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So Dental

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 3 January 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

So Dental is a well-established dental practice in the centre of Chatteris. It provides privately funded dental treatment to adults and children. The team consists of one dentist (who owns the practice), two dental therapists, two dental nurses, and a receptionist. The current owner took over the practice in April 2016. The practice is situated in a converted residential property and has two dental treatment rooms. There is a large patient waiting area and reception area, and staff room.

It opens from 9am to 5.30pm from Mondays to Thursdays, and by appointment on a Friday and Saturday.

Our key findings were:

- Information from 22 completed Care Quality Commission comment cards gave us a positive picture of a friendly, professional and high quality service.
- The practice had systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and responding to medical emergencies.
- Staff reported incidents and kept records of these that the practice used for shared learning.
- Risk assessment was robust and action was taken to protect staff and patients.
- There were sufficient numbers of suitably qualified and competent staff. Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration.

Summary of findings

- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- Staff felt well supported and were committed to providing a quality service to their patients.
- The practice proactively sought feedback from staff and patients, which it acted upon.
- The practice had a rolling programme of audit in place, which was used to improve the service.

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.

The practice had robust arrangements for essential areas such as infection control, clinical waste, the management of medical emergencies and dental radiography (X-rays). Risk assessment was comprehensive and effective action was taken to protect staff and patients. Equipment used in the dental practice was well maintained. Staff had received safeguarding training and were aware of their responsibilities regarding the protection children and vulnerable adults. There were sufficient numbers of suitably qualified staff working at the practice.

Are services effective?

No action

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice Guidelines. Patients received a comprehensive assessment of their dental needs including taking a medical history. Treatment risks, benefits, options and costs were explained to patients in a way they understood and staff followed appropriate guidelines for obtaining patient consent. Patients were referred to other services as needed.

The staff were able to access professional training and development appropriate to their roles and an appraisal process was in place.

Are services caring?

No action

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

We collected 22 completed patient comment cards and obtained the views of a further two patients on the day of our visit. These provided a very positive view of the service the practice provided. Patients told us they were involved in decisions about their treatment, and did not feel rushed in their appointments. They described staff as caring and patient.

Staff gave us specific examples where they had gone beyond the call of duty to support patients

Are services responsive to people's needs?

No action

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

Patients told us that appointments were easy to book and they never waited long having arrived at the practice. Patients had access to emergency out of hours support if needed

The practice had made some adjustments to accommodate patients with a disability; however, the toilet and treatment rooms were not wheelchair accessible.

Summary of findings

There was a clear complaints' system and the practice responded appropriately and empathetically to issues raised by patients.	
Are services well-led? We found that this practice was providing well-led care in accordance with the relevant regulations. Staff told us they felt supported and worked well together as a team. We found staff had an open approach to their work and shared a commitment to continually improving the service they provided. The practice had a number of policies and procedures to govern its activity and held regular staff meetings. There were systems in place to monitor and improve quality, and identify risk. The practice proactively sought feedback from staff and patients, which it acted on to improve its service. All the staff we met said that the practice was a good place to work.	**No action** 

So Dental

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 was carried out on 3 January 2017 by a CQC inspector who was supported by a specialist dental adviser. During the inspection, we spoke with the dentist, both dental nurses and the receptionist. We reviewed policies, procedures and other documents relating to the management of the service. We received feedback from 24 patients about the quality of the service, which included comment cards and patients we spoke with during our 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 a clear protocol in place for the RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences), giving staff clear guidance about the different types of reportable incidents. Staff we spoke with had a good understanding of their reporting requirements and we noted that the receptionist had completed specific training in relation to these requirements. There was also guidance for staff in the types of incidents that should be reported to the Care Quality Commission.

In addition to this, the practice had a specific incident reporting policy, recording form and accident book which were easily available to staff. We viewed the details of three recent accidents in the last year and found that had been completed in full, with any action taken as a result. Any unusual events that happened within the practice were discussed with staff and action taken to prevent their reoccurrence. For example, staff now placed a shield over a scalar tip, following an injury sustained by one of the nurses. We noted that the practice's sharps' injury risk assessment had also been updated in light of this incident.

The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). There was a specific folder for these alerts and staff were aware of recent alerts affecting dental practice.

Reliable safety systems and processes (including safeguarding)

Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined whom to contact for further guidance if they had concerns about a patient's welfare. We saw that contact details of organisations involved in the protection of children and adults were on display in the staff room and the patient waiting area.

Records showed that all staff had received safeguarding training for both vulnerable adults and children and the dentist had undertaken a level three child protection course. Staff we spoke with understood the importance of safeguarding issues.

The practice had minimised risks in relation to used sharps (needles and other sharp objects, which may be contaminated) by using a safety system which allowed staff to discard needles without the need to re-sheath them. We saw that sharps' bins were securely attached to the wall in treatment rooms to ensure their safety, and had been assembled correctly, signed and dated. Staff spoke knowledgeably about action they would take following a sharps' injury and a sharps' risk assessment for the practice had been completed. Sharps' injury protocols were on display where they were used.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. The dentist confirmed she always used a rubber dam and we noted that rubber dam kits were available in the practice.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. An automated external defibrillator (AED) was available and staff had received training in how to use it. Staff had access to oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. These were checked weekly to ensure they remained fit for safe use. The practice held training sessions each year for the whole team so that they could maintain their competence in dealing with medical emergencies. However, staff did not regularly rehearse emergency medical simulations so that they could keep their skills up to date.

The practice held emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The dentist checked the emergency medicines each week and records were maintained to support this.

Protocols were available for staff about what to do in the event of a medical emergency. A dental nurse told us the practice's first aid procedures had been discussed at a recent staff meeting to ensure all staff were aware of them.

Staff recruitment

Are services safe?

We checked personnel records for staff which contained evidence of their GDC registration and qualifications where required, proof of their ID, references and a disclosure and barring check (DBS). The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they might have contact with children or adults who may be vulnerable. Notes of staff recruitment interviews were kept to demonstrate they had been conducted fairly.

We spoke with one dental nurse who told us her recruitment had been thorough, and she had been interviewed by two dentists (the owner and a dentist form another practice). The practice had a comprehensive and well-documented induction programme in place for new staff, which we viewed. The most recently employed nurse told us she was greatly enjoying her induction and was receiving good support. She reported that she had spent a lot of time shadowing the lead nurse, had undertaken a range of on-line training and had been given time to read the practice's protocols. She also told us that the dentist and lead nurse often emailed her interesting articles to read about dental practice.

Monitoring health & safety and responding to risks

There was a health and safety law poster on display in the staff room, which listed local contact details.

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed a comprehensive health and safety risk assessment that covered a wide range of identified hazards in the practice, and detailed the control measures that had been put in place to reduce the risks to patients and staff. In addition to this, we viewed a practice risk assessment, which had identified very specific additional hazards such as flood risk.

A comprehensive fire risk assessment had been completed in December 2016 and firefighting equipment was regularly tested, evidence of which we viewed. Evacuation drills were completed to ensure staff knew what to do in the event of a fire.

A Legionella risk assessment had been completed in August 2016 for the practice and we saw that its recommendation to monitor hot and cold water temperatures had been implemented by staff. Staff ran dental unit water lines in line with national guidance and used an appropriate biocide in the water line to reduce the risk of legionella bacteria forming.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for products used within the practice. We found there were no safety data sheets for a couple of domestic cleaning products used by the practice's external cleaner but the dental nurse assured us she would download these immediately and add them to the file.

The practice had a business continuity plan to deal with any emergencies that might occur which could disrupt the safe and smooth running of the service. This was kept off site and contained key contact numbers for staff and relevant utility companies.

There was good signage throughout the premises clearly indicating fire exits, the location of emergency equipment, and X-ray warning signs to ensure that patients and staff were protected.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice.

The practice had comprehensive infection control policies in place to provide guidance for staff on essential areas such as minimising blood borne viruses, waste disposal, blood spillage, hand hygiene and the use of personal protective equipment. The practice conducted regular infection control audits and had scored 95 % on its latest one, indicating it met essential quality requirements. We noted that the practice had purchased an illuminated magnifier glass and removed soft toys as a result of a recent audit.

All areas of the practice we viewed were visibly clean and hygienic, including the waiting area, staff room, toilet, window blinds and stairway. Cleaning equipment used in different areas of the practice was colour coded according to national guidance to reduce the risk of cross contamination. We checked both treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. The rooms had sealed flooring and modern sealed work surfaces so they could be cleaned easily. Dirty and clean zones were clearly

Are services safe?

identifiable and there was plenty of personal protective equipment available for staff and patients. Drawers and insets were clean, although we noted some loose and uncovered local anaesthetic cartridges in them, which risked becoming contaminated in the long term.

The practice did not have a separate decontamination room for the processing of dirty instruments, so all instruments were cleaned in the treatment room. However, plans were in place to create a separate decontamination room, to achieve best practice guidelines.

A dental nurse demonstrated to us the decontamination process and we noted that she wore appropriate personal protective equipment during the procedure including heavy-duty gloves, visor and apron. Staff manually cleaned instruments under water for the initial cleaning process. Instruments were then inspected under an illuminated magnifier and then placed in an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilized, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclave used in the decontamination process was working effectively. Data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were complete and up to date. Staff recorded daily and weekly infection control decontamination checks to ensure that all had been completed correctly, evidence of which we viewed.

The practice's arrangements for segregating, storing and disposing of dental waste reflected current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice, which was stored in locked bins outside the practice, although the bin itself was not securely attached to anything. Waste consignment notices were available for inspection.

Staff uniforms were clean and their arms were bare below the elbows to reduce the risk of cross contamination. We noted that staff changed out their uniforms when they left during their lunch break to prevent the risk of cross contamination. Records we viewed showed that all dental staff had been immunised against Hepatitis B.

Equipment and medicines

Staff told us they had the appropriate equipment for their job and stock levels were good**.** The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. All other types of equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this. For example, fire extinguishers had been serviced in December 2016, the boiler in June 2016, the compressor in October 2016 and portable appliance testing in December 2016.

Medicines dispensed by the practice were held securely and logged appropriately, although the practice's name and address should be added to labels for containers. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records and in a separate book when received by the practice.

There was a system in place to ensure that relevant patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Authority were received and actioned.

Radiography (X-rays)

We were shown a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Critical examination reports were not available for review during our inspection, but were sent to us the following day. A copy of the local rules was available in the file. Training records showed all relevant staff had received training for core radiological knowledge under IRMER 2000 Regulations.

Regular radiographic audits were completed for both the dentist and therapist as part of an ongoing cycle to ensure quality improvements were made. Dental care records we viewed showed that dental X-rays were reported on, justified and graded.

Rectangular collimation to reduce the dose of X-rays patients received was not used on the X-ray units, as recommended.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with two patients during our inspection and received 22 comments cards that had been completed by patients prior to our inspection. All the comments received reflected that patients were very satisfied with the service. They described their treatment as effective and staff as well trained.

All new patients to the practice were asked to provide their medical history including any health conditions, current medication and allergies. This was signed by the patient and dentist and was updated regularly. This ensured the dentist was aware of patients' present medical condition before undertaking any treatment.

Our discussion with the dentist and review of dental care records demonstrated that patients' dental assessments and treatments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. Assessments included an examination covering the condition of the patient's teeth, gums and soft tissues. Antibiotic prescribing, wisdom tooth extraction and patients' recall frequencies also met national guidance. Patients' basic periodontal examinations were recorded with appropriate referrals made to the practice's hygienist if needed. Where relevant, preventative dental information was given in order to improve the outcome for the patient.

Dental care records were of a good standard and the dentist told us that a computerised record keeping system was about to be implemented in the practice to improve record keeping further.

We viewed a range of clinical that the practice carried out to help them monitor the effectiveness of the service. These included the quality of clinical record keeping, the quality of dental radiographs, antibiotic prescribing and infection control. Actions plans were in place to address any identified shortfalls highlighted.

Health promotion & prevention

A good range of oral health care products was available for sale to patients including interdental brushes, mouthwash and floss. Free samples of toothpaste were also available for patients.

Preventative dental information was given to adults and children in order to improve their health outcomes. This included dietary, smoking and alcohol advice where appropriate in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. The dentist told us they prescribed high fluoride toothpaste and fluoride varnish if appropriate for patients. A dental nurse spoke knowledgably about local smoking cessation services available to patients.

We noted a good range of information leaflets available for patients in the hygienist's treatment room including those in relation to diabetes and oral health, caring for sensitive teeth, tooth erosion and gum disease. Two staff told us that the dentist was keen to start running oral health education sessions at local schools.

Staffing

Staff told us they were enough of them for the smooth running of the practice and a dental nurse always worked with the dentist and the hygienist. Both staff and patients told us they did not feel rushed during appointments.

Files we viewed demonstrated that staff were appropriately qualified and had current professional validation and professional indemnity insurance. The practice had appropriate Employer's Liability insurance in place. Training records we viewed showed that staff had undertaken all essential training. We noted that the receptionist in particular had undertaken training on a wide range of topics including Legionella, RIDDOR, raising concerns and customer skills. The dentist was funding the trainee dental nurse's qualification. The practice also held regular lunch and learns where external speakers were invited in to speak to staff.

All staff received an annual appraisal of their performance which they described as useful. The appraisal covered achievement their specific objectives, their training needs and support. Appraisal documentation we viewed demonstrated a meaningful and comprehensive process was in place.

Working with other services

The dentist made referrals to other dental professionals when she was unable to provide the necessary treatment themselves and there were clear referral pathways in place.

Are services effective?

(for example, treatment is effective)

Specialist oral surgeons visited the practice to complete any private oral surgery. A log of all referrals made was kept so they could be could be tracked and urgent referrals were followed up to ensure they had been received.

Consent to care and treatment

Patients told us that they were provided with good information during their consultation and they had the opportunity to ask questions before agreeing to a particular treatment. Dental records we reviewed demonstrated that treatment options had been explained to them. Patients were provided with plans that outlined their treatment and its cost, and signed to show they agreed with it. There were additional consent forms used for complex work such as surgical extraction and tooth whitening. These forms explained any risks to the patients.

The Mental Capacity Act 2005 (MCA) provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The practice had appropriate policies in place to guide staff about mental capacity and the different types of patient consent. A trainer from the county council had visited the practice to deliver training in the MCA.

Dental staff we spoke with had a clear understanding of patient consent issues. The dentist was familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection we sent comment cards so patients could tell us about their experience of the practice. We collected 22 completed cards and obtained the views of a further two patients on the day of our visit. These provided a very positive view of the practice. Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as caring, friendly and efficient. One patient commented that changes to the practice over the last few monthshad been introduced in a caring and professional manner. The practice had conducted its own survey that had been completed by 277 patients. Results showed high satisfaction levels with the service. For example, 99% of patients found reception staff helpful.

We observed the receptionist interact with patients both on the phone and face to face and noted she created a welcoming and friendly atmosphere. She had worked at the practice for a number of years so knew many of the patients well and their preferred appointment times.

Staff gave us examples where they had gone out their way to assist patients. For example, the dentist had actively helped one patient sort out their GP and hospital appointments; on another occasion, she had closed the practice so that a patient could have their dentures fitted in the waiting room, as they were no longer able to manage the stairs.

Staff were aware of the importance of providing patients with privacy and maintaining their confidentiality. Treatment room doors were closed at all times when patients were with clinicians. The receptionist told us she made telephone calls when patients were not in the waiting room or took calls in the staff room if needed for privacy. Computer screens at reception were not overlooked and all computers were password protected. Patients' notes were kept in locked filing cabinets behind the reception desk. The practice had clear policies in relation to information governance and data protection to ensure patient information managed in line with legislation.

Involvement in decisions about care and treatment

Patients told us that the dentist explained their treatment was carefully discussed with them. Patients were given information leaflets on topics such as antibiotics, post extraction care and denture cleaning to increase their understanding of treatment. A plan outlining the proposed treatment and its cost was given to each patient so they were fully aware of what it entailed and its cost.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

In addition to general dentistry, the practice offered a number of cosmetic treatments such as implants, teeth whitening, teeth straightening and facial aesthetics. Two part-time therapists also worked at the practice to support patients with the management of their gum disease. A dental specialist attended the practice to provide oral surgery if needed. An additional therapist had recently been employed by the practice to better meets patients' needs.

The practice had a helpful leaflet that gave patients information about the staff team, opening hours, emergency services and the complaints procedure. The dentist told us a web site was under construction for the practice, to give patients easier access to information.

The practice opened from 9am to 5.30pm on Mondays to Thursday; and on Fridays and Saturdays by appointment. Patients were able to email the practice and also sign up for an appointment text alert service. Patients told us it was easy to get an appointment at a time that suited them and the receptionist told us that patients requiring urgent dental care would always be seen the same day and the practice would stay open later if needed. Specific emergency slots were held aside each Monday as this tended to be a busy time. The dentist was available by mobile phone up until 10pm each evening and information about emergency out of hours' service was available on the practice's answer phone message, and displayed on the front door should a patient come to the practice when it was closed. The practice was part of an emergency duty rota system in conjunction with a number of other dentists in the area.

Patients told us they rarely waited long having arrived for their appointment, and this was reflected in the practice's own patients' survey where 92% of respondents stated they were not kept waiting too long to the see dentist. 95% stated that their telephone calls were answered efficiently and effectively, and 97% found it easy to book an appointment.

Tackling inequity and promoting equality

As both treatment rooms were upstairs, neither were accessible to wheelchair users, and the practice did not have a disabled toilet. However the practice was clear about this in their information leaflet and could refer patients to another dentist nearby where wheelchair users could be accommodated. The dentist told us that plans were in place to refurbish the practice which would allow for easier access.

There were no easy riser chairs available in the waiting area to accommodate patients with mobility needs. Patients' medical forms and information about the practice was available in large print to assist those with visual impairments.

Concerns & complaints

The practice had a policy and a procedure that set out how complaints would be addressed, and staff spoke knowledgeably about how they would handle a patient's concerns. Information about the procedure was available in the reception area, although not in a place where it could be easily seen. The policy included the timescales by which they would be responded to and information about other agencies that could be contacted.

We viewed the paperwork in relation to one recent complaint received by the practice and found it had been dealt with professionally and empathetically. The patient had been satisfied with how the issue had been resolved and had returned to the practice for treatment. Because of the complaint, the practice had introduced 'summary of appointment form' so that any important details could be recorded and a copy given patients who might struggle to understand information.

Are services well-led?

Our findings

Governance arrangements

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. There were plans in place to refurbish the premises so that it could better meet infection control and disability requirements, and a new computerised records system was about to be implemented.

The practice had a comprehensive list of policies and procedures in place to govern its activity. We looked at a sample of policies and procedures and found that they were up to date and had been reviewed regularly. We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were well maintained, up to date and accurate.

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff received regular appraisal of their performance, which identified their objectives, development needs, training and contribution to the practice.

Communication across the practice was structured around a weekly practice meeting, which all staff attended. These meetings were minuted, and staff told us they always received a copy of the minutes by email. We viewed a sample of minutes from the last year that showed a wide range of relevant topics had been discussed with staff including fire safety, infection control, training, the Mental Capacity Act and waste management procedures.

A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The quality of these audits was good and it was clear they were used to improve the service. There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

It was clear that the management approach of the practice owner created an open, positive and inclusive atmosphere for both staff and patients. Staff told us the practice was well-led citing team working, support and good communication as the reason. Staff told us that the dentist was very approachable and they felt they could give their views about how things were done at the practice

A policy for following the Duty of Candour was available and staff were able to describe clearly the principles of being open and honest with patients when things went wrong.

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

The practice encouraged and valued feedback from patients and its staff. It had conducted its own satisfaction survey that had been completed by 277 patients between May and November 2016. This asked patients for feedback about the quality of reception staff, patient information, appointments and payment. As a result of this survey, the practice's opening hours were due to be extended and a practice newsletter had been introduced to improve communication with patients. As some patients had expressed concerns that the practice was not open on a Friday, arrangements had been put in place with another local practice to see emergency patients if necessary.

We also noted a suggestion box in the waiting area where patients could leave their comments. In addition to this, the dentist told us she was developing a practice website with a function that allowed patients to leave their feedback on it.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with the dentist. We were given examples where the dentist had listened to them and implemented their suggestions and ideas. For example, staff's suggestions to de-clutter the surgery, improve information governance and install a safety handrail had all been implemented.