

Mr. Mohammad Reza Manbajood

# Stoke Newington Dental Practice

## Inspection Report

83 Stoke Newington High Street  
Stoke Newington  
London  
N16 8EL  
Tel: 020 7254 7542  
Website: [www.odontica.co.uk](http://www.odontica.co.uk)

Date of inspection visit: 16 November 2016  
Date of publication: 19/12/2016

### Overall summary

We carried out an announced comprehensive inspection on 16 November 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**

Stoke Newington Dental Practice located in Stoke Newington provides NHS and private dental treatment to patients of all ages.

Practice staffing consists of a principal dentist, three associate dentists, one foundation dentist, one hygienist, three dental nurses, four trainee dental nurses/ receptionist and practice manager.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. 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.

The practice is open Monday, Wednesday and Friday 9am to 7pm, Tuesday and Thursday 9am to 5pm and Saturdays 10am to 4.30pm.

The practice facilities include three treatment rooms, reception and waiting area, decontamination room, and a staff kitchen.

# Summary of findings

27 patients provided feedback about the service. Patients we spoke with and those who completed comment cards were very positive about the care they received about the service. Patients told us that they were happy with the treatment and advice they had received.

## **Our key findings were:**

- Staff had received safeguarding children and adults training and knew the processes to follow to raise any concerns. The practice had whistleblowing policies and procedure and staff were aware of these and their responsibilities to report any concerns.
- There were systems in place to ensure that all equipment was maintained in line with manufacturer's guidelines.
- The practice ensured staff were trained and that they maintained the necessary skills and competence to support the needs of patients.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- There were systems in place to reduce the risk and spread of infection. Dental instruments were cleaned and sterilised in line with current guidance.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- Staff had been trained to handle medical emergencies, and appropriate medicines and life-saving equipment were readily available.
- The practice had a procedure for handling and responding to complaints, which were displayed and available to patients.
- Governance systems were effective and there were a range of policies and procedures in place which underpinned the management of the practice. Clinical and non-clinical audits were carried out to monitor the quality of services.
- The practice sought feedback from staff and patients about the services they provided and acted on this to improve its services.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

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

The practice had systems in place for identifying, investigating and learning from incidents relating to the safety of patients.

The practice was visibly clean and infection control procedures were in line with national guidance.

The cleaning and decontamination of dental instruments was carried out in line with current guidelines. Regular audits and checks were carried out to ensure that the infection control arrangements were effective.

Patients were protected against the risks of abuse or harm through the practice policies and procedures. Staff were trained to recognise and report concerns about patients' safety and welfare and had access to contact details for the local safeguarding team.

There were arrangements in place to deal with medical emergencies and staff had annual training.

The practice had undertaken a risk assessment in relation to the Control of Substances Hazardous to Health 2002 (COSHH) regulations.

There were procedures in place for recruiting new staff and these were followed consistently. All of the appropriate checks including employment references, proof of identification and security checks were carried out when new staff were employed. The staff were suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times.

No action



### **Are services effective?**

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

Patients received a comprehensive assessment of their dental needs including a review of their medical history. Dental care records were detailed and included details of risks of and benefit of treatment.

Patients were offered options of treatments available and were advised of the associated risks and intended benefits. Patients consent was obtained and they were provided with a detailed written treatment plan which described the treatments considered and agreed together with the proposed timeframe for completions and the fees involved.

The staff kept their training up-to-date and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) demonstrated that they were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration.

No action



# Summary of findings

Health education for patients was provided by the dentists and information leaflets were available within the practice. They provided patients with advice to improve and maintain good oral health. We received feedback from patients who told us that they found their treatment successful and effective.

## Are services caring?

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

Patients were complimentary about the practice and how the staff treated them. Patients commented positively on how caring and helpful staff were, describing them as friendly, compassionate and professional.

Patients felt listened to and were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. Staff had a good awareness of how to support patients who may lack capacity to make decisions about their dental care and treatment.

No action 

## Are services responsive to people's needs?

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

The practice provided friendly and personalised dental care. Patients had good access to appointments, including emergency appointments, which were available on the same day. In the event of a dental emergency outside of normal opening hours patients were directed to the mobile number of the principal dentist and '111' out of hours service and the contact details were available for patients' reference.

Patients who had difficulty understanding care and treatment options were suitably supported.

The practice had a complaints process which was available to support any patients who wished to make a complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them. Complaints were investigated and responded to in a timely manner and a suitable explanation and apology was offered.

No action 

## Are services well-led?

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

Staff felt supported and empowered to make suggestions for the improvement of the practice. There was a culture of openness and transparency. Staff who we spoke with told us that they were supported and they were clear about their roles and responsibilities to ensure the smooth running of the service. The principal dentist was proactive in keeping up to date with reviews and changes to current guidance and ensuring that these were implemented in the practice.

The dental care records were maintained appropriately giving due regard to guidance provided by the Faculty of General Dental Practice (FGDP) regarding clinical examinations and record keeping.

No action 

# Summary of findings

There was a pro-active approach to identify safety issues and make improvements in procedures. There was candour, openness, honesty and transparency amongst all staff we spoke with.

Patients' views were regularly sought by way of a patient survey and these were acted upon as required.

# Stoke Newington 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.

The inspection took place on the 16 November 2016 and was undertaken by a CQC inspector and a dental specialist advisor. Prior to the inspection we reviewed information submitted by the provider.

The methods used to carry out this inspection included speaking with the principal dentist, foundation dentist, two dental nurses and reception staff on the day of the inspection, reviewing documents, completed patient feedback forms and observations.

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, such as those from the Medicines and Healthcare products Regulatory Agency (MHRA) and NHS England by email and ensure they were shared with staff working in the practice. This included forwarding them to relevant staff and also printing them and leaving them in a central location for all staff reference.

The practice had an incidents and accident reporting procedure. All incidents and accidents would be reported in the incident log and accident books. There had been no accidents in the past 12 months. All staff we spoke with were aware of reporting procedures including who and how to report an incident to.

The principal dentist and staff demonstrated a good understanding of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) and had the appropriate documents in place to record if they had an incident. There had been no RIDDOR incidents within the past 12 months.

We discussed the Duty of Candour requirement in place on providers and the principal dentist demonstrated understanding of the requirement. They gave us explanations of how they ensured they were open and transparent with patients. The explanations were in line with the expectations under the duty of candour. [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].

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

The head nurse was the safeguarding lead. The practice had policies and procedures in place for safeguarding adults and child protection. All staff including non-clinical staff had completed child protection and adult safeguarding training. Details of the local authority safeguarding teams were readily available, as were the

relevant safeguarding escalation flowcharts and diagrams for recording incidents. Staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents.

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

We noted that rubber dams were being routinely used in root canal treatment in line with current guidance. (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. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

### Medical emergencies

There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. These were stored securely and those requiring refrigeration were also stored appropriately. Staff also had access to emergency equipment on the premises including medical oxygen. . The practice had 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]. We saw records of the weekly checks that were carried out to ensure the medicines were not past their expiry dates and there were daily and weekly checks to ensure equipment was in working order.

All staff had completed recent basic life support training which was updated annually. All staff were aware of where medical equipment was kept and knew how to use the AED and medical oxygen.

### Staff recruitment

# Are services safe?

Practice staffing consists of a principal dentist, three associate dentists, one foundation dentist, one hygienist, three dental nurses, four trainee dental nurses/receptionist and practice manager.

The head nurse told us that the current staffing numbers was 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.

All prospective staff completed an application form and were interviewed as part of the recruitment and selection process. All staff had a Disclosure and Barring Services (DBS) check completed (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) and where relevant had to provide proof of immunisation against Hepatitis B (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections). We reviewed staff recruitment records and found that all appropriate checks and documents were present. We saw confirmation of all clinical staffs' registration with the General Dental Council (GDC).

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

The practice had appropriate policies and procedures and regularly undertook a number of risk assessments to cover the health and safety concerns that might arise in providing dental services generally and those that were particular to the practice. There was a Health and Safety policy and risk assessment to identify and assess risks associated with the practice premises and equipment and which included guidance and manual handling and management of clinical waste.

There were procedures for dealing with fire including staff training and arrangements for safe evacuation from the premises. Fire safety equipment was regularly checked and tested to ensure that it worked properly.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and

injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We saw the practice had a system in place to regularly update their records which included receiving COSHH updates and changes to health and safety regulations and guidance.

## **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 dental nurse was the infection control lead.

There was a separate decontamination area. The dental nurse 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 placing all dirty instruments into an ultra-sonic bath, rinsing, inspecting instruments under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); then 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.

We saw records of all the checks and tests that were carried out on the autoclaves and washer disinfectors to ensure it was working effectively. The checks and tests were in line with guidance recommendations.

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 waste was stored appropriately until collection by an external company.

The treatment rooms were visibly clean and tidy. 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. Paper hand towels and hand gel was available.

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



## Are services safe?

cleaning staff undertook domestic cleaning at the practice. Cleaning schedules were in place and we saw the logs to confirm they were being completed. There were appropriate colour coded cleaning equipment and it was stored correctly at the time of our inspection.

An up to date Legionella risk assessment had been carried out in March 2016 and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Hot and cold water temperature monitoring was being undertaken and documented and dental unit water lines were being maintained in line with current guidance. Water temperature checks were completed every month on water lines in the surgeries, toilets and decontamination room. Purified water was used in dental lines. Taps were flushed daily in line with recommendations.

### **Equipment and medicines**

There were appropriate arrangements in place to ensure equipment was suitably maintained. Service contracts were in place for the maintenance of the autoclave and compressor. The autoclave and compressor was serviced in April 2016. The practice had portable appliances and had carried out PAT (portable appliance testing). Appliances were last tested in November 2016.

The practice had an effective system in place regarding the management and stock control of the materials used in clinical practice. The dentists used the British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics, where used were recorded in patients' dental care records.

### **Radiography (X-rays)**

The practice had a radiation protection file that was up to date and demonstrated appropriate maintenance of X-ray equipment. Local rules were in place and had been signed and dated by all members of staff. In-house training regarding local rules had been given to all staff. One of the dentist was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA). We also saw evidence of staff qualifications for radiation training. An inventory of all equipment being used was present and maintenance records were up to date

The critical examination test, risk assessment and quality assurance documentation were present. X-ray audits were being conducted on an annual basis.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

During the course of our inspection we checked a sample of dental care records to confirm the findings. Patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE) and Faculty of General Dental Practice (FGDP) guidance. Staff were using the 'Delivering Better Oral Health' toolkit which is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. The dentist told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals and always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs.

### Health promotion & prevention

The dentists we spoke with said they provided patients with advice to improve and maintain good oral health, including advice and support relating to diet, alcohol and tobacco consumption. Patients told us that they were well informed about the beneficial use of fluoride paste and the ill-effects of smoking on oral health.

The dentists we spoke with was aware of and was using the Department of Health publication - 'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

The dental team provided advice to patients about the prevention of decay and gum disease including advice on tooth brushing technique and oral hygiene products. Information leaflets on oral health were available. There were a variety of different information leaflets available in the reception areas.

### 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, and 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]. The dentist and dental nurses told us that they worked well as a team. There were

ongoing training and development opportunities available and the nurse was supported and undertook an annual appraisal of their performance from which areas for personal development were identified and planned for. Records showed that staff had undertaken training in areas including basic life support, infection control and safeguarding children and vulnerable adults, health and safety and fire safety, equality and diversity, Mental Capacity Act 2015 and information governance.

The principal dentist monitored the training and development of staff to ensure they had the right opportunities and capacity to attend training.

### Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations.

The dentist explained that they would refer patients to other dental specialists for treatment when required. The referrals were based on the patient's clinical need. In addition, the practice followed the two week referral process to refer patients for screening for oral cancer.

We checked a sample of referrals received by practice and saw they were appropriately dealt with in the correct way. The practice had a logging system in place to monitor all referrals that are sent.

### 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. The practice also had a folder with information relating to mental capacity, outlining how to assess if a person lacked capacity and what to do in such circumstances. All clinical staff whom we spoke with demonstrated understanding of the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle and Gillick competence. Staff gave us examples of when the MCA could be used and how the role 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].

# Are services effective?

(for example, treatment is effective)

Dental care records we checked demonstrated that consent was obtained and recorded appropriately. Patients who provided feedback confirmed that their consent was obtained for treatment.

# Are services caring?

## Our findings

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

We received feedback from 27 patients. Feedback was very positive. Patients told us that staff treated them with dignity, respect and empathy. We were given examples of how staff displayed these qualities including being attentive to their needs and ensuring privacy was maintained during treatment.

We observed staff interacting with patients before and after their treatment and speaking with patients on the telephone. They were polite and friendly and this was also reflected in comments made by patients.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. Dental care records were held securely.

The dentists demonstrated that they understood the principles of the Gillick competency test and applied it. The

test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions about their care and treatment. Staff told us that patients with disabilities or in need of extra support were given as much time as was needed to explain and provide the treatment required.

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

The patient feedback we received confirmed that patients felt involved in their treatment planning. Patients commented that things were explained well and they were provided with treatment options. Information relating to costs was always given and explained. Treatment options were discussed, with the benefits and risks pointed out. Patients also told us that they were given time to think about their options including being given a copy of their treatment plan.

The dentists explained how they involved patients in decisions about their care and 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. Emergency and non-routine appointments were available every day and fitted in as add-ons to scheduled appointments. If a patient had a dental emergency they were asked to come in and would be seen as soon as possible.

The practice provided patients with information leaflets about the services they offered. The services provided include preventative advice and treatment, routine, cosmetic and restorative dental care. 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 on the day.

### Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. Staff members told us that longer appointment times were available for patients who required extra time or support, such as patients who were particularly nervous or anxious. Staff we spoke with explained to us how they supported patients with additional needs such as young children. They ensured patients were supported by a parent and that there was sufficient time to explain fully the care and treatment they were providing in a way the patient and parent understood.

The head nurse told us that the local population was diverse with a mix of patients from various cultures and background. Staff at the practice spoke a range of different languages including; Lithuania, Polish Latvian, Turkish, Norwegian, Romanian, Czech, Hindi, Arabica and Bulgarian.

### Access to the service

Appointments were booked by calling the practice. In the event of a patient needing an appointment outside of the opening times, patients were directed to 111 out of hour's service (via recorded message on the practice answer machine).

Patients told us that they could access care and treatment in a timely way and the appointment system met their needs. This was reflected in the positive comments in the practice patient survey and the results of the NHS Friends and Family Test. 100% of patients who completed the Friends and Family Test said that indicated that they would be "extremely" or "likely" to recommend the practice to friends and family.

### Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Patients were provided with information, which explained how they could make complaints and how these would be dealt with and responded to. Patients were also advised how they could escalate their concerns should they remain dissatisfied with the outcome of their complaint or if they felt their concerns were not dealt with fairly. This information was displayed in the practice waiting room.

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 helped ensure a timely response. The practice had received four complaints within the last 12 months. These had been dealt with in line with practice protocol.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had a range of policies and procedures for the smooth running of the service. There was a system in place for policies to be reviewed periodically. Staff we spoke with confirmed that they knew how to access policies and found them useful to enable them to work effectively. Staff were fully supported to meet their continuing professional development needs.

The practice had a comprehensive programme of audits in place. Various audits that had been completed over the past 12 months including audits on X-rays, record keeping and infection control. We reviewed the audits and saw that the aim of the audit was clearly outlined along with learning outcomes. Findings were summarised with actions identified.

The practice had a very well-defined management structure throughout the practice which all the staff were aware of and understood. All staff members had defined roles and were all involved in areas of clinical governance.

### **Leadership, openness and transparency**

Leadership was very clear in the practice and we saw clear examples of how the principal dentist led by example and promoted an atmosphere of openness amongst staff. For example, we saw that meetings were used to discuss issues related to staffing issues, incident and errors. Staff we spoke with told us that leaders were open and transparent and they felt confident going to them regardless of what the situation was (i.e. if they had to make them aware of a mistake they had made or discuss an issue).

Staff were aware of their responsibilities to comply with the duty of candour and told us if there was an incident or accident that affected a patient the practice would act appropriately in accordance with the duty.

### **Learning and improvement**

The practice had processes in place to ensure staff were supported to develop and continuously improve. Appraisals were carried out yearly for all staff. This process included setting objectives and highlighting areas for development. We reviewed staff appraisals and saw they supported learning outcomes. Training such as safeguarding, infection control and life support was arranged centrally for all staff. Other training opportunities were available for staff and this was identified through the appraisal process and staff discussion, staff could also request if they desired any additional training.

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

The practice carried out patient satisfaction surveys on an on-going basis. Results were analysed to identify themes and trends. We reviewed the results of recently completed forms and they were very positive and also outlined any areas of improvements for the practice to consider.

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