service safely and meet patient needs. The practice staffing consisted of five general dentists and two specialist dentists that are registered as specialists with the General

Dental Council (GDC). The team also included a dental hygienist, a qualified dental nurse, two trainee dental nurses and a team of four admin staff (including the practice manager). There is a larger support network that is located at headquarters in Bristol that provides support as part of the wider corporate management structure.

The practice manager kept a record of all training carried out by staff to ensure they had the right skills to carry out their work. Mandatory training included basic life support and infection prevention and control. New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The newest member of staff told us this had been very helpful and informative. Dental nurses received day to day supervision from the dentists and support from the practice manager.

Staff had access to policies which contained information that further supported them in the workplace. All clinical staff were required to maintain an on going programme of continuing professional development as part of their registration with the General Dental Council. Records showed professional registration was up to date for all staff.

There was an effective appraisal system which was used to identify training and development needs. Staff we spoke with told us they had accessed specific training supported by the provider that was in line with their professional needs.

### Working with other services

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospital dental services for further investigations or specialist treatment. The practice completed a detailed proforma and referral letter to ensure the specialist service had all the relevant information required.

Dental care records contained details of the referrals made and the outcome of the specialist advice. The practice used their IT system to provide information about referrals which could be used as part of their on-going programme of record keeping audits.

### Consent to care and treatment

Staff explained to us how valid consent was obtained for all care and treatment. The practice consent policy provided staff with guidance and information about when consent was required and how it should be recorded. Staff were

# Are services effective?

(for example, treatment is effective)

aware of the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities to ensure patients had enough information and the capacity to consent to dental treatment. Staff explained how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met.

We reviewed a random sample of ten dental care records to corroborate our information. Treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Consent to treatment was recorded appropriately.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We reviewed nine completed CQC comments cards. Comments from patients were overall positive about how they were treated by staff at the practice. We received two comments from patients that indicated they felt the dentist did not spend enough time with them. Other patients commented that staff were friendly and caring. We observed positive interactions between staff and patients on the telephone and in the reception area.

The practice manager told us they would act upon any concerns raised by patients regarding their experience of attending the practice.

To maintain confidentiality electronic dental care records were password protected and paper records were securely stored. The design of the reception desk ensured any paperwork and the computer screen could not be viewed by patients booking in for their appointment. Policies and procedures in relation to data protection, security and confidentiality were in place and staff were aware of these.

The waiting area was away from the reception desk giving patients privacy if they wanted to discuss anything in private with staff. All treatment room doors remained closed during consultations.

### **Involvement in decisions about care and treatment**

The practice provided patients with information to enable them to make informed choices. Some patients had commented they felt fully involved in making decisions about their treatment. Staff described to us how they involved patients relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. However two patients had commented they felt rushed and the dentist did not spend enough time with them. When we discussed this with the practice manager they had informed us that some patients' feedback had indicated they felt rushed during appointments. They told us they were meeting with staff to discuss ways to improve the patients' experience.

Patients were given a copy of their treatment plan and associated costs. This gave patients clear information about the different elements of their treatment and the costs relating to them. They were given time to consider options before returning to have their treatment. Patients signed their treatment plan before treatment began.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. The dentists and dental hygienists could decide on the length of time needed for their patient's consultation and treatment. The reception staff were provided with an appointment system on the practice computer that indicated the length of time that was generally preferred for any given treatment. The staff we spoke with told us they scheduled additional time for patients depending on their knowledge of the patient's needs, including scheduling additional time for patients who were known to be anxious or nervous.

### Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place and provided training to support staff in understanding and meeting the needs of patients.

They had completed a Disability and Discrimination Act (DDA) assessment and made adjustments, for example to accommodate patients with limited mobility. There was wheelchair access to the waiting area and to all the facilities which were on the ground floor. Parking was available at the rear of the practice.

### Access to the service

The practice opening hours were Monday and Wednesday 8am to 8pm, Tuesday and Thursday 8am to 7pm, Friday

8am to 5.30pm and Saturday 9am to 2pm. This accommodated patients that were working during the weekdays that may find it difficult to take time off from work.

We asked staff how patients were able to access care in an emergency. They told us that if patients called the practice in an emergency they were seen on the same day. If patients required dental treatment outside of normal opening times the answer phone left information about how to access out-of-hours emergency treatment.

### Concerns & complaints

The practice had a complaint policy which provided staff with clear guidance about how to handle a complaint. The policy explained the process to follow, and included other agencies to contact if the complaint was not resolved to the patients satisfaction. This included the Dental Complaints Service. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure these were responded to appropriately and in a timely manner.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. The practice had received one complaint in the last 12 months. The complaint had been handled in an appropriate way.

We observed in staff meeting minutes any learning from complaints was discussed amongst the team and implemented for the safety and well-being of patients.

Information for patients about how to raise a concern or offer suggestions was available in the reception area and practice information leaflet.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately. We saw risk assessments and the control measures in place to manage risks, for example fire, health and safety in the practice and infection control. Staff we spoke with were aware of their roles and responsibilities within the practice.

There were relevant policies and procedures in place to govern activity. There was a full range of policies and procedures in use at the practice and accessible to staff on the practice computers and in paper files. Staff were aware of the policies and procedures and acted in line with them.

These included guidance about confidentiality, record keeping, managing violence and aggression, sharps injuries and patient safety. There was a clear process in place to ensure all policies and procedures were reviewed as required to support the safe running of the service. There were regular practice meetings to discuss practice arrangements and audit results as well as providing time for staff training. We saw minutes from meetings where issues such as complaints, incidents, infection control and patient care had been discussed.

### Leadership, openness and transparency

We saw from minutes of staff meetings, they were at regular intervals and staff told us how they benefited from the team meetings. The practice had a statement of purpose that described their vision, values and objectives. Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. Staff told us they were confident they could raise issues or concerns at any time with the practice manager who would listen to them. Staff felt well supported by the practice manager and worked as a team towards the common goal of delivering high quality care and treatment.

The provider was aware of and complied with the requirements of the Duty of Candour. The practice encouraged a culture of openness and honesty. Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

### Learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC). Records showed professional registrations were up to date for all staff and there was evidence continuing professional development was taking place.

We saw there was a system to monitor and improve the quality of the service. These included audits of radiographs and the cleanliness of the environment. Where areas for improvement had been identified in the audits, action had been taken. For example through discussion and training at practice meetings. There was evidence of repeat audits to monitor improvements had been maintained.

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

The practice gathered feedback from patients on an ongoing basis through the use of a Patient Survey form available online and a comments book displayed in the waiting area. The comments book had some comments listed up to September 2015. The practice manager told us they routinely sent patients an email at the end of their treatment with a link to the online survey form. We reviewed some of the comments received from patients and noted patients had commented they felt rushed through their appointment and the dentist had not spent enough time with them. This was in line with two comments received through the CQC comment cards. The practice manager informed us that they recognised this feedback and they were responding internally by having meetings with staff to improve this experience for patients.

Some other patients had commented that staff were friendly, caring and professional and they felt confident about the service they received.

Staff commented that the provider was open to feedback regarding the quality of the care. The appraisal system and staff meetings also provided appropriate forums for staff to give their feedback.