Precision Dental & Facial Aesthetics Limited

Precision Dental & Facial Aesthetics - Osborne House

Inspection Report

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Date of inspection visit: 9 February 2017
Date of publication: 15/03/2017

Overall summary

We carried out an announced comprehensive inspection on 9 February 2017 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

Precision Dental & Facial Aesthetics - Osborne House is situated in Rotherham, South Yorkshire. The practice provides dental treatment to adults and children on a privately funded basis. The services include preventative advice and treatment, routine restorative dental care and dental implants.

The practice has three surgeries, a decontamination room, an X-ray room, a waiting area and a reception area. All of the facilities are on the ground floor of the premises along with toilet facilities.

There are three dentists, one dental hygienist, four dental nurses, one receptionist and a practice manager.

The opening hours are Monday from 9-00am to 7-00pm, Tuesday to Thursday from 9-00am to 5-30pm and Friday from 9-00am to 1-30pm.

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

Summary of findings

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.

During the inspection we received feedback from 34 patients. The patients were positive about the care and treatment they received at the practice. Comments included staff were friendly, helpful and caring. They also commented that the treatments were carried out with great sensitivity and the premises are clean and hygienic.

Our key findings were:

- The practice was visibly clean and uncluttered.
- The practice had systems in place to assess and manage risks to patients and staff including health and safety and the management of medical emergencies.
- Staff were qualified and had received training appropriate to their roles.
- Dental care records showed treatment was planned in line with current best practice guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- We observed patients were treated with kindness and respect by staff.
- Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- Patients were able to make routine and emergency appointments when needed.
- The governance systems were effective.
- There were clearly defined leadership roles within the practice and staff told us they felt supported, appreciated and comfortable to raise concerns or make suggestions.
- The practice used a hand held X-ray machine. This was not stored in line with current guidance from Public Health England.

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

- Review the staff's awareness of the sharps policy and risk assessment.
- Review the storage and security of the hand held X-ray machine.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

Staff told us they felt confident about reporting incidents and accidents. There was an effective system for the analysis of such events and they were discussed at practice meetings.

Staff had received training in safeguarding at the appropriate level and knew the signs of abuse and who to report them to.

Not all staff were familiar with the sharps policy and risk assessment with regards to re-sheathing needles.

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use.

The practice used a hand held X-ray machine. This was not stored securely in line with guidance from Public Health England.

Are services effective?

No action

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

Patients' dental care records provided information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and provided treatment when appropriate.

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP). The dentists were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice. Details of preventative advice provided was not always documented.

Staff were encouraged to complete training relevant to their roles and this was monitored by the practice manager. The clinical staff were up to date with their continuing professional development (CPD).

Referrals were made to secondary care services if the treatment required was not provided by the practice.

Summary of findings

The dentist told us that options and benefits of particular treatments were discussed with patients prior to formulating a treatment plan. This was not always clearly articulated in dental care records.

Are services caring?

No action

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

During the inspection we received feedback from 34 patients. Comments included staff were friendly, helpful and caring. They also commented that everything is explained in great detail.

We saw that staff were welcoming and caring towards the patients.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

Staff explained that enough time was allocated to ensure that treatment was fully explained to patients in an understandable way.

Are services responsive to people's needs?

No action

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

The practice had an efficient appointment system that was responsive to patients' needs. There were vacant appointments for urgent or emergency cases each day.

There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

The practice had made reasonable adjustments to enable wheelchair users or patients with limited mobility to access treatment.

Are services well-led?

No action

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

Clearly defined management structures were in place and all staff felt supported and appreciated in their own particular roles. The practice manager was responsible for the day to day running of the practice. The principal dentist was the clinical lead.

Effective arrangements were in place to share information with staff by means of monthly practice meetings which were well minuted for those unable to attend.

Clinical and non-clinical areas were audited to support continuous improvement and learning.

They conducted annual patient satisfaction surveys; there was a comments book in the entrance foyer and a comments box in the waiting room for patients to make suggestions to the practice. Results of the most recent patient satisfaction survey were displayed on a notice board.

Precision Dental & Facial Aesthetics - Osborne House

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We spoke with one dentist, two dental nurses, the receptionist and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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 clear guidance for staff about how to report incidents and accidents. Staff were familiar with the importance of reporting significant events. No significant events had occurred in the last 12 months. We were told that any significant events or accidents would be discussed at staff meetings in order to disseminate learning.

The practice manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and notifications which need to be made to the CQC.

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and through the Central Alerting System (CAS). These were actioned if necessary and were stored for future reference.

Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The principal dentist was the safeguarding lead for the practice and all staff had undertaken level two safeguarding training.

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Safer sharps systems were not in use but a risk assessment was in place to mitigate risk of sharps injury. Not all staff followed the recommendations of this risk assessment. A dentist was using a two handed re-sheathing technique. We discussed this on the day and we were told this would be discussed at the next practice meeting and a re-sheathing device would be used.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. 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 is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

The practice had a whistleblowing policy which staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

We saw patients' clinical records were computerised and password protected to keep personal details safe. Any paper documentation relating to patients' records were stored in lockable cabinets.

Medical emergencies

Staff were provided with clear guidance on dealing with medical emergencies. They were knowledgeable and had completed training in emergency resuscitation and basic life support within the last 12 months.

The practice held an emergency resuscitation kit, medical emergency oxygen and emergency medicines. Staff knew where the emergency kits was kept. We checked the emergency equipment and medicines and found them to be in date and in line with the Resuscitation Council UK guidelines and the BNF.

The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (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.).

Records showed regular checks were carried out on the AED, emergency medicines and the oxygen cylinder. These checks ensured the oxygen cylinder was full and in good working order, the AED battery was charged and the emergency medicines were in date. We saw the oxygen cylinder was serviced on an annual basis.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications, checking

Are services safe?

Hepatitis B immunity and professional registration. We reviewed a sample of staff files and found the recruitment procedure had been followed. The practice manager told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed 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. We reviewed records of staff recruitment and these showed all checks were in place.

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

A health and safety policy and risk assessments were in place at the practice. This identified the risks to both patients and staff. The risks had been identified and control measures implemented to reduce them. Monthly health and safety risk assessments were conducted on the premises. This covered slips, trips and falls and the quality of lighting.

Policies and procedures were in place to manage risks at the practice. These included the use of pressure vessels, electrical wiring and eye injury.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, and dental materials in use in the practice. The practice identified how they managed hazardous substances in its health and safety and infection control policies and in specific guidelines for staff, for example in its blood spillage and waste disposal procedures.

Infection control

There was an infection control policy and procedures to safeguard patients and staff. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. A dental nurse was the infection control lead with responsibility for overseeing the infection control procedures within the practice.

Staff had received training in infection prevention and control.

We observed the treatment rooms and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. A cleaning schedule identified areas to be cleaned. There were hand washing facilities in the treatment rooms and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. An instrument transportation system ensured the safe movement of instruments between treatment rooms and the decontamination room and minimised the risk of the spread of infection.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were well-informed about the decontamination process and demonstrated correct procedures.

The practice had systems in place for daily and weekly quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in November 2016 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05).This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards.

Are services safe?

Records showed a risk assessment for Legionella had been carried out in January 2017 (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice had processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning and end of each session and between patients, monitoring cold and hot water temperatures each month, the use of a water conditioning agent and quarterly tests on the water quality to ensure Legionella was not developing.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclaves and the compressor. The practice manager maintained a comprehensive list of all equipment including dates when equipment required servicing. We saw evidence of regular servicing of the autoclaves and the compressor. Portable appliance testing (PAT) had been completed in January 2017 (PAT confirms that portable electrical appliances are routinely checked for safety).

The practice kept a stock of antibiotics and painkillers to be dispensed to patients. These were securely stored and a dispensing log was maintained. All medicines were in date and a stock control system ensured they did not go out of date.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records demonstrated the X-ray equipment was regularly tested and serviced when necessary. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure the equipment was operated safely and by qualified staff only. Local rules were available in the surgeries, X-ray room and within the radiation protection folder for staff to reference if needed. We saw a justification, grade and a report was documented in the dental care records for all X-rays which had been taken.

The practice used a hand held X-ray machine. This was not securely stored in accordance with the Public Health England document "Guidance on the Safe Use of Hand-held Dental X-ray Equipment" (2015). This document states that "At any time when it is not being used, or under the operator's direct supervision, hand-held dental X-ray equipment should be placed in a secure, locked area to prevent its reasonably foreseeable loss, theft or unauthorised use. While the practice is closed the unit should be stored out of sight in a locked metal or theft-proof cabinet. The battery should also be removed from the main unit if possible and stored separately from it". Staff were unaware of this guidance. We were told this would be followed up and implemented as a matter of urgency.

Audits were conducted to assess the quality of X-rays. The results of the most recent audit confirmed compliance with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept contemporaneous, detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. If the patient had more advanced gum disease then a more detailed inspection of the gums was undertaken and the patient was referred to the dental hygienist for further treatment.

Medical history checks were updated every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medication and noted any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentist followed the guidance from the FGDP before taking X-rays to ensure they were necessary.

Health promotion & prevention

The practice provided preventative care and advice to patients to encourage better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the dentists applied fluoride varnish to children who attended for an examination. Fissure sealants were also applied to children at high risk of dental decay. High fluoride toothpastes were recommended for patients at high risk of dental decay.

There was limited evidence in the dental care records that advice in relation to the prevention of dental decay was provided to patients. We discussed this with the dentist who told us this would be documented.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

The patients' medical history form included questions about smoking and alcohol consumption. We were told by the dentist and saw in dental care records that smoking cessation advice and alcohol awareness advice were provided where appropriate. Health promotion leaflets were available in the waiting room to support patients.

Staffing

New staff had a role specific period of induction to familiarise themselves with practice processes. We saw evidence of completed induction checklists in the personnel files.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The practice organised in house training for medical emergencies to help staff keep up to date with current guidance. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

Working with other services

The practice worked with other professionals where this was in the best interest of the patient and in line with current guidance. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics, oral surgery and sedation. Patients would be given a choice of where they could be referred and the option of being referred privately for treatment.

The dentist completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the dentist to see if any action was required and then stored in the patient's dental care records.

Are services effective?

(for example, treatment is effective)

The practice had a procedure for the referral of a suspected malignancy. This involved sending an urgent letter the same day and a telephone call to confirm the letter had arrived.

Consent to care and treatment

Patients were given information to assist them in making decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. The dentist described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. The dentist was familiar with the concept of Gillick competency and involving children in decision making and ensuring their treatment wishes were respected.

Staff had completed training in the Mental Capacity Act (MCA) 2005 and understood it's relevance to ensuring patients had the capacity to consent to treatment. The dentist understood the concept of best interest decisions.

Staff ensured patients gave their consent before treatment began. We were told that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given a written treatment plan which outlined the treatments which had been proposed and the associated costs. Patients were also asked to sign a consent form which documented the risks associated with the treatment. Dental care records did not always reflect why a patient had decided on a particular treatment option. This was discussed on the day of inspection and we were told this would be documented.

Patients were given time to consider and make informed decisions about which option they preferred. The dentist was aware that a patient could withdraw consent at any time.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented they were treated with care, respect and dignity. Staff told us they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. This included ensuring dental care records were not visible to patients and keeping surgery doors shut during consultations and treatment.

We observed staff to be helpful, discreet and respectful to patients. Staff told us if a patient wished to speak in private an empty room would be found to speak with them.

Involvement in decisions about care and treatment

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

Patients were also informed of the range of treatments available in the practice information leaflet and on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system that responded to patients' needs. Staff told us patients who requested an urgent appointment would be seen the same day. We saw evidence in the appointment book there were dedicated emergency slots available each day for each dentist. If the emergency slots had already been taken then the patient was invited to sit and wait for an appointment if they wished. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

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. A DDA audit had been completed as required by the Equality Act 2010. Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. These included step free access to the premises and a ground floor accessible toilet. The surgeries were large enough to accommodate a wheelchair or a pram.

Access to the service

The practice displayed its opening hours on the premises, in the practice information leaflet and on the practice website.

Patients could access care and treatment in a timely way and the appointment system met their needs. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were provided with a mobile telephone number when the practice was closed. Information about the out of hours emergency dental service was available on the telephone answering service and on the practice website.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room. The practice manager was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially. The practice had not received any complaints in the last 12 months.

Are services well-led?

Our findings

Governance arrangements

The practice manager and the principal dentist were responsible for the day to day running of the service. A range of policies and procedures were in use and available on paper and electronically. Policies were regularly updated and discussed at staff meetings in order to disseminate any new guidance, regulation or legislation.

We saw that systems were in place to monitor the quality of the service and to make improvements. The practice had governance processes to ensure risks were identified, understood and managed appropriately.

The practice had an effective approach for identifying where quality or safety was being affected and addressing any issues**.** Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members.

There was an effective management structure in place to ensure responsibilities of staff were clear. Staff told us they felt supported and were clear about their roles and responsibilities.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These would be discussed openly at staff meetings where relevant and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice held monthly staff meetings. These meetings were well minuted for those who were unable to attend. During these staff meetings topics such as patient feedback, infection control, training needs and roles and responsibilities.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included audits such as infection prevention and control, X-rays, dental care records and waste disposal. We looked at the audits and saw the practice was performing well.

Staff told us they had access to training and this was monitored to ensure essential training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council.

Staff told us they had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents. Staff felt these appraisals were beneficial and a good opportunity to get feedback on their performance. We saw evidence of personal development plans in staff files.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out patient satisfaction surveys, a comment box in the waiting room and a comment book in the entrance foyer. The satisfaction survey included questions about whether staff were friendly, whether the dentist gave good advice and if the practice was clean. Results of the satisfaction surveys were displayed on a notice board for patients to see. The results of the most recent satisfaction survey showed a high level of satisfaction with the service being provided.