

## Greenwich Dental Practice

# Greenwich Dental Referral Practice

## Inspection Report

223 Greenwich High Road  
Greenwich.  
SE10 8NB

Tel: 020 8269 4255

Website: [www.info@greenwichreferrals.uk](http://www.info@greenwichreferrals.uk)

Date of inspection visit: 19 May 2016

Date of publication: 29/06/2016

## Overall summary

We carried out an announced comprehensive inspection on 19 May 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**

Greenwich Referral Dental Practice is located in the London borough of Greenwich. The practice has two treatment rooms, waiting and reception area and a patient toilet; the facilities are situated on the ground and basement floors. The ground floor is suitable for disabled access.

The practice provides NHS and private dental treatment to children and adults. The practice offers orthodontic, periodontics, oral hygiene, implants and endodontics dental treatments and is open Monday Friday 9am – 5.30pm.

The staff structure consists of a principal dentist, three associate dentists, six dental nurses/receptionist which includes a head dental nurse, hygienists, orthodontic therapist and a practice manager.

The principal dentist is registered with the Care Quality Commission (CQC) as the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

# Summary of findings

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

We received 33 CQC comment cards completed by patients and spoke with three patients and one relative during our inspection visit. Patients and relatives we spoke with, and those who completed comment cards, were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the staff.

## **Our key findings were:**

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- There were effective systems in place to reduce and minimise the risk and spread of infection.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients told us they felt listened to and that they received good care from a helpful and caring practice team.
- The practice had implemented procedures for managing comments, concerns or complaints.
- The principal dentist had a vision for the practice and maintaining care standards; staff told us they were well supported by the management team.
- Governance arrangements and audits were effective in improving the quality and safety of the 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 to minimise the risks associated with providing dental services. There were two nominated safeguarding leads and staff understood their responsibilities in terms of identifying and reporting any potential abuse.

There was a system in place managed by the practice manager for the updating of policies, protocols, audit and arrange staff training. This included the management of infection control, medical emergencies and dental radiography.

We found the equipment used in the practice was well maintained and checked for effectiveness.

There were systems in place for identifying; investigating and learning from incidents relating to the safety of patients and staff members should any arise. There were regular staff meetings to provide staff with feedback.

### **Are services effective?**

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence, (NICE) and the General Dental Council (GDC).

The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment.

The practice worked well with other providers and followed up on the outcomes of referrals made to other providers as well as supporting patients at hospital appointments.

Staff were undertaking continuous professional development (CPD) and were meeting the training requirements of the General Dental Council (GDC).

### **Are services caring?**

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

We reviewed 33 completed CQC comments cards and spoke with three patients and one relative on the day of the inspection. Patients were positive about the care they received from the practice. Patients commented they felt fully involved in making decisions about their treatment, were made comfortable and felt, their concerns, if any would be listened to.

We noted that patients were treated with respect and dignity during interactions at the reception desk and over the telephone.

Patients were invited to provide feedback via a satisfaction survey and the feedback was positive.

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

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

# Summary of findings

The needs of people with disabilities had been considered and could access all the facilities available. Staff were available to provide assistance to patients where required.

Patients were invited to provide feedback via a satisfaction survey and suggestion box. There was a policy in place which was used to handle complaints as they arose. The practice had received four complaints in the past year which we noted were handled in line with the practice guidelines.

Patients had good access to appointments; emergency appointments were available on the same day or within twenty four hours.

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

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

The practice had suitable clinical governance and risk management structures in place. There were processes in place for dissemination of information and feedback to all staff. There were appropriate audits used to monitor and improve care.

Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the principal dentist. They were confident in the abilities of the management team to address any issues highlighted.

# Greenwich Dental Referral Practice

## Detailed findings

### Background to this inspection

We carried out an announced, comprehensive inspection on 19 May 2016. The inspection took place over one day and was led by a CQC inspector. They were accompanied by a dental specialist advisor.

During our inspection visit we spoke with seven members of staff including the principal dentist, head dental nurse and practice manager. We also reviewed policies and procedures. We carried out a tour of the practice and looked at the maintenance of equipment and storage arrangements for emergency medicines. We asked one of the dental nurses to demonstrate how they carried out decontamination procedures of dental instruments.

Thirty-seven people provided feedback about the service. Patients and relatives were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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

There was an effective system and a policy in place for staff to follow to report and learn from incidents if required. There had been no reported incidents from January 2015 to date.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There was a book for the recording of any accidents; there were no reported accidents noted.

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

There were two named practice leads for child protection and adult safeguarding; one of whom had received level 3 safeguarding children training on 05 May 2016. The safeguarding leads were able to describe the types of behaviour a child might display that would alert them to possible signs of abuse or neglect. They also had a good awareness of the issues around vulnerable adult patients who may present with dementia. Staff described how they would assess patients and seek assistance if required from the local authority safeguarding team.

The practice had a children and adults safeguarding policy dated 10 May 2016, which referred to national guidance and local authority contact details were displayed within the practice in several locations for staff to escalate concerns that might need to be investigated.

The practice followed national guidelines on patient safety. For example, the practice used rubber dam for root canal treatments in line with guidance supplied by 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 should be recorded in the patient's dental care records giving details as to how the patient's safety was assured].

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, there was a risk assessment in relation to fire safety. Staff received

training in fire safety and fire drills were routinely carried out as well as an action plan in place for staff to follow. The emergency exit route was identified and an appropriate assembly point designated outside the practice.

### Medical emergencies

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

The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff. Staff received annual training in using the emergency equipment and medical emergencies; the next annual update was booked for all staff on the 13 and 14 June 2016 and confirmation of this was provided. The staff we spoke with were all aware of the locations of the emergency equipment within the premises.

### Staff recruitment

The practice staffing consisted of a principal dentist (who was also the Registered Manager and owner), three associate dentist, head dental nurse, five dental nurses/receptionist, one hygienist, orthodontic therapist and a practice manager.

There was a recruitment policy in place and we reviewed the recruitment records for three staff members. We saw that relevant checks to ensure that the person being recruited was suitable and competent for the role had been carried out. This included the use of an application form, evidence of relevant qualifications, two references and a check of registration with the General Dental Council if applicable. We noted that it was the practice's policy to carry out Disclosure and Barring Service (DBS) checks for all new members of staff, however, we found one new member of staff which did not have a DBS for the practice this was discussed with the practice manager and the appropriate DBS application applied for.

# Are services safe?

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

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a health and safety policy in place. The practice had been assessed for risk of fire in 08 May 2016 and there was a fire action safety plan in place which staff were familiar with and the last fire drill was carried out 12 May 2016. There were documents showing that fire extinguishers had been recently serviced.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file where risks to patients and staff associated with hazardous substances were identified. COSHH products were securely stored. Staff were aware of the COSHH file and of the strategies in place to minimise the risks associated with these products. Information relating to COSHH and Health and Safety were available for all staff to access.

The practice responded promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts, and alerts from other agencies, were reviewed by the principal dentist and practice manager disseminated by them to the staff, where appropriate.

## **Infection control**

There were systems in place to reduce the risk and spread of infection. There was an infection control policy which included the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. One of the dental nurses was the infection control lead. Staff files showed that staff regularly attended training courses in infection control.

Staff and patients were able to easily access supplies of protective equipment which included gloves, masks, eye protection and aprons. There were hand washing facilities in the treatment rooms and the toilet. Posters displaying hand washing techniques were in all treatment rooms, decontamination area and toilet.

The practice had 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)'. We checked the cleaning and decontaminating of dental instruments which was carried out in two dedicated decontamination clean and dirty rooms. The surgeries

were well organised with a clear flow from 'dirty' to 'clean'. One of the dental nurses demonstrated the decontamination process and showed a good understanding of the correct processes. Following inspection of cleaned items, they were placed in an autoclave (steriliser) and were pouched, dated and stored appropriately.

The dental nurse showed us systems were in place to ensure all decontamination equipment such as the autoclaves were working effectively. These included the automatic control test for the autoclave, all the checks were logged appropriately. There was a process in place to ensure all laboratory work such as impressions were disinfected and logged.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. For example, we observed that sharps containers, clinical waste bags and domestic waste were properly separated and stored. Waste consignment notices were available for inspection and there was an ongoing contract in place with a waste management company.

The practice had carried out a recent practice-wide infection control audit and risk assessment; the most recent audit conducted in December 2015 was available at the inspection and no issues were noted. The audit was due to be repeated in six months.

The dental water lines were maintained and flushed with an antibacterial agent to prevent the growth and spread of Legionella bacteria (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The method described was in line with current guidance about 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 Legionella risk assessment had also been carried out by an appropriate contractor on 27 May 2015 and no issues were noted.

## **Equipment and medicines**

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, fire equipment and X-ray equipment had all been inspected and serviced annually. (Portable appliance testing (PAT), is the name of a process during which electrical appliances

## Are services safe?

are routinely checked for safety); was valid until 03 May 2017. The practice also held an equipment log detailing all the equipment within the practice which detailed when the PAT was due for each item.

Staff told us that if necessary a private prescription or NHS prescription was written manually and scanned into the computer. The practice held NHS FP10 prescription pads which were held securely and were not stamped with the practice address until used as a safety precaution.

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

The practice did not routinely document the type of local anaesthetic used and this was highlighted to the principal dentist at the inspection as good practice.

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

The practice had a Radiation Protection Adviser in place and a nominated Radiation Protection Supervisor in

accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). A radiation protection file and local rules were displayed within the surgeries. Included in the file were the critical examination pack for the X-ray set, which included dose assessment reports, the maintenance log and appropriate notification to the Health and Safety Executive. The maintenance log was within the current recommended interval of three years and was last carried out 18 May 2016. We saw evidence that staff had completed radiation protection training. The X-ray equipment was serviced in April 2016.

A copy of the most recent radiological audit was available for inspection. Staff told us that quality assurance checks were carried out and all the dentists' X-rays were audited every six months to ensure the quality was maintained and reasons for any retakes were documented. We checked a sample of dental care records to confirm the findings which showed dental X-rays were justified and required as part of the patient care plan.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice carried out consultations following referral from other dental practitioners for orthodontic treatment. This included assessments and treatment planning in line with recognised professional and General Dental Council (GDC) guidelines. One of the dentists we spoke with described how they carried out patient assessments using a typical patient journey scenario. The practice used a pathway approach to the assessment of the patient which was supported and prompted by the use of computer software. The assessment began with a review of the patient's medical history. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues of the mouth. Patients were made aware of the condition of their oral health and how to improve this if appropriate.

Following the clinical assessment, the diagnosis was discussed with the patient and treatment options were fully explained if interventional orthodontic treatment was required. The dental care record was updated with the new treatment plan after discussing the options with the patient. The orthodontic treatment plan was also sent to the referring dentist. The care given to patients was monitored at their follow-up appointments in line with their individual requirements.

During the course of our inspection we checked dental care records to confirm the findings. These showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw notes containing details about the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.) Details of the treatments carried out were also documented; local anaesthetic details such as site of administration, batch number and expiry date were also recorded.

### Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. Staff told us they discussed oral health such as tooth brushing and dietary advice and where applicable smoking cessation and alcohol

consumption with their patients. The dentist also carried out examinations to check for the early signs of oral cancer and this was documented in the patients' electronic treatment plan.

The waiting area had health promotion material available as well as samples of toothpaste and interdental brushes to support patients with their oral hygiene. Health promotion material included information on smoking cessation and how to prevent gum disease and maintain healthy teeth and gums.

### Staffing

Staff told us they received appropriate professional development and training. We reviewed staff training records and saw that this included responding to emergencies, infection control and decontamination, safeguarding, Mental Capacity 2005, and X-ray training.

There was an induction programme for new staff to ensure that they understood the protocols and systems in place at the practice. We reviewed evidence from a newly appointed member of staff which showed the induction plan had been fully completed. Staff we spoke with told us the practice was supportive with helping them achieve their training goals and they were encouraged to attend additional training to develop their skills.

The practice carried out annual appraisals for each member of staff. This provided staff with an opportunity to discuss their current performance as well as their career aspirations. Notes from these meetings were kept in each staff member's file and were made available at the time of our inspection.

### Working with other services

The principal dentist and the practice manager explained how they worked as a referral practice for orthodontic treatment and with other services when referring patients' when required. Dentists referred patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. A referral letter was prepared and sent, for example to the hospital with full details of the dentist's findings and a copy was scanned into the patient's electronic dental care record.

The dentists did internal verbal referrals to the hygienists which were noted in the patients' dental care records and we were shown examples which confirmed this practice.

# Are services effective?

(for example, treatment is effective)

## **Consent to care and treatment**

Consent was obtained for all care and treatment patients' received. Staff discussed treatment options, including risks and benefits, as well as costs, with each patient. Notes of these discussions were recorded in the dental care records. Patients were asked to sign to indicate they had understood their treatment plans and formal written consent forms were completed.

Staff were aware of the Mental Capacity Act (2005). They could accurately explain the meaning of the term mental capacity and described to us their responsibilities to act in patients' best interests, if patients lacked some decision-making abilities. 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 themselves.

# Are services caring?

## Our findings

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

We collected comment cards from 33 patients and spoke with three patients and a relative. They were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were courteous, friendly and kind. Some patients' told us the care was excellent and they were very happy with the care. During the inspection we observed staff in the reception area. They were polite, courteous welcoming and friendly towards patients at all times.

All the staff we spoke with were mindful about treating patients in a respectful and caring way. They were aware of the importance of protecting patients' privacy and dignity.

There were systems in place to ensure that patients' confidential information was protected. Dental care records were stored electronically. Any paper correspondence was scanned and added to the patient records. All the computers were password protected and staff files were stored securely. Staff understood the importance of data protection and confidentiality and had received training in information governance. Staff told us that people could request to have confidential discussions in one of the offices or treatment room.

The practice obtained regular feedback from patients via a satisfaction survey which was carried out in 2015 and was due to be repeated within the next few months. The feedback on the day of our inspection patients' stated they would recommend the practice to other people. There was also a patient suggestion box within the waiting area.

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

The practice displayed information in the waiting area regarding the dental charges and fees. There was a practice information leaflet in the waiting area which described the different types of dental treatments available. Patients were routinely given copies of their treatment plans which included information about their proposed treatments. The practice saw high numbers of children for NHS orthodontic treatment, however where treatment was provided for adults the associated costs for private dental treatment was explained and written quotes were provided. We checked dental care records to confirm the findings and saw examples where notes had been kept of discussions with patients around treatment options, as well as the risks and benefits of the proposed treatments.

We spoke with the principal dentist, lead for infection control, leads for safeguarding, the dental nurses, reception staff and practice manager on the day of our visit. All of the staff told us they worked towards providing clear explanations about treatment plans. They emphasised that patients were given time to think about the treatment options presented to them and the benefits and alternative treatment options available. Patients and relatives were given the opportunity to decide whether they wanted to go ahead with the treatment.

The patients we spoke with and comments cards confirmed that patients felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. Staff told us they scheduled additional time for patients receiving complex treatments giving time to provide full explanations and adjustments to orthodontic appliances.

Staff told us they did not feel under pressure to complete procedures and were able to have enough time in between each patient to document care and prepare equipment for each patient.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. The practice did not have access to a telephone or website translation service, however staff within the practice spoke a variety of languages such as English, Polish, French, Nepalese, Persian, Kurdish, Romanian and Swedish.

One surgery was on the ground floor giving level access to the practice and there was parking available locally.

### Access to the service

The practice displayed its opening hours and fees at their premises as well as on the website. There was a practice information leaflet available in the waiting area.

The principal dentist told us they planned some gaps in their schedule on any given day to ensure if patients'

needed to be seen urgently, for example, if they were experiencing dental pain or discomfort they could be accommodated. We reviewed the electronic appointments system and saw that this was the case.

Staff told us they had enough time to treat patients and that patients could generally book an appointment in good time to see the dentist or dental therapist. The feedback we received from patients confirmed that they could usually get an appointment within a reasonable time frame and that they had adequate time scheduled with the dentist to assess their needs and receive treatment.

The practice provided details of cover for out of hours emergencies for their patients' such as the NHS helpline.

### Concerns & complaints

There was a complaints policy which described how the practice handled complaints from patients. Information about how to make a complaint was displayed in the reception area.

There had been four complaints within the last year. The practice manager told us complaints would be investigated and learning points would be discussed with all staff at the practice meetings. We reviewed the complaints log which detailed the date received, action taken and response to the complainant. The practice manager had reviewed the complaints looking for common themes, however all the complaints received related to different issues. We saw that changes in practice such as ensuring appointments were cancelled prior to rebooking a new appointment for patients to ensure non-attendance charges were not applied. Any changes to be implemented were discussed at practice meetings and minutes provided confirmed this.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had good governance arrangements with an effective management structure.

The principal dentist and practice manager had implemented suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. There were relevant policies and procedures in place. These were all frequently reviewed and updated. Staff were aware of the policies and procedures and acted in line with them. Records, including those related to patient care and treatments, as well as staff employment, were accessible for all staff.

The practice manager organised staff meetings on a monthly basis, to discuss key governance issues and staff training. For example, we saw minutes from a meeting in March 2016 where discussions relating to infection control training had taken place.

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

The staff we spoke with described an open and transparent culture which encouraged honesty. Staff said that they felt comfortable about raising concerns with the principal dentist or practice manager. They felt they were listened to and responded to when they did so. Staff were aware of their responsibilities relating to 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.

The principal dentist and staff told us the main aim of all the staff was to maintain high standards of treatment for their patients and those referred to them.

We found staff to be hard working, caring and a cohesive team committed to providing a high standard of care. There was a system of yearly staff appraisals to support staff in carrying out their roles to a high standard.

### **Learning and improvement**

The practice had a rolling programme of clinical audit in place. These included audits for infection control, hand hygiene and X-ray quality. Audits were repeated at appropriate intervals to evaluate whether or not quality had been maintained or if improvements had been made. The infection control and X-ray audit recently undertaken showed staff followed safe practice and achieved high standards of compliance. The practice had a programme of risk assessments in place that were being successfully used to minimise the identified risks such as COSHH and fire safety.

Staff were supported to meet their professional standards and complete continuing professional development (CPD) standards set by the General Dental Council (GDC). We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the GDC.

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

The practice gathered feedback from patients through the use of a yearly patient satisfaction survey. Staff commented that the principal dentist was open to feedback regarding the quality of the care. The appraisal system and staff meetings also provided appropriate forums to give their feedback.