

## Forest Hill Dental Surgery

# Forest Hill Dental Surgery

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 6 January 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 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**

Forest Hill Dental Practice is located in the London Borough of Lewisham and provides predominantly NHS dental services. The demographics of the practice were mixed, serving patients from a range of social and ethnic backgrounds.

The practice staffing consists of eight dentists, two dental nurses, nine trainee dental nurses, one receptionist and a practice manager. Some of the trainee dental nurses also performed reception duties.

The practice is open from 9.00am to 7.00pm on Monday to Fridays and from 9.00am to 1.00pm on Saturdays. The practice is located on the first floor of the building and facilities include six consultation rooms, a reception area, patient waiting room, decontamination room, staff room/administration office. The premises were not wheelchair accessible; however there were arrangements in place with other dental surgeries close by with wheelchair access if patients needed to be referred.

The principal dentist 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'. 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.

# Summary of findings

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

We received 31 completed Care Quality Commission comment cards and spoke with seven patients during our inspection. Patient feedback was very positive about the service. Patients told us that staff were professional and caring and treated them with respect. They described the service as very good and providing an excellent standard of care. Information was given to patients appropriately and staff were helpful.

## **Our key findings were:**

- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- Appropriate systems were in place to safeguard patients from abuse
- The provider had emergency medicines and equipment such as oxygen and an automated external defibrillator in line with national guidance.
- All clinical staff were up to date with their continuing professional development.
- Patients' needs were assessed and care was planned in line with current guidance.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- Governance arrangements were in place for the smooth running of the practice; and the practice had a structured plan in place to audit quality and safety which included the mandatory audits for infection control and radiography.

There were areas where the provider could make improvements and should:

- Review the practice's recruitment policy and procedures to ensure up to date disclosure and barring services (DBS) checks are carried out prior to employment of staff.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

The provider had systems in place to ensure patients were safeguarded from abuse. Staff were trained to the appropriate level for child protection and had completed adult safeguarding training. The safeguarding policy was up to date and most staff we spoke with were aware of their responsibilities. Systems were in place for the provider to receive safety alerts from external organisations and they were shared appropriately with staff. Processes were in place for staff to learn from incidents and lessons learnt were discussed amongst staff. The practice undertook risk assessments and there were processes to ensure equipment and materials were maintained and safe to use. Dental instruments were decontaminated suitably. Medicines and equipment were available in the event of an emergency. Most pre-employment checks were carried out appropriately, although for some employees the provider had accepted Disclosure and Barring Services checks carried out by previous employers.

### **Are services effective?**

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

There were suitable systems in place to ensure patients' needs were assessed and care and treatment was delivered in line with published guidance, such as from the National Institute for Health and Care Excellence and The Department of Health. Patients were given relevant information to assist them in making informed decisions about their treatment and consent was obtained appropriately.

The practice maintained appropriate dental care records and patient details were updated regularly. Information was available to patients relating to health promotion including smoking cessation and maintaining good oral health.

All clinical members of the dental team were meeting their requirements for continuing professional development. Opportunities existed for staff to develop. Staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005.

### **Are services caring?**

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

Feedback from patients was very positive. Patients indicated that staff were friendly, professional, caring and treated patients with dignity. We received feedback from 31 patients via completed Care Quality Commission comment cards and spoke with seven patients during the inspection. Patients stated that they were involved with their treatment planning and able to make informed decisions and that staff acted in a professional manner. Patients described staff as caring and showing empathy.

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

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

Patients had access to the service which included information available via the practice leaflet and website. Urgent on the day appointments were available during opening hours. In the event of a dental emergency outside of opening hours patients were directed to the '111' out of hours service. The building was not wheelchair accessible; however there were arrangements in place with a dental surgery close by where they could refer patients to.

There were systems in place for patients to make a complaint about the service if required. Information about how to make a complaint was readily available to patients.

# Summary of findings

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

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

Governance arrangements were in place for effective management of the practice. Staff meetings were held frequently, however the minutes were not comprehensive and sometimes did not capture discussions and action points. Opportunities existed for staff to develop. Audits were being conducted and demonstrated they were being used as a tool for continuous improvements. Staff we spoke with were confident in their work and felt well-supported.

# Forest Hill Dental Surgery

## 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.

The inspection took place on the 6 January 2016 and was undertaken by a CQC inspector and a dental specialist adviser. Prior to the inspection we reviewed information submitted by the provider and information available on the provider's website.

The methods used to carry out this inspection included speaking with the dentists, dental nurses, trainee dental

nurses, the practice manager, reception staff and patients on the day of the inspection, reviewing documents, completed patient feedback forms and observations. We received feedback from 31 patients via completed Care Quality Commission comment cards and spoke with seven patients during the inspection.

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 receive safety alerts by email and ensure they were shared with staff working in the practice. All safety alerts were received by the practice manager and they were responsible for ensuring relevant staff were aware of them. This included forwarding them to relevant staff and also printing them and leaving them in a central location for all staff to refer to. This included alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and NHS England updates. Staff we spoke with confirmed they were made aware of relevant safety alerts.

All accidents were reported in the accident books. There had been eight accidents recorded over the past 12 months. We discussed accident and incident reporting with the practice manager and their explanations of how they were handled were in line with the practice policy. We reviewed documents relating to two of the accidents and saw that they were recorded and acted upon accordingly. One of the accidents related to a needle stick injury. The correct procedures had been followed including reporting to occupational health.

All staff we spoke with were aware of reporting procedures including who and how to report an incident to. We spoke with the practice manager about the handling of incidents and the duty of candour. The explanation was in line with the duty of candour expectations. The example given showed that the person affected was updated, received an apology and informed of the action taken and lessons learnt by the practice. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

The practice manager demonstrated a good understanding of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) Regulations and had the appropriate documentation in place to record if they had an incident. There had not been any RIDDOR incidents, within the past 12 months.

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

One of the principal dentists was the safeguarding lead. The practice had policies and procedures in place for safeguarding adults and children protection. We reviewed staff training records and saw that all clinical and non-clinical staff had completed appropriate safeguarding training to the required level. Details of the local authority safeguarding teams were readily available to staff on the practice computer system. The relevant safeguarding escalation flowcharts and diagrams for recording incidents were also available to staff. Staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents.

All dentists in the practice were following guidance from the British Endodontic Society relating to the use of rubber dam for root canal treatment. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway].

The system for managing medical histories was comprehensive. All patients were requested to complete medical history forms including existing medical conditions, social history and medication they were taking. Medical histories were reviewed at each subsequent visit and updated if required. During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories had been updated appropriately.

### Medical emergencies

There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. Medical emergencies drugs were stored securely and those requiring refrigeration were stored appropriately. The practice manager checked the medicines on a weekly basis and monitored expiry of medication. Staff also had access to emergency equipment on the premises including medical oxygen and an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. [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]. Staff told us they carried out checks to ensure equipment was in

# Are services safe?

working order in the event of needing to use them. There were notices in all the surgeries, the staff room and reception notifying staff of where the medical emergencies equipment and drugs were stored.

Most clinical staff had completed recent basic life support training which was repeated annually. Those that had not completed training recently, had it booked in to complete in the coming months. All staff were aware of where medical equipment was kept and knew how to use the AED and medical oxygen.

## **Staff recruitment**

There was a full complement of the staffing team. The team consisted of eight dentists, two dental nurses, nine trainee dental nurses, one receptionist, a hygienist and a practice manager. The practice manager told us that the current staffing numbers were sufficient to meet the needs of their patients.

The provider had an appropriate policy in place for the selection and employment of staff. This included requiring applicants to provide proof of address, proof of identification, references, and proof of professional qualifications and registrations (where applicable). We reviewed staff files and saw that the majority of staff had been working in the practice for a number of years and the appropriate checks at the time of employment were carried out. Employees employed more recently had the majority of pre-employment checks carried. We saw few instances where the provider had accepted Disclosure and Barring Services check completed by the previous employer. However the provider was able to confirm that DBS checks had been applied for these members of staff during the course of the inspection. (The DBS 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).

We saw confirmation of all clinical staffs' registration with the General Dental Council (GDC).

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

The practice had a health and safety policy and appropriate plans in place to deal with foreseeable emergencies. The health and safety policy covered identifying hazards and matters relating to staff and people who accessed the practice. This included hazardous

substances, manual handling and infection control. There was a business continuity plan that outlined the intended purpose to help staff overcome unexpected incidents and their responsibilities and duties. The plan outlined potential problems such as loss of computer system, loss of telephone and loss of electricity. Procedures were in place to enable them to respond to each situation. Where relevant, contact telephone numbers of organisations to contact were listed in the policy.

The practice had completed a health and safety risk assessment in December 2015 that covered various areas including assessing risks in the premises and equipment.

Fire drills were conducted monthly and fire equipment was tested in December 2015. Fire evacuation procedures were displayed appropriately.

## **Infection control**

The practice had an infection control policy that outlined the procedure for all issues relating to minimising the risk and spread of infections. The head dental nurse was the infection control lead.

There was a separate decontamination room. There were three sinks in the decontamination room; one for hand washing and two were used for cleaning and rinsing dental instruments. One of the dental nurses gave a demonstration of the decontamination process which was in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05). This included manually cleaning; placing in an ultrasonic cleaner; inspecting under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave; pouching and then date stamping, so expiry date was clear. Staff wore the correct personal protective equipment, such as apron and gloves during the process. Water temperatures were checked and staff maintained a log of the manual cleaning carried out.

There were three autoclaves. We saw records of all the daily and weekly checks and tests that were carried out on the autoclave to ensure it was working effectively. There was an ultrasonic cleaner. We saw appropriate records that confirmed the protein, foil and soil tests were being carried out in accordance with guidance.

# Are services safe?

Staff were immunised against blood borne viruses and we saw evidence of when they had received their vaccinations. The practice had blood spillage and mercury spillage kits. Clinical waste bins were assembled and labelled correctly in each surgery and were stored appropriately until collection by an external company, every week.

There were appropriate stocks of personal protective equipment such as gloves and disposable aprons for both staff and patients. There were enough cleaning materials for the practice. Wall mounted paper hand towels were available. Hand gel was available but not wall mounted.

The surgeries were visibly clean and tidy. We were told the dental nurses were responsible for cleaning all surfaces and the dental chair in the surgery in-between patients and at the beginning and end of each session of the practice in the mornings/ evenings. External cleaning staff had been appointed for the domestic cleaning at the practice. Daily and weekly cleaning schedules were in place outlining what areas needed to be cleaned. We reviewed a sample of completed schedules and they were up to date.

An up to date Legionella risk assessment had been carried out in August 2015. The results of the assessment were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Purified water was used in dental lines and managed with a purifying solution. Taps were flushed daily in line with recommendations.

The practice carried out infection control audits every six months. We reviewed the last two conducted in July 2015 and January 2016. No additional activity was identified to be undertaken from the most recent audit.

## Equipment and medicines

There were appropriate arrangements in place to ensure equipment was maintained. Service contracts were in place for the maintenance of equipment including the autoclave and compressor. There were three autoclaves and they had all been serviced in August 2015. The compressor was also maintained regularly, having last been tested and serviced in March 2015. The practice had portable appliances and carried out PAT (portable appliance testing). Appliances were last tested in January 2015 and were due for re-test in January 2016.

Medication was stored and monitored appropriately.

## Radiography (X-rays)

The practice had a radiation protection file that was up to date and demonstrated appropriate maintenance of X-ray equipment. This included acceptance test carried out in June and July 2015 confirming they were in good working order. One of the principal dentists was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA).

All relevant staff had completed radiation training. There was evidence of the practice having undertaken critical examination test and risk assessment. Individual audits were completed for each X-ray unit and annual audits were carried out also. We reviewed the last annual audit that was conducted in December 2015 and it was appropriate.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The dentists used current guidelines such as those from the National Institute for Health and Care Excellence (NICE) to assess each patient's risks. We saw that they were following guidance; for example their recall rates were in line with recommendations.

During the course of our inspection we checked a sample of dental care records from all the dentists to confirm the findings. We saw evidence of comprehensive assessments to establish individual patient needs. The assessment included completing a medical history, outlining medical conditions and allergies (which was reviewed at each visit), a social history recording habits such as eating and activity and an extra- and intra-oral examination. The reason for visit was documented and a full clinical assessment was completed. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.

### Health promotion & prevention

We saw evidence that clinicians in the practice were proactive with giving patients health promotion and prevention advice. Dentists told us that they gave health promotion and prevention advice to patients during consultations and dental records we checked confirmed this. Clinical staff gave us thorough explanations of the advice they gave to patients. This ranged from teeth brushing techniques, dietary advice, smoking cessation and advice on products to use. Leaflets were also given to patients relating to these areas and also soft and hard tissues and cancer screening.

There was a range of printed information available to patients in the waiting room and surgeries as well as posters on display in the patient waiting area. Patients we spoke with told us staff had given them health promotion advice and at times reminded them if they saw they were not implementing the advice.

### Staffing

All clinical staff had current registration with their professional body, the General Dental Council and were all up to date with their continuing professional development

requirements, working through their five year cycle. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 hours every five years]. Training completed included infection control, safeguarding, domestic violence and mental capacity act. We saw numerous examples of opportunities that existed for staff for further training and courses that were outside the core and mandatory requirements. This included attendance at conferences related to implants, minor oral health and impressions.

### Working with other services

The practice had processes in place for effective working with other services. All referrals were made using a standard proforma. Information relating to patients' relevant personal details, reason for referral and medical history was contained in the referral. Copies of all referrals made were kept on the patients' dental care records. Fast track referrals were seen within two weeks and details were faxed and followed up with a telephone call to ensure it was received. We reviewed a referral that was made to the hospital and saw that the process was appropriate with relevant information being taken; information about the referral being recorded and saved on the patients records and a system in place to monitor the outcome.

### Consent to care and treatment

The practice had a consent policy for staff to refer to. The policy outlined how consent could be obtained and how it should be documented. Consent was usually obtained verbally and recorded in patients' dental care records. There were consent forms for certain procedures such as implant surgery.

All clinical staff whom we spoke with demonstrated understanding of Gillick competency and the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle. Clinical and non-clinical staff gave us examples of when the MCA could be used and how it related to them in their role. [The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for them]. All staff had completed Mental Capacity Act training in December 2015.

Dental care records we checked demonstrated that consent was obtained and recorded appropriately.

# Are services caring?

## Our findings

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

We received feedback from 31 patients via Care Quality Commission comment cards and spoke with seven patients on the day of the inspection. Feedback was very positive. Patients told us that staff provided a friendly and professional service and were caring. Patients spoke positively about instances where staff had shown compassion and displayed empathy and given practical assistance if they had experienced painful or complex treatment that may have caused distress. Patients also gave examples of where they were treated with dignity and respect. This included staff ensuring they maintained privacy during consultations, keeping this personal information confidential and speaking to them respectfully.

Staff told us that they ensured they maintained patients' privacy during consultations by closing doors and asking if they were comfortable. During our inspection we observed staff being respectful by ensuring that when patients were receiving treatment the door to the treatment rooms was closed and conversations could not be overheard in the surgery. We saw that reception staff made efforts to speak with lowered voices so conversations could not be overheard.

Patients' information was held securely electronically. All computers were password protected with individual login requirements

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

The patient feedback we received confirmed that patients felt involved in their treatment planning and received enough information about their treatment. Patients commented that things were explained well often with the use of models and aids, and they were provided with treatment options. Information relating to costs was always given and explained including details about the different NHS band charges. The practice also displayed costs in the waiting area. Treatment options were discussed with the benefits and consequences pointed out. Patients also told us that they were given time to think about their options including being given a copy of their completed treatment plan.

The dentists explained how they involved patients in decisions about their care and treatment. This included using visual aids and models to help them understand the diagnoses and proposed treatment. Discussions with patients and efforts to involve them were clearly documented in dental care records.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had an appropriate appointments system that responded to the needs of their patients. The practice is open from 9.00am to 7.00pm Monday to Fridays and from 9.00am to 1.00pm. Patients we spoke with indicated that these opening times suited their needs.

Emergency and non-routine appointments were available every day during opening times. If a patient had an emergency they were asked to attend the surgery, and would be seen as soon as possible.

Information was available in other formats such as large print for patients who required it.

### Tackling inequity and promoting equality

The practice manager told us that the local population was diverse with a mix of patients from various cultures and background. The staff team was diverse as well and staff spoke different languages which included Polish, French, Spanish and Hindi. Staff also had access to NHS translation services if patients spoke another language that staff did not speak.

The practice was located on the first floor and the building was not wheelchair accessible and did not have a lift. Staff told us that they had arrangements in place with a dental practice close by in the event of a patient with mobility problems requiring treatment. Patients we spoke with mentioned the inaccessibility of the building as an obstacle however they gave us positive example of how the practice had made adjustments in order to cater to their needs. This included adding additional hand rails and also providing treatment at alternative locations when requested.

### Access to the service

The practice opening times were advertised on the practice door, the practice leaflet and on the website.

Appointments were booked by calling the practice or in person by attending the practice. Patients we spoke with told us that they did not encounter any problems with booking an appointment and could usually get an appointment within a few days.

If a patient needed to see a dentist outside of normal opening times they were directed to contact the "111" hours services. They were informed of the service via the recorded message on the practice answer machine and a poster on the practice door.

Patients who provided feedback were aware of how to access appointments both during opening hours and outside of opening hours. They were satisfied with the way information was made available to them.

### Concerns & complaints

At the time of our visit there had been one complaint made in the past 12 months. The practice manager explained their complaints policy and procedure and went through the complaint that had been received. We saw that the complaint had been investigated and responded to appropriately, with the patient receiving an apology and explanation of the investigation.

Staff we spoke with demonstrated knowledge of their complaints procedure, including knowing timescales for responding, and what to do in the event of a patient needing to make a complaint.

Information relating to complaints was readily available to patients. A copy of the complaints procedure was displayed in the reception area and copies of the complaints leaflet were also available. The majority of patients we spoke with were aware of how to complain, although they hadn't ever had to complain. Those who were not aware told us they would speak to a member of staff for assistance.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had a range of policies and procedures for the smooth running of the service which were available electronically or in paper format. Staff we spoke with confirmed that they knew how to access the practice policies.

Dental care records we checked were complete, legible and stored securely.

Staff told us that audits completed over the past 12 months included audits on infection control, clinical records and patient satisfaction. We reviewed the audits and saw that the aim of the audit was clearly outlined along with learning outcomes. For example the aim of the clinical records audit was to assess the procedure for clinical record keeping and to check it was being followed. The practice reviewed 20 patient record cards from each dentist. Areas for improvement identified included better cancer screening recording; clearer stating of diagnosis in notes and ensuring the six point pocket chart is completed. The practice planned to re-audit in six months to identify any improvements.

### Leadership, openness and transparency

Staff in the practice were clear about the lines of responsibilities and were confident in approaching the practice manager to discuss issues if they needed to. Leadership was also clear with the principal dentists having a clear presence. The practice had a staff handbook which outlined the practice purpose and mission statement. All staff were required to read the handbook and a copy was available for their reference.

We discussed the duty of candour requirement in place on providers with one of the principal dentists and they demonstrated understanding of the requirement. They

gave us explanations of how they ensured they were open and transparent with patients and staff. The explanations were in line with the expectations under the duty of candour.

### Learning and improvement

The practice had processes in place to ensure staff were supported to develop and continuously improve. There was a training matrix that outlined all completed and pending training. The practice manager monitored training needs of staff to ensure staff stayed up to date.

All staff had appraisals which were completed in November 2015. Appraisals were completed annually and reviewed every month. We reviewed a sample of appraisals and saw they were completed appropriately. Staff confirmed that appraisals were used to identify their learning and development needs and assist in their improvement.

Staff meetings were held every two weeks. Staff confirmed that they found the meetings useful and they received appropriate updates and were notified about events where lessons could be learnt. We reviewed the team meeting minutes and they did not always reflect discussions held during meetings.

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

The practice participated in the NHS Friends and Family Test (FFT) and also completed their own satisfaction surveys. Results from the FFT were collected monthly and analysed to pick up any patient feedback. The results of the practice survey were also very positive. They had received 315 responses collected from August 2015 to January 2016. Results indicated that patients were happy with the service and able to provide feedback to the provider.

Staff we spoke with confirmed their views about practice developments were sought through the staff meetings. They also said that the practice manager and principal dentists were approachable and they could discuss with them if they had suggestions for improvement to the service.