

The Dentist Case Study



How content management systems can help embed a culture of compliance in your practice

Victoria Lal, an experienced practice manager, discusses compliance best practice

I've been working in the dental industry for over 18 years now. I'm a Practice Manager at four busy dental practices located in and around Essex, where I live. Looking back, it is strange to think that if I hadn't missed my college enrolment day, I might never have considered a career in dentistry. I was 16 at the time and a little lost. But as they say - life has a funny way of working out - and often when you least expect it. It was certainly true in my case. My step sister was a dental nurse and suggested that I consider it as a career.

After applying for several entry-level roles, I was invited to an interview for a trainee nursing position in Bond street. I remember feeling very nervous. But I was well prepared for the interview and I got the job. While it was a steep learning curve at the beginning, I soon realised that I had found my calling. Ultimately, my ambition was to become a practice manager and so I put my heart and soul into achieving that dream.

Fast forward a decade and I am a manager at the Heralds Way Dental Clinic and the Homestead Dental Practice, where I'm responsible for the welfare of 40 members of staff and many hundreds of patients. I also work as a compliance consultant preparing new practices for CQC registration.

Managing such a large team, spread across four different surgeries, is extremely challenging and I simply couldn't do my job without having access to QCS's compliance and content management platform. Over the last few years, it has become an indispensable tool in so many different ways. I really don't know what I would do without it.

In short, I know that my staff have all of the tools they need - to ensure that the practice always meets CQC requirements because of the QCS system. I also trust the QCS system to provide me with up-to-date policies and procedures whenever guidance changes. This feature alone has increased efficiency by around 20 percent, as I no longer have to monitor the BDA's website, or those of the CQC, PHE, the DHSC and a host of other websites for policy updates.



I'm also passionate about instilling strong and meaningful leadership, and being accountable for the professional development of my team. I use QCS to help me embed a culture of compliance within new dental practices and strengthen it within established surgeries.

Whether a practice is new or has been operating for some time, when a new Practice Manager comes in it can be unsettling for long serving staff. I find the best way to get them onside is to seek their views at an early stage. I do this using the QCS satisfaction survey tool, which collates anonymous feedback, while creating a WhatsApp group allows staff to share ideas and thoughts collectively.

Both mediums provide a very clear picture of the level of compliance being practised in a surgery. From there, QCS gives me the option to create tailor-made reading lists, covering each KLOE. Not only can I check that my staff have read them, the system also lets me know how long they have spent reading them. But, as a belt and braces measure, we'll discuss individual KLOEs and the policies and procedures that underpin them in our weekly staff meetings. In addition to promoting a greater level of understanding and awareness of the KLOEs, the sessions - coupled with the reading lists - serve as evidence that the practice is striving to provide an even safer and caring environment for its patients and staff.

With the compliance building blocks in place, my job as a Practice Manager is to help staff to do their job in the most caring and effective way. The QCS platform aids me by providing us with customised templates and checklists, which are closely aligned to its policies and procedures. We use them to create robust action plans, which are reinforced by QCS's risk assessment tools. The risk assessment tool is a table-based template, which lists a number of questions. If I answer 'no' to any of them, then I simply create a new action plan, while ensuring that the staff member responsible for carrying it out, has the correct training to do so.

What I like best about the QCS system, however, is that it doesn't promote tick-box compliance. Instead, the action plans allow us to take a dynamic and collaborative approach to compliance, as does the mock inspections tool. Mock inspections, which we carry out twice a year, are a great way to not only check staff understanding, but to test if the action plans, templates and checklists work in real-world scenarios. For example, when I ask my staff to demonstrate how they provide a safe level of care to patients, I'm not just looking for them to tell me what they should do and why they should do it, I also want them - as a group - to identify potential weak spots in our action plans and to continuously suggest improvement.

It's forging a collaborative ethos of continuous improvement, which empowers staff to think about compliance holistically, that is key. It demonstrates that a practice is not dependent on one single person, but a multi-functional team all pulling in the same direction. QCS has played a significant role in helping me to embed this culture wherever I have gone, and will continue to do so in the future.

To find out how you can join QCS, contact our compliance advisors on 0333-405-3333 or email sales@qcs.co.uk