

Langton Dental Services Limited

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 17 March 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

Langton Dental Services Limited is located in the London Borough of Havering and provides private dental treatment to both adults and children. The practice provides specialist services in periodontology, prosthodontics, endodontics and restorative dentistry. The premises are on the first floor of a health centre and consist of one treatment room, an X-ray room, a reception area and two dedicated decontamination rooms. The practice is open on Friday 9:30am – 4:00pm and one Saturday per month 9:30am – 4:00pm.

The staff consists of three associate dentists and one dental nurse.

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

Summary of findings

We reviewed seven CQC comment cards and the practice patient satisfaction survey. Patients were positive about the service. They were complimentary about the friendly and caring attitude of the staff.

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

Our key findings were:

- There were appropriate equipment and access to emergency drugs to enable the practice to respond to medical emergencies. Staff knew where equipment was stored.
- 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).
- We found the dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- There were effective processes 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 child protection.

- 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 were treated with dignity and respect and confidentiality was maintained.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- Patients indicated that they found the team to be efficient, professional, caring and reassuring.
- Patients had good access to appointments including emergency appointments
- Leadership structures were clear and there were processes in place for dissemination of information and feedback to staff.

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

- Review its audit protocols to document learning points that are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.
- Review the training, learning and development needs of individual staff members and have an effective process established for the on-going assessment and supervision of all staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. There were policies and procedures in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. We found the equipment used in the practice was well-maintained and in line with current guidelines. Dental instruments were decontaminated suitably. Medicines and equipment were available in the event of an emergency and stored safely. X-rays were taken in accordance with relevant regulations.

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) Department of Health (DH) and the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff had completed continuing professional development to maintain their registration in line with requirements of the General Dental Council. Staff explained treatment options to patients to ensure they could make informed decisions about any treatment. The practice provided specialist services and followed up on the outcomes of referrals made by other providers. We saw examples of effective collaborative team working.

Are services caring?

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

We reviewed seven CQC comment cards and reviewed the results of the NHS Friends and Family test. 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 reassured. Patients told us they were treated in a professional manner and staff were very helpful.

We noted that patients were treated with respect and dignity during interactions at the reception desk and over the telephone. We observed that patient confidentiality was maintained.

Are services responsive to people's needs?

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

There were systems in place for patients to make a complaint about the service if required. The practice reviewed patient's comments and acted on them where necessary. Patient's comments from patient satisfaction surveys were reviewed on a regular basis. Information about how to make a complaint was readily available to patients. Patients had access to information about the service.

The practice provided friendly and personalised dental care. Patients had good access to appointments, including emergency appointments. In the event of a dental emergency outside of normal opening hours patients were able to contact the dentist who provided treatment directly.

Are services well-led?

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

Summary of findings

The staff we spoke with described an open and transparent culture which encouraged candour. Staff said that they felt comfortable about raising concerns with the principal dentist. They felt they were listened to and responded to when they did so. Staff commented that the principal dentist was open to feedback regarding the quality of the care. Leadership structures were clear and there were processes in place for dissemination of information and feedback to staff.

The practice had suitable clinical governance and risk management structures in place. Staff told us they enjoyed working at the practice and felt part of a team. Opportunities existed for staff for their professional development. Staff we spoke with were confident in their work and felt well-supported.

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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.

We carried out an announced, comprehensive inspection on 17 March 2016. The inspection was carried out by a CQC inspector and a dental specialist advisor. Prior to the inspection we reviewed information submitted by the provider.

During our inspection visit, we reviewed policy documents and staff records. We spoke with the principal dentist, who was also the registered manager, and a dental nurse. We

conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We reviewed the practice's decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

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 an incidents and accident reporting procedure. The principal dentist showed us the policy for incident management. The policy described the process for managing and investigating incidents. All staff we spoke with were aware of reporting procedures including recording them in the accident book. There were no reported incidents within the last 12 months.

Staff we spoke with understood the requirements of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had been no RIDDOR incidents within the last 12 months. Improvements could be made to ensure that the practice had a policy and the appropriate reporting forms for RIDDOR. The practice had a well maintained folder and had carried out a risk assessment around the safe use, handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH). .

Reliable safety systems and processes (including safeguarding)

The practice had a comprehensive set of policies and procedures in place for safeguarding adults and child protection which were updated in August 2015. The policy contained details of the local authority safeguarding teams, whom to contact in the event of any concerns and the team's contact details. All members of staff we spoke with were able to give us examples of the type of incidents and concerns that would be reported and outlined the protocol that would be followed in the practice. There were no reported safeguarding incidents in the last 12 months.

We saw evidence that most staff had completed child protection and safeguarding adults training to an appropriate level. Following our inspection the practice sent us confirmation that safeguarding training, which was not up to date for one clinical member of staff, was completed on 20 March 2016.

The practice had a health and safety policy and had undertaken a range of risk assessments. Policies and protocols were implemented with a view to keeping staff and patients safe. For example, we saw records of risk assessment for fire, autoclave usage, sharp injuries, manual handling, compressor and electrical faults.

Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. Oxygen, manual breathing aids 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). One of the recommended medicines Midazolam was not available and the saline eye wash had passed its use by date. We discussed this with the principal dentist who placed an order on the day of the inspection.

All staff were aware of where medical equipment was kept and knew how to respond if a patient suddenly became unwell. We saw evidence that all members of staff had completed training in emergency resuscitation and basic life support. Staff told us they were confident in managing a medical emergency.

Staff recruitment

We reviewed the employment records for all members of staff. The records contained the evidence required to satisfy the requirements of relevant legislation. There was also evidence of staff having had the necessary immunisation, references being obtained from previous employers and evidence of professional registration with the General Dental Council (where required). There were records which showed that identity checks and eligibility to work in the United Kingdom, where required, were carried out for all members of staff. The practice carried out Disclosure and Barring Service (DBS) checks for all members of staff. [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 may have contact with children or adults who may be vulnerable].

The principal dentist showed us the practice recruitment policy including job descriptions, records of references, offer letters, employment contracts and professional indemnity insurance.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies and the practice had a fire safety policy in place. The practice carried out a fire risk assessment. Fire

Are services safe?

safety signs were clearly displayed, and staff were aware of how to respond in the event of a fire. We saw records of a fire evacuation plan and fire drills had been carried out regularly with other team members at the health centre.

The practice had undertaken a risk assessment of the business and there was a business continuity plan in place. The business continuity plan detailed the practice procedures for unexpected incidents and emergencies including a flood, equipment, electricity or failure of the computer system. It included the name and contact details for another dental practice where patients could be referred for treatment if necessary.

Staff told us that the practice received the Medicines and Healthcare products Regulatory Agency (MHRA) alerts. MHRA alerts, and alerts from other agencies, were received via a specialist computer system and reviewed by the principal dentist and disseminated by them to the staff, where appropriate.

Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments and hand hygiene. 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)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff. The infection control policy had been updated in August 2014.

We examined the facilities for cleaning and decontaminating dental instruments. The practice had two dedicated decontamination rooms. A dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment including heavy duty gloves while instruments were decontaminated by means of manual scrubbing before placing in a washer disinfectant. Instruments were cleaned prior to being placed in an autoclave (sterilising machine).

We saw instruments were placed in pouches following sterilisation. We found daily, weekly and monthly tests were performed to check that the steriliser was working

efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

The treatment rooms where patients were examined and treated and equipment appeared visibly clean. Hand washing posters were displayed next to each dedicated hand wash sink to ensure effective decontamination of hands. Patients were given a protective bib and safety glasses to wear when they were receiving treatment. There were good supplies of protective equipment for patients and staff members.

The practice had carried out a Legionella risk assessment in March 2016 and there was an action plan in place. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

Equipment and medicines

There were appropriate service arrangements in place to ensure equipment was well maintained. There were service contracts in place for the maintenance of equipment such as the autoclave, washer disinfectant, dental chair and X-ray equipment. The autoclave and washer disinfectant were serviced in April 2015. A pressure vessel check had been carried out in March 2015 and the dental chair was serviced in March 2015. The practice had portable appliances and had carried out portable appliance tests (PAT) in December 2014. We saw records which show that the fire extinguishers were checked in March 2016 and the X-ray developer serviced in July 2015.

The practice had a policy on prescribing which detailed how medicines should be prescribed, dispensed and stored. The policy had been updated in August 2014. The principal dentist showed that medicines were stored

Are services safe?

securely in a locked cabinet. We saw records which showed that when medicines were dispensed the appropriate information had been recorded. This included the batch number, expiry date and quantity of medicines.

Radiography (X-rays)

The practice had a well maintained radiation protection file. We checked the provider's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment and talked with staff about its use. We found there were arrangements in place to ensure

the safety of the equipment including the local rules. The radiation protection file contained the maintenance history of X-ray equipment along with the critical examination and acceptance test reports. We saw records which showed that the X-ray equipment was serviced in October 2014.

We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE) and Faculty of General Dental Practice (FGDP) guidance and the Delivering Better Oral Health toolkit. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. The principal dentist told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals.

During the course of our inspection we checked dental care records to confirm our findings. We saw evidence of assessments to establish individual patient needs. The assessments included completing a medical history, outlining medical conditions and allergies and a social history. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. [The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums]. The dentists also recorded when oral health advice was given.

We saw records which showed that rubber dam was used for root canal treatment in line with guidelines issued 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 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).

Health promotion & prevention

Appropriate information was given to patients for health promotion. The principal dentist showed examples of leaflets with information relating to health promotion. This included caring for children's teeth, gum disease, sensitive teeth, and tooth decay.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as dietary advice and smoking cessation. Dental care records we checked confirmed this; for example we saw that the dentists had discussions with patients about gum disease and smoking.

Staffing

There was a comprehensive induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. All new staff are required to complete the induction programme which included training on health and safety, infection control, disposal of clinical waste, medical emergencies, COSHH and confidentiality.

We reviewed the training records for all members of staff. Opportunities existed for staff to pursue continuing professional development (CPD). There was evidence to show that all staff members were up to date with CPD and registration requirements issued by the General Dental Council. Staff had completed training in infection control, radiography, legal and ethical issues, information governance and equality and diversity. We saw records which showed that staff had attended conferences in their area of specialism. For example, we saw staff had attended conferences on periodontology and dental implants.

The principal dentist told us that the dental nurse was also employed in the sister practice and the appraisal had been completed there. Following our inspection the principal dentist sent us confirmation that an appraisal had been completed for the dental nurse.

Working with other services

The practice provided specialist services and accepted referrals from other local practices. Appropriate arrangements were in place for working with other health professionals to ensure quality of care for their patients. We saw records which showed that a written response was sent to all referring dentist after consultation with patients. These letters contained detailed findings, options, risks and benefits and the agreed treatment plan. When treatment was completed the dentist detailed the treatment that had been carried out and referred the patients back to the referring dentist.

Are services effective?

(for example, treatment is effective)

All the details in the referral documents we looked at were correct for example the personal details and the details of the issues. Copies of the referrals had been stored in patients' dental care records appropriately. And patients were given a copy.

Consent to care and treatment

The practice ensured valid consent was obtained for care and treatment. The principal dentist showed us the practice consent policy which detailed the procedures to follow in order to gain valid consent. The policy had been updated in August 2014 and had considered guidance by the GDC Principles of Patient Consent.

Staff confirmed that individual treatment options, risks and benefits and costs were discussed with each patient who then received a detailed treatment plan and estimate of costs. Patients would be given time to consider the information given before making a decision. The practice asked patients to sign treatment plans and a copy was kept in the patients dental care records. We checked dental care

records which showed treatment plans signed by the patient. The dental care records showed that options, risks and benefits of the treatment were discussed with patients. We saw that the dentist recorded consent was obtained prior to treatment.

The practice had consent forms for extractions and dental implants which included information on risk and benefits of treatment and how implants should be maintained.

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. Some staff had received formal training on the MCA in March 2016. Staff we spoke with demonstrated an understanding of the principles of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We saw records which show that the practice sought patient's views through a patient satisfaction survey. We reviewed seven CQC comment cards completed by patients in the two weeks prior to our inspection. Patients 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. Patients commented that they were treated with dignity and respect.

The practice had a policy on confidentiality which detailed how patient's information would be used and stored. Staff explained how they ensured information about patients using the service was kept confidential. Patients' dental care records were computerised. The computers were password protected and dental care records were stored securely and regularly backed up. Staff told us patients were able to have confidential discussions about their care and treatment in a treatment room. We saw records which showed that staff had completed training in information governance.

Staff told us that consultations were in private and that staff never interrupted consultations unnecessarily. We observed that this happened with treatment room doors

being closed so that the conversations could not be overheard whilst patients were being treated. The environment of the surgeries was conducive to maintaining privacy.

Comment cards completed by patients reflected that the dentists and staff had been very mindful of the patients' anxieties when providing care and treatment. Patients indicated the practice team had been very respectful and responsive to their anxiety which meant they were no longer afraid of attending for dental care and treatment.

Involvement in decisions about care and treatment

The principal dentist told us they used a number of different methods including tooth models, display charts, pictures, X-rays and leaflets to demonstrate what different treatment options involved so that patients fully understood. The principal dentist showed leaflets for periodontal treatment, implant placements, sinus lift surgery and post-operative instructions. A treatment plan was developed following discussion of the options, risk and benefits of the proposed treatment.

Staff told us the dentists took time to explain care and treatment to individual patients clearly and were always happy to answer any questions. Patients told us that treatment was discussed with them in a way that they could understand.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We viewed the appointment book and saw that there was enough time scheduled to assess and undertake patients' care and treatment. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

The practice patient information folder contained the dentist's details, the practice mission statement, policies such as safeguarding, confidentiality and data protection. The folder also contained details of the price list which was also displayed in the reception area and treatment room. The principal dentist showed us the practice website which included the price list.

There were effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. These included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

Tackling inequity and promoting equality

The practice had an equality and diversity policy. The demographics of the practice was mixed and we asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions. The practice also had staff who spoke Gujarati, Spanish and Greek.

The practice had undertaken a disability discrimination audit and recognised the needs of different groups in the planning of its service. The practice was located on the first floor of a health centre and there were automatic doors at the entrance to the health centre, low reception counters in

the reception area, as well as an elevator. The practice was accessible to people using wheelchairs, or those with limited mobility, which included a disabled toilet and a ramp and disabled parking at the front of the practice.

Access to the service

The practice had arrangements for patients to be given an appointment outside of normal working hours. We asked the principal dentist how patients were able to access care in an emergency. They told us that patients were given the mobile number for their dentist and could contact them directly in the event of an emergency. These contact details were given on the practice answer machine message when the practice was closed.

The practice had a patient information leaflet which included details of how to make an appointment and out of hour's arrangements. Feedback received from patients indicated that they were happy with the access arrangements. Patients said that it was easy to make an appointment.

Concerns & complaints

There was a code of practice for patient complaints which described how formal and informal complaints were handled. Information about how to make a complaint was included in the patient information folder which was displayed in the reception area and patients had easy access to it. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. The practice had not received any complaints in the last 12 months.

Are services well-led?

Our findings

Governance arrangements

The practice had good governance arrangements with an effective management structure. There were relevant policies and procedures in place. These were frequently reviewed and updated. Staff were aware of the policies and procedures and acted in line with them.

The principal dentist had implemented suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. For example, we saw records of risk assessments for immunisation, personal protective equipment and work equipment. The practice had carried out a risk assessment following the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. We saw records which showed that following the sharps risk assessment the practice implemented the use of safe sharps.

The principal dentist told us that information was shared between staff members by email. We saw records for one staff meetings in March 2016 documenting discussions on antimicrobial prescribing, safeguarding, referrals and fire safety. Staff told us there were informal discussions on a regular basis which allowed issues or concerns to be resolved in a timely way. The principal dentist had responsibility for the day to day running of the practice and was fully supported by the practice team. There were clear lines of responsibility and accountability; staff knew who to report to if they had any issues or concerns.

Dental care records we checked were complete, legible and accurate and stored securely. The practice also had computerised dental care records and all computers were password protected.

Leadership, openness and transparency

The principal dentist told us they led by example and this was confirmed in conversations we had with staff. Staff were very proud to work in the service and spoke respectfully about the leadership and support they received from the provider as well as other colleagues. Staff we spoke with were confident in approaching the principal dentist if they had concerns and displayed appreciation for the leadership. The staff we spoke with described an open and transparent culture which encouraged honesty. We found staff to be hard working, caring and a cohesive team.

Learning and improvement

The practice carried out audits in infection control, waste management and health and safety. The practice had carried out an infection control audit in December 2015, waste management in March 2016 and a health and safety audit in April 2015. We saw records which showed that the audits had documented learning points. However, this could be improved by sharing the learning points with all relevant staff to ensure that the resulting improvements could be demonstrated as part of the audit process. We did not see records of a radiography audit in the last 12 months. We discussed this with the principal dentist. Following our inspection the principal dentist sent us confirmation that a radiography audit had been carried out.

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

The practice gathered feedback from patients on an ongoing basis through the use of a patient satisfaction survey. Improvements could be made by analysing the responses in order to drive improvement.

Staff commented that the provider was open to feedback regarding the quality of the care. Staff told us they were comfortable approaching the principal dentist with feedback on the service and this would be listened to and acted upon.